



Alabama Department of Environmental Management
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AUG 19 2020

John P Webb, Utilities Director
City of Northport
3950 3rd St S
Northport, AL 35476

RE: Draft Permit
NPDES Permit No. AL0064394
Northport WWTP
Tuscaloosa County, Alabama

Dear Mr. Webb:

Transmitted herein is a draft of the referenced permit.

We would appreciate your comments on the permit within **30 days** of the date of this letter. Please direct any comments of a technical or administrative nature to the undersigned.

By copy of this letter and the draft permit, we are also requesting comments within the same time frame from EPA.

Please be aware that Part I.C.1.c of your permit requires that you apply for participation in the Department's web-based Electronic Environmental (E2) Reporting System Program for submittal of DMRs upon issuance of this permit unless valid justification as to why you cannot participate is submitted in writing. Please also be aware that Part I.C.2.e of your permit requires that you apply for participation in the Department's web-based electronic environmental (E2) reporting system for submittal of SSOs within 30 days of coverage under this permit unless valid justification as to why you cannot participate is submitted in writing. After issuance of the permit, SSO hotline notifications and hard copy Form 415 SSO reports may be used only with the written approval from the Department. The E2 Program allows ADEM to electronically validate, acknowledge receipt, and upload data to the state's central wastewater database. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. The Permittee Participation Package may be downloaded online at <https://e2.adem.alabama.gov/npdes> or you may obtain a hard copy by submitting a written request or by emailing e2admin@adem.alabama.gov.

Please also be aware that Part IV. of your permit requires that you develop, implement, and maintain a Sanitary Sewer Overflow Response Plan.

The Alabama Department of Environmental Management encourages you to voluntarily consider pollution prevention practices and alternatives at your facility. Pollution Prevention may assist you in complying with effluent limitations, and possibly reduce or eliminate monitoring requirements.

Should you have any questions, please contact the undersigned by email at slec@adem.alabama.gov or by phone at (334) 274-4223.

Sincerely,

Sandra Lee
Municipal Section
Water Division

/mfc
Enclosure

cc: Environmental Protection Agency Email
Ms. Elaine Snyder/U.S. Fish and Wildlife Service
Ms. Elizabeth Brown/Alabama Historical Commission
Advisory Council on Historic Preservation
Department of Conservation and Natural Resources



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: CITY OF NORTHPORT
3950 3RD ST S
NORTHPORT, ALABAMA 35476

FACILITY LOCATION: NORTHPORT WWTP (5.0) MGD
3950 3RD STREET SOUTH
NORTHPORT, ALABAMA
TUSCALOOSA COUNTY

PERMIT NUMBER: AL0064394

RECEIVING WATERS: BLACK WARRIOR RIVER (WARRIOR LAKE) (002), MILL CREEK (001, 003, 004)

In accordance with and subject to the provisions of the Federal Water Pollution Control Act, as amended, 33 U.S.C. §§1251-1388 (the "FWPCA"), the Alabama Water Pollution Control Act, as amended, Code of Alabama 1975, §§ 22-22-1 to 22-22-14 (the "AWPCA"), the Alabama Environmental Management Act, as amended, Code of Alabama 1975, §§22-22A-1 to 22-22A-17, and rules and regulations adopted thereunder, and subject further to the terms and conditions set forth in this permit, the Permittee is hereby authorized to discharge into the above-named receiving waters.

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

Draft

Alabama Department of Environmental Management

MUNICIPAL SECTION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
PERMIT

TABLE OF CONTENTS

PART I	DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS	4
A.	DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS	4
1.	Outfall 0011 Discharge Limits - Municipal and Industrial Wastewater	4
2.	Outfall 0011 Discharge Limits - Municipal and Industrial Wastewater (continued)	5
3.	Outfall 001T Discharge Limits - Toxicity.....	6
4.	Outfall 002S Discharge Limits - Stormwater.....	7
5.	Outfall 003S - 004S Discharge Limits - Stormwater	8
B.	DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS	9
1.	Representative Sampling.....	9
2.	Measurement Frequency	9
3.	Test Procedures	9
4.	Recording of Results.....	9
5.	Records Retention and Production.....	10
6.	Reduction, Suspension or Termination of Monitoring and/or Reporting.....	10
7.	Monitoring Equipment and Instrumentation	10
C.	DISCHARGE REPORTING REQUIREMENTS	10
1.	Reporting of Monitoring Requirements	10
2.	Noncompliance Notifications and Reports.....	12
D.	OTHER REPORTING AND NOTIFICATION REQUIREMENTS.....	14
1.	Anticipated Noncompliance	14
2.	Termination of Discharge	14
3.	Updating Information.....	14
4.	Duty to Provide Information	14
E.	SCHEDULE OF COMPLIANCE	14
1.	Compliance with discharge limits.....	14
2.	Schedule.....	14
PART II	OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES	15
A.	OPERATIONAL AND MANAGEMENT REQUIREMENTS.....	15
1.	Facilities Operation and Maintenance.....	15
2.	Best Management Practices (BMP)	15
3.	Certified Operator	15
B.	OTHER RESPONSIBILITIES.....	15
1.	Duty to Mitigate Adverse Impacts	15
2.	Right of Entry and Inspection	15
C.	BYPASS AND UPSET	15
1.	Bypass	15
2.	Upset	16
D.	DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES	16
1.	Duty to Comply.....	16
2.	Removed Substances.....	16
3.	Loss or Failure of Treatment Facilities	16
4.	Compliance With Statutes and Rules	17
E.	PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE	17
1.	Duty to Reapply or Notify of Intent to Cease Discharge	17
2.	Change in Discharge	17
3.	Transfer of Permit	17
4.	Permit Modification and Revocation	17

5.	Termination	18
6.	Suspension	18
7.	Stay	18
F.	COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION	19
G.	NOTICE TO DIRECTOR OF INDUSTRIAL USERS	19
H.	PROHIBITIONS	19
PART III	ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS	20
A.	CIVIL AND CRIMINAL LIABILITY	20
1.	Tampering	20
2.	False Statements	20
3.	Permit Enforcement	20
4.	Relief from Liability	20
B.	OIL AND HAZARDOUS SUBSTANCE LIABILITY	20
C.	PROPERTY AND OTHER RIGHTS	20
D.	AVAILABILITY OF REPORTS	20
E.	EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES	21
F.	COMPLIANCE WITH WATER QUALITY STANDARDS	21
G.	GROUNDWATER	21
H.	DEFINITIONS	21
I.	SEVERABILITY	24
PART IV	SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS	25
A.	SLUDGE MANAGEMENT PRACTICES	25
1.	Applicability	25
2.	Submitting Information	25
3.	Reopener or Modification	25
B.	EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS FOR CHRONIC TOXICITY	25
1.	Chronic Toxicity Test	25
2.	General Test Requirements	25
3.	Reporting Requirements	26
4.	Additional Testing Requirements	26
5.	Test Methods	26
6.	Effluent Toxicity Testing Reports	26
C.	TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS	28
D.	PLANT CLASSIFICATION	28
E.	POLLUTANT SCANS	28
G.	SANITARY SEWER OVERFLOW RESPONSE PLAN	29
1.	SSO Response Plan	29
2.	SSO Response Plan Implementation	31
3.	Department Review of the SSO Response Plan	31
4.	SSO Response Plan Administrative Procedures	31

PART I**DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS****A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS****1. Outfall 0011 Discharge Limits - Municipal and Industrial Wastewater**

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0011, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

<u>Parameter</u>	<u>Discharge Limitations*</u>							<u>Monitoring Requirements**</u>			
	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Daily Minimum</u>	<u>Daily Maximum</u>	<u>Percent Removal</u>	<u>(1) Sample Location</u>	<u>(2) Sample Type</u>	<u>(3) Measurement Frequency</u>	<u>(4) Seasonal</u>
Oxygen, Dissolved (DO) 00300 1 0 0	*****	*****	*****	*****	5.0 mg/l	*****	*****	E	GRAB	C	S
Oxygen, Dissolved (DO) 00300 1 0 0	*****	*****	*****	*****	6.0 mg/l	*****	*****	E	GRAB	C	W
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	8.5 S.U.	*****	E	GRAB	C	*****
Solids, Total Suspended 00530 1 0 0	1251 lbs/day	1876 lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	COMP24	C	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	C	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	41.7 lbs/day	62.5 lbs/day	1.0 mg/l	1.5 mg/l	*****	*****	*****	E	COMP24	C	S
Nitrogen, Ammonia Total (As N) 00610 1 0 0	125 lbs/day	187 lbs/day	3.0 mg/l	4.5 mg/l	*****	*****	*****	E	COMP24	C	W
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****

* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

** Monitoring Requirements

(1) Sample Location

I – Influent

E – Effluent

X – End Chlorine Contact Chamber

K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.

RS - Receiving Stream

US – Upstream

DS – Downstream

MW – Monitoring Well

SW – Storm Water

(2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB – Grab

CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week

B - 5 days per week

C - 3 days per week

D - 2 days per week

E - 1 day per week

F - 2 days per month

G - 1 day per month

H - 1 day per quarter

J - Annual

Q - For Effluent Toxicity

Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (May – November)

W = Winter (December - April)

ECS = E. coli Summer (May – October)

ECW = E. coli Winter (November – April)

2. Outfall 0011 Discharge Limits - Municipal and Industrial Wastewater (continued)

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0011, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*							Monitoring Requirements**			
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Zinc Total Recoverable 01094 1 0 0	*****	*****	223 ug/L	*****	*****	223 ug/l	*****	E	GRAB	G	*****
Copper Total Recoverable 01119 1 0 0	*****	*****	15.0 ug/l	*****	*****	20.4 ug/l	*****	E	GRAB	G	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****
Chlorine, Total Residual See note (5) (6) 50060 1 0 0	*****	*****	0.013 mg/l	*****	*****	0.022 mg/l	*****	E	GRAB	C	*****
E. Coli 51040 1 0 0	*****	*****	126 col/100mL	*****	*****	298 col/100mL	*****	E	GRAB	C	ECS
E. Coli 51040 1 0 0	*****	*****	548 col/100mL	*****	*****	2507 col/100mL	*****	E	GRAB	C	ECW
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	166 lbs/day	250 lbs/day	4.0 mg/l	6.0 mg/l	*****	*****	*****	E	COMP24	C	S
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	625 lbs/day	938 lbs/day	15.0 mg/l	22.5 mg/l	*****	*****	*****	E	COMP24	C	W
BOD, Carbonaceous 05 Day, 20C 80082 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	C	*****
BOD, Carb-5 Day, 20 Deg C, Percent Remvl 80091 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****
Solids, Suspended Percent Removal 81011 K 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****

* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

** Monitoring Requirements

(1) Sample Location

I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K – Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS - Receiving Stream
US – Upstream
DS – Downstream
MW – Monitoring Well
SW – Storm Water

(2) Sample Type:

CONTIN - Continuous
INSTAN - Instantaneous
COMP-8 - 8-Hour Composite
COMP24 - 24-Hour Composite
GRAB – Grab
CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week
B - 5 days per week
C - 3 days per week
D - 2 days per week
E - 1 day per week
F - 2 days per month
G - 1 day per month
H - 1 day per quarter
J - Annual
Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (May – November)
W = Winter (December - April)
ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

(5) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “*9” or “NODI=9” (if hard copy) on the monthly DMR.

(6) A measurement of Total Residual Chlorine below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as NODI=B or *B on the discharge monitoring reports.

3. Outfall 001T Discharge Limits - Toxicity

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 001T, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

<u>Parameter</u>	<u>Discharge Limitations*</u>							<u>Monitoring Requirements**</u>			
	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Daily Minimum</u>	<u>Daily Maximum</u>	<u>Percent Removal</u>	<u>(1) Sample Location</u>	<u>(2) Sample Type</u>	<u>(3) Measurement Frequency</u>	<u>(4) Seasonal</u>
Toxicity, Ceriodaphnia Chronic 61426 I 0 0	*****	Pass = 0 Fail = 1	*****	*****	*****	*****	*****	E	COMP24	Q	*****
Toxicity, Pimephales Chronic 61428 I 0 0	*****	Pass = 0 Fail = 1	*****	*****	*****	*****	*****	E	COMP24	Q	*****

* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

** Monitoring Requirements

(1) Sample Location

I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K – Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS – Receiving Stream
US – Upstream
DS – Downstream
MW – Monitoring Well
SW – Storm Water

(2) Sample Type:

CONTIN - Continuous
INSTAN - Instantaneous
COMP-8 - 8-Hour Composite
COMP24 - 24-Hour Composite
GRAB – Grab
CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week
B - 5 days per week
C - 3 days per week
D - 2 days per week
E - 1 day per week
F - 2 days per month
G - 1 day per month
H - 1 day per quarter
J - Annual
Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (May – November)
W = Winter (December - April)
ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

4. Outfall 002S Discharge Limits - Stormwater

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 002S, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

<u>Parameter</u>	<u>Discharge Limitations*</u>							<u>Monitoring Requirements**</u>			
	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Daily Minimum</u>	<u>Daily Maximum</u>	<u>Percent Removal</u>	<u>(1) Sample Location</u>	<u>(2) Sample Type</u>	<u>(3) Measurement Frequency</u>	<u>(4) Seasonal</u>
pH 00400 SW 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	SW	GRAB	J	*****
Solids, Total Suspended 00530 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****
Oil & Grease 00556 SW 0 0	*****	*****	*****	*****	*****	15.0 mg/l	*****	SW	GRAB	J	*****
Nitrogen, Ammonia Total (As N) 00610 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****
Nitrogen, Kjeldahl Total (As N) 00625 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****
Nitrite Plus Nitrate Total I Det. (As N) 00630 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****
Phosphorus, Total (As P) 00665 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****
Flow, In Conduit or Thru Treatment Plant 50050 SW 0 0	*****	*****	*****	*****	*****	REPORT MGD	*****	SW	CALCTD	J	*****
E. Coli 51040 SW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	SW	GRAB	J	*****
BOD, Carbonaceous 05 Day, 20C 80082 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****

* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

** Monitoring Requirements

(1) Sample Location

I – Influent
E – Effluent
X – End Chlorine Contact Chamber
K – Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.
RS – Receiving Stream
US – Upstream
DS – Downstream
MW – Monitoring Well
SW – Storm Water

(2) Sample Type:

CONTIN - Continuous
INSTAN - Instantaneous
COMP-8 - 8-Hour Composite
COMP24 - 24-Hour Composite
GRAB – Grab
CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week
B - 5 days per week
C - 3 days per week
D - 2 days per week
E - 1 day per week
F - 2 days per month
G - 1 day per month
H - 1 day per quarter
J - Annual
Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (May – November)
W = Winter (December - April)
ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

5. Outfall 003S and 004S Discharge Limits - Stormwater

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfalls 003S and 004S, which are described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

<u>Parameter</u>	<u>Discharge Limitations*</u>							<u>Monitoring Requirements** (5)</u>			
	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Daily Minimum</u>	<u>Daily Maximum</u>	<u>Percent Removal</u>	<u>(1) Sample Location</u>	<u>(2) Sample Type</u>	<u>(3) Measurement Frequency</u>	<u>(4) Seasonal</u>
pH 00400 SW 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	SW	GRAB	J	*****
Solids, Total Suspended 00530 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****
Oil & Grease 00556 SW 0 0	*****	*****	*****	*****	*****	15.0 mg/l	*****	SW	GRAB	J	*****
Nitrogen, Ammonia Total (As N) 00610 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****
Nitrogen, Kjeldahl Total (As N) 00625 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****
Phosphorus, Total (As P) 00665 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****
Flow, In Conduit or Thru Treatment Plant 50050 SW 0 0	*****	*****	*****	*****	*****	REPORT MGD	*****	SW	CALCTD	J	*****
E. Coli 51040 SW 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	SW	GRAB	J	*****
BOD, Carbonaceous 05 Day, 20C 80082 SW 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	SW	GRAB	J	*****

* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

** Monitoring Requirements

(1) Sample Location

I – Influent

E – Effluent

X – End Chlorine Contact Chamber

K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.

RS - Receiving Stream

US – Upstream

DS – Downstream

MW – Monitoring Well

SW – Storm Water

(2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB – Grab

CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week

B - 5 days per week

C - 3 days per week

D - 2 days per week

E - 1 day per week

F - 2 days per month

G - 1 day per month

H - 1 day per quarter

J - Annual

Q - For Effluent Toxicity

Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (May – November)

W = Winter (December - April)

ECS = E. coli Summer (May – October)

ECW = E. coli Winter (November – April)

(5) Outfall 003S shall be considered representative of Outfall 004S.

B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS**1. Representative Sampling**

Sample collection and measurement actions shall be representative of the volume and nature of the monitored discharge and shall be in accordance with the provisions of this permit. The effluent sampling point shall be at the nearest accessible location just prior to discharge and after final treatment, unless otherwise specified in the permit.

2. Measurement Frequency

Measurement frequency requirements found in Provision I.A. shall mean:

- a. Seven days per week shall mean daily.
- b. Five days per week shall mean any five days of discharge during a calendar weekly period of Sunday through Saturday.
- c. Three days per week shall mean any three days of discharge during a calendar week.
- d. Two days per week shall mean any two days of discharge during a calendar week.
- e. One day per week shall mean any day of discharge during a calendar week.
- f. Two days per month shall mean any two days of discharge during the month that are no less than seven days apart. However, if discharges occur only during one seven-day period in a month, then two days per month shall mean any two days of discharge during that seven day period.
- g. One day per month shall mean any day of discharge during the calendar month.
- h. Quarterly shall mean any day of discharge during each calendar quarter.
- i. The Permittee may increase the frequency of sampling, listed in Provisions I.B.2.a through I.B.2.h; however, all sampling results are to be reported to the Department.

3. Test Procedures

For the purpose of reporting and compliance, Permittees shall use one of the following procedures:

- a. For parameters with an EPA established Minimum Level (ML), report the measured value if the analytical result is at or above the ML and report "0" for values below the ML. Test procedures for the analysis of pollutants shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). If more than one method for analysis of a substance is approved for use, a method having a minimum level lower than the permit limit shall be used. If the minimum level of all methods is higher than the permit limit, the method having the lowest minimum level shall be used and a report of less than the minimum level shall be reported as zero and will constitute compliance, however should EPA approve a method with a lower minimum level during the term of this permit the Permittee shall use the newly approved method.
- b. For pollutants parameters without an established ML, an interim ML may be utilized. The interim ML shall be calculated as 3.18 times the Method Detection Level (MDL) calculated pursuant to 40 CFR Part 136, Appendix B.

Permittees may develop an effluent matrix-specific ML, where an effluent matrix prevents attainment of the established ML. However, a matrix specific ML shall be based upon proper laboratory method and technique. Matrix-specific MLs must be approved by the Department, and may be developed by the Permittee during permit issuance, reissuance, modification, or during compliance schedule.

In either case the measured value should be reported if the analytical result is at or above the ML and "0" reported for values below the ML.

- c. For parameters without an EPA established ML, interim ML, or matrix-specific ML, a report of less than the detection limit shall constitute compliance if the detection limit of all analytical methods is higher than the permit limit. For the purpose of calculating a monthly average, "0" shall be used for values reported less than the detection limit.

The Minimum Level utilized for procedures a and b above shall be reported on the Permittee's DMR. When an EPA approved test procedure for analysis of a pollutant does not exist, the Director shall approve the procedure to be used.

4. Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the Permittee shall record the following information:

- a. The facility name and location, point source number, date, time and exact place of sampling:

- b. The name(s) of person(s) who obtained the samples or measurements;
- c. The dates and times the analyses were performed;
- d. The name(s) of the person(s) who performed the analyses;
- e. The analytical techniques or methods used, including source of method and method number; and
- f. The results of all required analyses.

5. Records Retention and Production

- a. The Permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the above reports or the application for this permit, for a period of at least three years from the date of the sample measurement, report or application. This period may be extended by request of the Director at any time. If litigation or other enforcement action, under the AWPCA and/or the FWPCA, is ongoing which involves any of the above records, the records shall be kept until the litigation is resolved. Upon the written request of the Director or his designee, the Permittee shall provide the Director with a copy of any record required to be retained by this paragraph. Copies of these records should not be submitted unless requested.
- b. All records required to be kept for a period of three years shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.

6. Reduction, Suspension or Termination of Monitoring and/or Reporting

- a. The Director may, with respect to any point source identified in Provision I.A. of this permit, authorize the Permittee to reduce, suspend or terminate the monitoring and/or reporting required by this permit upon the submission of a written request for such reduction, suspension or termination by the Permittee, supported by sufficient data which demonstrates to the satisfaction of the Director that the discharge from such point source will continuously meet the discharge limitations specified in Provision I.A. of this permit.
- b. It remains the responsibility of the Permittee to comply with the monitoring and reporting requirements of this permit until written authorization to reduce, suspend or terminate such monitoring and/or reporting is received by the Permittee from the Director.

7. Monitoring Equipment and Instrumentation

All equipment and instrumentation used to determine compliance with the requirements of this permit shall be installed, maintained, and calibrated in accordance with the manufacturer's instructions or, in the absence of manufacturer's instructions, in accordance with accepted practices. At a minimum, flow measurement devices shall be calibrated at least once every 12 months.

C. DISCHARGE REPORTING REQUIREMENTS

1. Reporting of Monitoring Requirements

- a. The Permittee shall conduct the required monitoring in accordance with the following schedule:
 - (1) **MONITORING REQUIRED MORE FREQUENTLY THAN MONTHLY AND MONTHLY** shall be conducted during the first full month following the effective date of coverage under this permit and every month thereafter.
 - (2) **QUARTERLY MONITORING** shall be conducted at least once during each calendar quarter. Calendar quarters are the periods of January through March, April through June, July through September, and October through December. The Permittee shall conduct the quarterly monitoring during the first complete calendar quarter following the effective date of this permit and is then required to monitor once during each quarter thereafter. Quarterly monitoring should be reported on the last DMR due for the quarter (i.e., March, June, September and December DMRs).
 - (3) **SEMIANNUAL MONITORING** shall be conducted at least once during the period of January through June and at least once during the period of July through December. The Permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e., June and December DMRs).
 - (4) **ANNUAL MONITORING** shall be conducted at least once during the period of January through December. The Permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter.

Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.

- b. The Permittee shall submit discharge monitoring reports (DMRs) on the forms approved by the Department and in accordance with the following schedule:
- (1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the first complete calendar quarter the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. by utilizing the Department's web-based Electronic Environmental (E2) Reporting System.
- (1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's E2 Reporting System (this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the date specified in Provision I.C.1.b., unless otherwise directed by the Department.

If the E2 Reporting System is down on the 28th day of the month in which the DMR is due or is down for an extended period of time, as determined by the Department, when a DMR is required to be submitted, the permittee may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the E2 Reporting System resuming operation, the permittee shall enter the data into the E2 Reporting System, unless an alternate timeframe is approved by the Department. An attachment should be included with the E2 DMR submittal verifying the original submittal date (date of the fax, copy of dated e-mail, or hand-delivery stamped date), if applicable.
 - (2) The permittee may submit a request to the Department for a temporary electronic reporting waiver for DMR submittals. The waiver request should include the permit number; permittee name; facility/site name; facility address; name, address, and contact information for the responsible official or duly authorized representative; a detailed statement regarding the basis for requesting such a waiver; and the duration for which the waiver is requested. Approved electronic reporting waivers are not transferrable.

A permittee with an approved electronic reporting waiver for DMRs may submit hard copy DMRs for the period that the approved electronic reporting waiver request is effective. The permittee shall submit the Department-approved DMR forms to the address listed in Provision I.C.1.c.
 - (3) If a permittee is allowed to submit a hard copy DMR, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit.
 - (4) If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A. of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR and the increased frequency shall be indicated on the DMR.
 - (5) In the event no discharge from a point source identified in Provision I.A. of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR.
- d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and Regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible

official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

- e. Discharge Monitoring Reports required by this permit, the AWPCA, and the Department's Rules that are being submitted in hard copy shall be addressed to:

**Alabama Department of Environmental Management
Environmental Data Section, Permits & Services Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Certified and Registered Mail containing Discharge Monitoring Reports shall be addressed to:

**Alabama Department of Environmental Management
Environmental Data Section, Permits & Services Division
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400**

- f. All other correspondence and reports required to be submitted by this permit, the AWPCA, and the Department's Rules shall be addressed to:

**Alabama Department of Environmental Management
Municipal Section, Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Certified and Registered Mail shall be addressed to:

**Alabama Department of Environmental Management
Municipal Section, Water Division
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400**

- g. If this permit is a reissuance, then the permittee shall continue to submit DMRs in accordance with the requirements of their previous permit until such time as DMRs are due as discussed in Part I.C.1.b. above.

2. Noncompliance Notifications and Reports

- a. The Permittee shall notify the Department if, for any reason, the Permittee's discharge:

- (1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I.A. of this permit which is denoted by an "(X)";
- (2) Potentially threatens human health or welfare;
- (3) Threatens fish or aquatic life;
- (4) Causes an in-stream water quality criterion to be exceeded;
- (5) Does not comply with an applicable toxic pollutant effluent standard or prohibition established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a);
- (6) Contains a quantity of a hazardous substance that may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);
- (7) Exceeds any discharge limitation for an effluent parameter listed in Part I.A. as a result of an unanticipated bypass or upset; or
- (8) Is an unpermitted direct or indirect discharge of a pollutant to a water of the state. (Note that unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision.)

The Permittee shall orally or electronically provide notification of any of the above occurrences, describing the circumstances and potential effects, to the Director or Designee within 24-hours after the Permittee becomes aware of the occurrence of such discharge. In addition to the oral or electronic notification, the Permittee shall submit a report to the Director or Designee, as provided in Provision I.C.2.c. or I.C.2.e., no later than five days after becoming aware of the occurrence of such discharge or occurrence.

- b. If, for any reason, the Permittee's discharge does not comply with any limitation of this permit, then the Permittee shall submit a written report to the Director or Designee, as provided in Provision I.C.2.c below. This report must be submitted with the next Discharge Monitoring Report required to be submitted by Provision I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.
- c. Except for notifications and reports of notifiable SSOs which shall be submitted in accordance with the applicable Provisions of this permit, the Permittee shall submit the reports required under Provisions I.C.2.a. and b. to the Director or Designee on ADEM Form 421, available on the Department's website (<http://www.adem.state.al.us/DeptForms/Form421.pdf>). The completed Form must document the following information:
 - (1) A description of the discharge and cause of noncompliance;
 - (2) The period of noncompliance, including exact dates, times, and duration of the noncompliance. If the noncompliance is not corrected by the due date of the written report, then the Permittee shall provide an estimated date by which the noncompliance will be corrected; and
 - (3) A description of the steps taken by the Permittee and the steps planned to be taken by the Permittee to reduce or eliminate the noncompliant discharge and to prevent its recurrence.

d. Immediate notification

The Permittee shall provide notification to the Director, the public, the county health department, and any other affected entity such as public water systems, as soon as possible upon becoming aware of any notifiable sanitary sewer overflow. Notification to the Director shall be completed utilizing the Department's web-based electronic environmental SSO reporting system in accordance with Provision I.C.2.e.

- e. The Department is utilizing a web-based electronic environmental (E2) reporting system for notification and submittal of SSO reports. **If the Permittee is not already participating in the E2 Reporting System for SSO reports, the Permittee must apply for participation in the system within 30 days of coverage under this permit unless the Permittee submits in writing valid justification as to why it cannot participate and the Department approves in writing utilization of verbal notifications and hard copy SSO report submittals.** Once the Permittee is enrolled in the E2 Reporting System for SSO reports, the Permittee must utilize the system for notification and submittal of all SSO reports unless otherwise allowed by this permit. The Permittee shall include in the SSO reports the information requested by ADEM Form 415. In addition, the Permittee shall include the latitude and longitude of the SSO in the report except when the SSO is a result of an extreme weather event (e.g., hurricane). To participate in the E2 Reporting System for SSO reports, the Permittee Participation Package may be downloaded online at <https://e2.adem.alabama.gov/npdes>. If the E2 Reporting System is down (i.e., electronic submittal of SSO data cannot be completed due to technical problems originating with the Department's system), the Permittee is not relieved of its obligation to notify the Department or submit SSO reports to the Department by the required submittal date, and the Permittee shall submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include verbal reports, reports submitted via the SSO hotline, or reports submitted via fax, e-mail, mail, or hand-delivery such that they are received by the required reporting date. Within five calendar days of the E2 Reporting System resuming operation, the Permittee shall enter the data into the E2 Reporting System, unless an alternate timeframe is approved by the Department. For any alternate notification, records of the date, time, notification method, and person submitting the notification should be maintained by the Permittee. If a Permittee is allowed to submit SSO reports via an alternate method, the SSO report must be in a format approved by the Department and must be legible.
- f. The Permittee shall maintain a record of all known wastewater discharge points that are not authorized as permitted outfalls, including but not limited to SSOs. The Permittee shall include this record in its Municipal Water Pollution Prevention (MWPP) Annual Reports, which shall be submitted to the Department each year by May 31st for the prior calendar year period beginning January 1st and ending December 31st. The MWPP Annual Reports shall contain a list of all known wastewater discharge points that are not authorized as permitted outfalls and any discharges that occur prior to the headworks of the wastewater treatment plant covered by this permit. The Permittee shall also provide in the MWPP Annual Reports a list of any discharges reported during the applicable time period in accordance with Provision I.C.2.a. The Permittee shall include in its MWPP Annual Reports the following information for each known unpermitted discharge that occurred:

- (1) The cause of the discharge;

- (2) Date, duration and volume of discharge (estimate if unknown);
- (3) Description of the source (e.g., manhole, lift station);
- (4) Location of the discharge, by latitude and longitude (or other appropriate method as approved by the Department);
- (5) The ultimate destination of the flow (e.g., surface waterbody, municipal separate storm sewer to surface waterbody). Location should be shown on a USGS quad sheet or copy thereof; and
- (6) Corrective actions taken and/or planned to eliminate future discharges.

D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

1. Anticipated Noncompliance

The Permittee shall give the Director written advance notice of any planned changes or other circumstances regarding a facility which may result in noncompliance with permit requirements.

2. Termination of Discharge

The Permittee shall notify the Director, in writing, when all discharges from any point source(s) identified in Provision I. A. of this permit have permanently ceased. This notification shall serve as sufficient cause for instituting procedures for modification or termination of the permit.

3. Updating Information

- a. The Permittee shall inform the Director of any change in the Permittee's mailing address or telephone number or in the Permittee's designation of a facility contact or office having the authority and responsibility to prevent and abate violations of the AWPCA, the Department's Rules and the terms and conditions of this permit, in writing, no later than ten (10) days after such change. Upon request of the Director or his designee, the Permittee shall furnish the Director with an update of any information provided in the permit application.
- b. If the Permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information with a written explanation for the mistake and/or omission.

4. Duty to Provide Information

The Permittee shall furnish to the Director, within a reasonable time, any information which the Director or his designee may request to determine whether cause exists for modifying, revoking and re-issuing, suspending, or terminating this permit, in whole or in part, or to determine compliance with this permit.

E. SCHEDULE OF COMPLIANCE

1. Compliance with discharge limits

The Permittee shall achieve compliance with the discharge limitations specified in Provision I. A. in accordance with the following schedule:

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. Schedule

Within 180 days from the effective date of this permit, the Permittee shall develop and submit to the Department an engineering report which addresses the measures to be implemented, and a schedule of implementation, to prevent or minimize sources of E.coli pollutants in the storm water discharges.

PART II OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES**A. OPERATIONAL AND MANAGEMENT REQUIREMENTS****1. Facilities Operation and Maintenance**

The Permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the Permittee to achieve compliance with the conditions of the permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities only when necessary to achieve compliance with the conditions of the permit.

2. Best Management Practices (BMP)

- a. Dilution water shall not be added to achieve compliance with discharge limitations except when the Director or his designee has granted prior written authorization for dilution to meet water quality requirements.
- b. The Permittee shall prepare, implement, and maintain a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 C.F.R. Section 112 if required thereby.
- c. The Permittee shall prepare, submit for approval and implement a BMP Plan for containment of any or all process liquids or solids, in a manner such that these materials do not present a significant potential for discharge, if so required by the Director or his designee. When submitted and approved, the BMP Plan shall become a part of this permit and all requirements of the BMP Plan shall become requirements of this permit.

3. Certified Operator

The Permittee shall not operate any wastewater treatment plant unless the competency of the operator to operate such plant has been duly certified by the Director pursuant to AWPCA, and meets the requirements specified in ADEM Administrative Code, Rule 335-10-1.

B. OTHER RESPONSIBILITIES**1. Duty to Mitigate Adverse Impacts**

The Permittee shall promptly take all reasonable steps to mitigate and minimize or prevent any adverse impact on human health or the environment resulting from noncompliance with any discharge limitation specified in Provision I. A. of this permit, including such accelerated or additional monitoring of the discharge and/or the receiving waterbody as necessary to determine the nature and impact of the noncomplying discharge.

2. Right of Entry and Inspection

The Permittee shall allow the Director, or an authorized representative, upon the presentation of proper credentials and other documents as may be required by law to:

- (1) Enter upon the Permittee's premises where a regulated facility or activity or point source is located or conducted, or where records must be kept under the conditions of the permit;
- (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of the permits;
- (3) Inspect any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under the permit; and
- (4) Sample or monitor, for the purposes of assuring permit compliance or as otherwise authorized by the AWPCA, any substances or parameters at any location.

C. BYPASS AND UPSET**1. Bypass**

- a. Any bypass is prohibited except as provided in b. and c. below:
- b. A bypass is not prohibited if:
 - (1) It does not cause any discharge limitation specified in Provision I. A. of this permit to be exceeded;
 - (2) It enters the same receiving stream as the permitted outfall; and
 - (3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.
- c. A bypass is not prohibited and need not meet the discharge limitations specified in Provision I. A. of this permit if:
 - (1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;

- (2) There are no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime (this condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance); and
 - (3) The Permittee submits a written request for authorization to bypass to the Director at least ten (10) days prior to the anticipated bypass (if possible), the Permittee is granted such authorization, and the Permittee complies with any conditions imposed by the Director to minimize any adverse impact on human health or the environment resulting from the bypass.
 - d. The Permittee has the burden of establishing that each of the conditions of Provision II. C. 1. b. or c. have been met to qualify for an exception to the general prohibition against bypassing contained in a. and an exemption, where applicable, from the discharge limitations specified in Provision I. A. of this permit.
2. Upset
- a. A discharge which results from an upset need not meet the discharge limitations specified in Provision I. A. of this permit if:
 - (1) No later than 24-hours after becoming aware of the occurrence of the upset, the Permittee orally reports the occurrence and circumstances of the upset to the Director or his designee; and
 - (2) No later than five (5) days after becoming aware of the occurrence of the upset, the Permittee furnishes the Director with evidence, including properly signed, contemporaneous operating logs, or other relevant evidence, demonstrating that:
 - (i) An upset occurred;
 - (ii) The Permittee can identify the specific cause(s) of the upset;
 - (iii) The Permittee's facility was being properly operated at the time of the upset; and
 - (iv) The Permittee promptly took all reasonable steps to minimize any adverse impact on human health or the environment resulting from the upset.
 - b. The Permittee has the burden of establishing that each of the conditions of Provision II C. 2. a. of this permit have been met to qualify for an exemption from the discharge limitations specified in Provision I. A. of this permit.

D. DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES

- 1. Duty to Comply
 - a. The Permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the AWPCA and the FWPCA and is grounds for enforcement action, for permit termination, revocation and reissuance, suspension, modification, or denial of a permit renewal application.
 - b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a Permittee in an enforcement action.
 - c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.
 - d. The Permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.
 - e. Nothing in this permit shall be construed to preclude or negate the Permittee's responsibility to apply for, obtain, or comply with other Federal, State, or Local Government permits, certifications or licenses or to preclude from obtaining other federal, state, or local approvals, including those applicable to other ADEM programs and regulations.
- 2. Removed Substances

Solids, sludges, filter backwash, or any other pollutant or other waste removed in the course of treatment or control of wastewaters shall be disposed of in a manner that complies with all applicable Department Rules.
- 3. Loss or Failure of Treatment Facilities

Upon the loss or failure of any treatment facilities, including but not limited to the loss or failure of the primary source of power of the treatment facility, the Permittee shall, where necessary to maintain compliance with the discharge limitations specified in Provision I. A. of this permit, or any other terms or conditions of this permit, cease, reduce, or otherwise control production and/or all discharges until treatment is restored. If control of discharge during loss or failure of the

primary source of power is to be accomplished by means of alternate power sources, standby generators, or retention of inadequately treated effluent, the Permittee must furnish to the Director within six months a certification that such control mechanisms have been installed.

4. Compliance With Statutes and Rules

- a. This permit has been issued under ADEM Administrative Code, Chapter 335-6-6. All provisions of this chapter, that are applicable to this permit, are hereby made a part of this permit. A copy of this chapter may be obtained for a small charge from the Office of General Counsel, Alabama Department of Environmental Management, 1400 Coliseum Boulevard Montgomery, Alabama 36110-2059.
- b. This permit does not authorize the noncompliance with or violation of any Laws of the State of Alabama or the United States of America or any regulations or rules implementing such laws. FWPCA, 33 U.S.C. Section 1319, and Code of Alabama 1975, Section 22-22-14.

E. PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE

1. Duty to Reapply or Notify of Intent to Cease Discharge

- a. If the Permittee intends to continue to discharge beyond the expiration date of this permit, the Permittee shall file a complete permit application for reissuance of this permit at least 180 days prior to its expiration. If the Permittee does not intend to continue discharge beyond the expiration of this permit, the Permittee shall submit written notification of this intent which shall be signed by an individual meeting the signatory requirements for a permit application as set forth in ADEM Administrative Code Rule 335-6-6-.09.
- b. Failure of the Permittee to apply for reissuance at least 180 days prior to permit expiration will void the automatic continuation of the expiring permit provided by ADEM Administrative Code Rule 335-6-6-.06 and should the permit not be reissued for any reason any discharge after expiration of this permit will be an unpermitted discharge.

2. Change in Discharge

Prior to any facility expansion, process modification or any significant change in the method of operation of the Permittee's treatment works, the Permittee shall provide the Director with information concerning the planned expansion, modification or change. The Permittee shall apply for a permit modification at least 180 days prior to any facility expansion, process modification, any significant change in the method of operation of the Permittee's treatment works or other actions that could result in the discharge of additional pollutants or increase the quantity of a discharged pollutant or could result in an additional discharge point. This condition applies to pollutants that are or that are not subject to discharge limitations in this permit. No new or increased discharge may begin until the Director has authorized it by issuance of a permit modification or a reissued permit.

3. Transfer of Permit

This permit may not be transferred or the name of the Permittee changed without notice to the Director and subsequent modification or revocation and reissuance of the permit to identify the new Permittee and to incorporate any other changes as may be required under the FWPCA or AWPCA. In the case of a change in name, ownership or control of the Permittee's premises only, a request for permit modification in a format acceptable to the Director is required at least 30 days prior to the change. In the case of a change in name, ownership or control of the Permittee's premises accompanied by a change or proposed change in effluent characteristics, a complete permit application is required to be submitted to the Director at least 180 days prior to the change. Whenever the Director is notified of a change in name, ownership or control, he may decide not to modify the existing permit and require the submission of a new permit application.

4. Permit Modification and Revocation

- a. This permit may be modified or revoked and reissued, in whole or in part, during its term for cause, including but not limited to, the following:
 - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to revoke and reissue this permit instead of terminating the permit;
 - (2) If a request to transfer this permit has been received, the Director may decide to revoke and reissue or to modify the permit; or
 - (3) If modification or revocation and reissuance is requested by the Permittee and cause exists, the Director may grant the request.
- b. This permit may be modified during its term for cause, including but not limited to, the following:
 - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to modify this permit instead of terminating this permit;

- (2) There are material and substantial alterations or additions to the facility or activity generating wastewater which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit;
- (3) The Director has received new information that was not available at the time of permit issuance and that would have justified the application of different permit conditions at the time of issuance;
- (4) A new or revised requirement(s) of any applicable standard or limitation is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA;
- (5) Errors in calculation of discharge limitations or typographical or clerical errors were made;
- (6) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, when the standards or regulations on which the permit was based have been changed by promulgation of amended standards or regulations or by judicial decision after the permit was issued;
- (7) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, permits may be modified to change compliance schedules;
- (8) To agree with a granted variance under 301(c), 301(g), 301(h), 301(k), or 316(a) of the FWPCA or for fundamentally different factors;
- (9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;
- (10) When required by the reopener conditions in this permit;
- (11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);
- (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
- (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
- (14) When requested by the Permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules.

5. Termination

This permit may be terminated during its term for cause, including but not limited to, the following:

- a. Violation of any term or condition of this permit;
- b. The Permittee's misrepresentation or failure to disclose fully all relevant facts in the permit application or during the permit issuance process or the Permittee's misrepresentation of any relevant facts at any time;
- c. Materially false or inaccurate statements or information in the permit application or the permit;
- d. A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;
- e. The Permittee's discharge threatens human life or welfare or the maintenance of water quality standards;
- f. Permanent closure of the facility generating the wastewater permitted to be discharged by this permit or permanent cessation of wastewater discharge;
- g. New or revised requirements of any applicable standard or limitation that is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA that the Director determines cannot be complied with by the Permittee; or
- h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

6. Suspension

This permit may be suspended during its term for noncompliance until the Permittee has taken action(s) necessary to achieve compliance.

7. Stay

The filing of a request by the Permittee for modification, suspension or revocation of this permit, in whole or in part, does not stay any permit term or condition.

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

If any applicable effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a), for a toxic pollutant discharged by the Permittee, and such standard or prohibition is more stringent than any discharge limitation on the pollutant specified in Provision I. A. of this permit or controls a pollutant not limited in Provision I. A. of this permit, this permit shall be modified to conform to the toxic pollutant effluent standard or prohibition, and the Permittee shall be notified of such modification. If this permit has not been modified to conform to the toxic pollutant effluent standard or prohibition before the effective date of such standard or prohibition, the Permittee shall attain compliance with the requirements of the standard or prohibition within the time period required by the standard or prohibition and shall continue to comply with the standard or prohibition until this permit is modified or reissued.

G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

1. The Permittee shall not allow the introduction of wastewater, other than domestic wastewater, from a new direct discharger prior to approval and permitting, if applicable, of the discharge by the Department.
2. The Permittee shall not allow an existing indirect discharger to increase the quantity or change the character of its wastewater, other than domestic wastewater, prior to approval and permitting, if applicable, of the increased discharge by the Department.
3. The Permittee shall report to the Department any adverse impact caused or believed to be caused by an indirect discharger on the treatment process, quality of discharged water, or quality of sludge. Such report shall be submitted within seven days of the Permittee becoming aware of the adverse impacts.

H. PROHIBITIONS

The Permittee shall not allow, and shall take effective enforcement action to prevent and terminate, the introduction of any of the following into its treatment works by industrial users:

1. Pollutants which create a fire or explosion hazard in the treatment works;
2. Pollutants which will cause corrosive structural damage to the treatment works, or dischargers with a pH lower than 5.0 s.u., unless the works are specifically designed to accommodate such discharges;
3. Solid or viscous pollutants in amounts which will cause obstruction of flow in sewers, or other interference with the treatment works;
4. Pollutants, including oxygen demanding pollutants, released in a discharge of such volume or strength as to cause interference in the treatment works;
5. Heat in amounts which will inhibit biological activity in the treatment plant resulting in interference or in such quantities that the temperature of the treatment plant influent exceeds 40°C (104° F) unless the treatment plant is designed to accommodate such heat; and
6. Pollutants in amounts which exceed any applicable pretreatment standard under Section 307 of FWPCA or any approved revisions thereof.

PART III ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. CIVIL AND CRIMINAL LIABILITY

1. Tampering

Any person who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained or performed under the permit shall, upon conviction, be subject to penalties as provided by the AWPCA.

2. False Statements

Any person who knowingly makes any false statement, representation, or certification in any record or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or noncompliance shall, upon conviction, be subject to penalties as provided by the AWPCA.

3. Permit Enforcement

- a. Any NPDES permit issued or reissued by the Department is a permit for the purpose of the AWPCA and the FWPCA, and as such, any terms, conditions, or limitations of the permit are enforceable under state and federal law.
- b. Any person required to have a NPDES permit pursuant to ADEM Administrative Code Chapter 335-6-6 and who discharges pollutants without said permit, who violates the conditions of said permit, who discharges pollutants in a manner not authorized by the permit, or who violates applicable orders of the Department or any applicable rule or standard of the Department, is subject to any one or combination of the following enforcement actions under applicable state statutes:
 - (1) An administrative order requiring abatement, compliance, mitigation, cessation, clean-up, and/or penalties;
 - (2) An action for damages;
 - (3) An action for injunctive relief; or
 - (4) An action for penalties.
- c. If the Permittee is not in compliance with the conditions of an expiring or expired permit the Director may choose to do any or all of the following provided the Permittee has made a timely and complete application for reissuance of the permit:
 - (1) Initiate enforcement action based upon the permit which has been continued;
 - (2) Issue a notice of intent to deny the permit reissuance. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;
 - (3) Reissue the new permit with appropriate conditions; or
 - (4) Take other actions authorized by these rules and AWPCA.

4. Relief from Liability

Except as provided in Provision II. C. 1. (Bypass) and Provision II. C. 2. (Upset), nothing in this permit shall be construed to relieve the Permittee of civil or criminal liability under the AWPCA or FWPCA for noncompliance with any term or condition of this permit.

B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the Permittee from any responsibilities, liabilities or penalties to which the Permittee is or may be subject under Section 311 of the FWPCA, 33 U.S.C. Section 1321.

C. PROPERTY AND OTHER RIGHTS

This permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to persons or property or invasion of other private rights, or any infringement of federal, state, or local laws or regulations, nor does it authorize or approve the construction of any physical structures or facilities or the undertaking of any work in any waters of the state or of the United States.

D. AVAILABILITY OF REPORTS

Except for data determined to be confidential under Code of Alabama 1975, Section 22-22-9(c), all reports prepared in accordance with the terms of this permit shall be available for public inspection at the offices of the Department. Effluent data shall not be considered confidential.

E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES

1. If this permit was issued for a new discharger or new source, this permit shall expire eighteen months after the issuance date if construction of the facility has not begun during the eighteen-month period.
2. If this permit was issued or modified to allow the discharge of increased quantities of pollutants to accommodate the modification of an existing facility and if construction of this modification has not begun during the eighteen month period after issuance of this permit or permit modification, this permit shall be modified to reduce the quantities of pollutants allowed to be discharged to those levels that would have been allowed if the modification of the facility had not been planned.
3. Construction has begun when the owner or operator has:
 - a. Begun, or caused to begin as part of a continuous on-site construction program:
 - (1) Any placement, assembly, or installation of facilities or equipment; or
 - (2) Significant site preparation work including clearing, excavation, or removal of existing buildings, structures, or facilities which are necessary for the placement, assembly, or installation of new source facilities or equipment; or
 - b. Entered into a binding contractual obligation for the purpose of placement, assembly, or installation of facilities or equipment which are intended to be used in its operation within a reasonable time. Options to purchase or contracts which can be terminated or modified without substantial loss, and contracts for feasibility, engineering, and design studies do not constitute a contractual obligation under this paragraph.
4. Final plans and specifications for a waste treatment facility at a new source or new discharger, or a modification to an existing waste treatment facility must be submitted to and examined by the Department prior to initiating construction of such treatment facility by the Permittee.
5. Upon completion of construction of waste treatment facilities and prior to operation of such facilities, the Permittee shall submit to the Department a certification from a registered professional engineer, licensed to practice in the State of Alabama, that the treatment facilities have been built according to plans and specifications submitted to and examined by the Department.

F. COMPLIANCE WITH WATER QUALITY STANDARDS

1. On the basis of the Permittee's application, plans, or other available information, the Department has determined that compliance with the terms and conditions of this permit should assure compliance with the applicable water quality standards.
2. Compliance with permit terms and conditions notwithstanding, if the Permittee's discharge(s) from point sources identified in Provision I. A. of this permit cause or contribute to a condition in contravention of state water quality standards, the Department may require abatement action to be taken by the Permittee in emergency situations or modify the permit pursuant to the Department's Rules, or both.
3. If the Department determines, on the basis of a notice provided pursuant to this permit or any investigation, inspection or sampling, that a modification of this permit is necessary to assure maintenance of water quality standards or compliance with other provisions of the AWPCA or FWPCA, the Department may require such modification, and, in cases of emergency, the Director may prohibit the discharge until the permit has been modified.

G. GROUNDWATER

Unless specifically authorized under this permit, this permit does not authorize the discharge of pollutants to groundwater. Should a threat of groundwater contamination occur, the Director may require groundwater monitoring to properly assess the degree of the problem, and the Director may require that the Permittee undertake measures to abate any such discharge and/or contamination.

H. DEFINITIONS

1. Average monthly discharge limitation – means the highest allowable average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during that month (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
2. Average weekly discharge limitation - means the highest allowable average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).

3. Arithmetic Mean – means the summation of the individual values of any set of values divided by the number of individual values.
4. AWPCA – means the Alabama Water Pollution Control Act.
5. BOD – means the five-day measure of the pollutant parameter biochemical oxygen demand.
6. Bypass – means the intentional diversion of waste streams from any portion of a treatment facility.
7. CBOD – means the five-day measure of the pollutant parameter carbonaceous biochemical oxygen demand.
8. Daily discharge – means the discharge of a pollutant measured during any consecutive 24-hour period in accordance with the sample type and analytical methodology specified by the discharge permit.
9. Daily maximum – means the highest value of any individual sample result obtained during a day.
10. Daily minimum – means the lowest value of any individual sample result obtained during a day.
11. Day – means any consecutive 24-hour period.
12. Department – means the Alabama Department of Environmental Management.
13. Director – means the Director of the Department.
14. Discharge – means "[t]he addition, introduction, leaking, spilling or emitting of any sewage, industrial waste, pollutant or other waste into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(9).
15. Discharge Monitoring Report (DMR) – means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
16. DO – means dissolved oxygen.
17. 8HC – means 8-hour composite sample, including any of the following:
 - a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 1 hour over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
 - b. A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
18. EPA – means the United States Environmental Protection Agency.
19. FC – means the pollutant parameter fecal coliform.
20. Flow – means the total volume of discharge in a 24-hour period.
21. FWPCA – means the Federal Water Pollution Control Act.
22. Geometric Mean – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).
23. Grab Sample – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
24. Indirect Discharger – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
25. Industrial User – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category "Division D – Manufacturing" and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
26. MGD – means million gallons per day.
27. Monthly Average – means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
28. New Discharger – means a person, owning or operating any building, structure, facility or installation:
 - a. From which there is or may be a discharge of pollutants;
 - b. From which the discharge of pollutants did not commence prior to August 13, 1979, and which is not a new source; and

- c. Which has never received a final effective NPDES permit for dischargers at that site.
29. NH₃-N – means the pollutant parameter ammonia, measured as nitrogen.
30. Notifiable sanitary sewer overflow – means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:
- a. Reaches a surface water of the State; or
 - b. May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.
31. Permit application – means forms and additional information that is required by ADEM Administrative Code Rule 335-6-08 and applicable permit fees.
32. Point source – means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).
33. Pollutant – includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.
34. Privately Owned Treatment Works – means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a "POTW".
35. Publicly Owned Treatment Works – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
36. Receiving Stream – means the "waters" receiving a "discharge" from a "point source".
37. Severe property damage – means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
38. Significant Source – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work's capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
39. TKN – means the pollutant parameter Total Kjeldahl Nitrogen.
40. TON – means the pollutant parameter Total Organic Nitrogen.
41. TRC – means Total Residual Chlorine.
42. TSS – means the pollutant parameter Total Suspended Solids.
43. 24HC – means 24-hour composite sample, including any of the following:
- a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
 - b. A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected; or
 - c. A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
44. Upset – means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the Permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
45. Waters – means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground, or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership, or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 22 U.S.C. Section 1362(7), which are within the State of Alabama.
46. Week – means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.

47. Weekly (7-day and calendar week) Average – is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

I. SEVERABILITY

The provisions of this permit are severable, and if any provision of this permit or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

PART IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. SLUDGE MANAGEMENT PRACTICES

1. Applicability
 - a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural and non-agricultural land, or that is otherwise distributed, marketed, incinerated, or disposed in landfills or surface disposal sites.
 - b. Provisions of Provision IV.A. do not apply to:
 - (1) Sewage sludge generated or treated in a privately owned treatment works operated in conjunction with industrial manufacturing and processing facilities and which receive no domestic wastewater.
 - (2) Sewage sludge that is stored in surface impoundments located at the treatment works prior to ultimate disposal.
2. Submitting Information
 - a. If applicable, the Permittee must submit annually with its Municipal Water Pollution Prevention (MWPP) report the following:
 - (1) Type of sludge stabilization/digestion method;
 - (2) Daily or annual sludge production (dry weight basis);
 - (3) Ultimate sludge disposal practice(s).
 - b. The Permittee shall provide sludge inventory data to the Director as requested. These data may include, but are not limited to, sludge quantity and quality reported in Provision IV.A.2.a as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
 - c. The Permittee shall give prior notice to the Director of at least 30 days of any change planned in the Permittee's sludge disposal practices.
3. Reopener or Modification
 - a. Upon review of information provided by the Permittee as required by Provision IV.A.2. or, based on the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate requirements.
 - b. If an applicable "acceptable management practice" or if a numerical limitation for a pollutant in sewage sludge promulgated under Section 405 of FWPCA is more stringent than the sludge pollutant limit or acceptable management practice in this permit. This permit shall be modified or revoked or reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS FOR CHRONIC TOXICITY

1. Chronic Toxicity Test
 - a. The permittee shall perform short-term chronic toxicity tests on the wastewater at Outfall 0011.
 - b. The samples shall be diluted using appropriate control water to the Instream Waste Concentration (IWC) which is **85 percent** effluent. The IWC is the actual concentration of effluent, after mixing, in the receiving stream during a 7-day, 10-year low flow period.
 - c. Any test result that shows a statistically significant reduction in survival, growth, or reproduction between the control and test samples at the 95% confidence level indicates chronic toxicity and shall constitute noncompliance with this permit.
2. General Test Requirements
 - a. A minimum of three (3) 24-hour composite samples shall be obtained for use in the above biomonitoring tests. Samples shall be collected every other day so that the laboratory receives water samples on the first, third, and fifth day of the seven-day test period. The holding time for each composite sample shall not exceed 36 hours. The control water shall be a water prepared in the laboratory in accordance with the EPA procedure described in EPA 821-R-02-013 (most current edition) or another control water selected by the Permittee and approved by the Department.
 - b. Test results shall be deemed unacceptable and the Permittee shall rerun the tests as soon as practical within the monitoring period for the following:
 - (1) For testing with *P. promelas*, effluent toxicity tests with control survival of less than 80% or if dry weight per surviving control organism is less than 0.25 mg;

- (2) For testing with *C. dubia*, if the number of young per surviving control organism is less than 15 or if less than 60% of surviving control females produce three broods; or
 - (3) If the other requirements of the EPA Test Procedure are not met.
 - c. In the event of an invalid test, upon subsequent completion of a valid test, the results of all tests, valid and invalid, are to be reported to the Department along with an explanation of the tests performed and the test results.
 - d. Toxicity tests shall be conducted for the duration of this permit in the month of **November**. Should results from the Annual Toxicity test indicate that Outfall 001-1 exhibits chronic toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. In addition, the Permittee may then also be required to conduct toxicity testing in the months of FEBRUARY, MAY, AUGUST, and NOVEMBER.
3. Reporting Requirements
- a. The Permittee shall notify the Department in writing within 48 hours after toxicity has been demonstrated by the scheduled test(s).
 - b. Biomonitoring test results obtained during each monitoring period shall be summarized and reported using the appropriate Discharge Monitoring Report (DMR) form approved by the Department. In accordance with Section 2 of this part, an effluent toxicity report containing the information in Sections 2 and 6 shall be included with the DMR. Two copies of the test results must be submitted to the Department no later than 28 days after the month that tests were performed.
4. Additional Testing Requirements
- a. If chronic toxicity is indicated (i.e., noncompliance with permit limit), then the Permittee must perform two additional valid chronic toxicity tests in accordance with these procedures to determine the extent and duration of the toxic condition. The toxicity tests shall run consecutively beginning on the first calendar week following the date that the Permittee became aware of the permit noncompliance. The results of these follow-up tests shall be submitted to the Department no later than 28 days following the month the tests were performed.
 - b. After evaluation of the results of the follow-up tests, the Department will determine if additional action is appropriate and may require additional testing and/or toxicity reduction measures. The permittee may be required to perform a Toxicity Identification Evaluation (TIE) and/or a Toxicity Reduction Evaluation (TRE). The TIE/TRE shall be performed in accordance with the most recent protocols and guidance outlined by EPA (e.g., EPA/600/2-88/062, EPA/600/R-92/080, EPA/600/R-91-003, EPA/600/R-92/081, EPA/833/B-99/022, and/or EPA/600/6-91/005F)
5. Test Methods
- The tests shall be performed in accordance with the latest edition of the "EPA Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms." The Larval Survival and Growth Test, Method 1000.0, shall be used for the fathead minnow (*Pimephales promelas*) test and the Survival and Reproduction Test, Method 1002.0, shall be used for the cladoceran (*Ceriodaphnia dubia*) test.
6. Effluent Toxicity Testing Reports
- The following information shall be submitted with each DMR unless otherwise directed by the Department. The Department may at any times suspend or reinstate this requirement or may decrease or increase the frequency of submittals.
- a. Introduction
 - (1) Facility name, location and county
 - (2) Permit number
 - (3) Toxicity testing requirements of permit
 - (4) Name of receiving water body
 - (5) Contract laboratory information (if tests are performed under contract)
 - (a) Name of firm
 - (b) Telephone number
 - (c) Address
 - (6) Objective of test
 - b. Plant Operations
 - (1) Discharge Operating schedule (if other than continuous)
 - (2) Volume of discharge during sample collection to include Mean daily discharge on sample collection dates (MGD, CFS, GPM)
 - (3) Design flow of treatment facility at time of sampling

c. Source of Effluent and Dilution Water

(1) Effluent samples

- (a) Sampling point
- (b) Sample collection dates and times (to include composite sample start and finish times)
- (c) Sample collection method
- (d) Physical and chemical data of undiluted effluent samples (water temperature, pH, alkalinity, hardness, specific conductance, total residual chlorine (if applicable), etc.)
- (e) Lapsed time from sample collection to delivery
- (f) Lapsed time from sample collection to test initiation
- (g) Sample temperature when received at the laboratory

(2) Dilution Water

- (a) Source
- (b) Collection/preparation date(s) and time(s)
- (c) Pretreatment (if applicable)
- (d) Physical and chemical characteristics (water temperature, pH, alkalinity, hardness, specific conductance, etc.)

d. Test Conditions

- (1) Toxicity test method utilized
- (2) End point(s) of test
- (3) Deviations from referenced method, if any, and reason(s)
- (4) Date and time test started
- (5) Date and time test terminated
- (6) Type and volume of test chambers
- (7) Volume of solution per chamber
- (8) Number of organisms per test chamber
- (9) Number of replicate test chambers per treatment
- (10) Test temperature, pH, and dissolved oxygen as recommended by the method (to include ranges)
- (11) Specify if aeration was needed
- (12) Feeding frequency, amount, and type of food
- (13) Specify if (and how) pH control measures were implemented
- (14) Light intensity (mean)

e. Test Organisms

- (1) Scientific name
- (2) Life stage and age
- (3) Source
- (4) Disease(s) treatment (if applicable)

f. Quality Assurance

- (1) Reference toxicant utilized and source
- (2) Date and time of most recent chronic reference toxicant test(s), raw data, and current control chart(s). (The most recent chronic reference toxicant test shall be conducted within 30 days of the routine.)
- (3) Dilution water utilized in reference toxicant test
- (4) Results of reference toxicant test(s) (NOEC, IC25, etc.); report concentration-response relationship and evaluate test sensitivity
- (5) Physical and chemical methods utilized

g. Results

- (1) Provide raw toxicity data in tabular form, including daily records of affected organisms in each concentration (including controls) and replicate
- (2) Provide table of endpoints: NOECs, IC25s, PASS/FAIL, etc. (as required in the applicable NPDES permit)
- (3) Indicate statistical methods used to calculate endpoints
- (4) Provide all physical and chemical data required by method
- (5) Results of test(s) (NOEC, IC25, PASS/FAIL, etc.), report concentration-response relationship (definitive test only), report percent minimum significant difference (PMSD) calculated for sublethal endpoints determined by hypothesis testing.

h. Conclusions and Recommendations

- (1) Relationship between test endpoints and permit limits

(2) Actions to be taken

1/ Adapted from "Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms", Fourth Edition, October 2002 (EPA 821-R-02-013), Section 10, Report Preparation.

C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

1. If chlorine is not utilized for disinfection purposes, TRC monitoring under Part I of this Permit is not required. If TRC monitoring is not required (conditional monitoring), "**9" or "NODI = 9" (if hard copy) should be reported on the DMR forms.
2. Testing for TRC shall be conducted according to either the amperometric titration method or the DPD colorimetric method as specified in Section 408(C) or (E), Standards Methods for the Examination of Water and Wastewater, 18th edition. If chlorine is not detected prior to actual discharge to the receiving stream using one of these methods (i.e., the analytical result is less than the detection level), the Permittee shall report on the DMR form "**B", "NODI = B" (if hard copy), or "0". The Permittee shall then be considered to be in compliance with the daily maximum concentration limit for TRC.
3. This permit contains a maximum allowable TRC level in the effluent. The Permittee is responsible for determining the minimum TRC level needed in the chlorine contact chamber to comply with E.coli limits. The effluent shall be dechlorinated if necessary to meet the maximum allowable effluent TRC level.
4. The sample collection point for effluent TRC shall be at a point downstream of the chlorine contact chamber (downstream of dechlorination if applicable). The exact location is to be approved by the Director.

D. PLANT CLASSIFICATION

The Permittee shall report to the Director within 30 days of the effective date of this permit, the name, address and operator number of the certified wastewater operator in responsible charge of the facility. Unless specified elsewhere in this permit, this facility shall be classified in accordance with ADEM Admin. Code R. 335-10-1-.03.

E. POLLUTANT SCANS

The Permittee shall sample and analyze for the pollutants listed in 40 CFR 122 Appendix J Table 2. The Permittee shall provide data from a minimum of three samples collected within the four and one half years prior to submitting a permit application. Samples must be representative of the seasonal variation in the discharge from each outfall.

F. STORM WATER REQUIREMENTS

1. Prohibitions

- a. The Permittee shall not allow the discharge of non-storm water into permitted storm water outfall(s) unless said discharge is already subject to an NPDES permit.
- b. Pollutants removed in the course of treatment or control shall be disposed in a manner that complies with all applicable Department rules and regulations.

2. Operational and Management Practices

The permittee shall prepare and implement a Storm Water Pollution Prevention (SWPP) Plan within one year of the effective date of this permit.

a. In the SWPP Plan, the Permittee shall:

- (1) Assess the treatment plant site by developing and presenting site drainage maps, materials inventory, and best management operational practices. The plan shall also include a description of all spill or leak sources;
- (2) Describe mechanisms and procedures to prevent the contact of sewage sludge, screenings, raw or partially treated wastewater, or any other waste product or pollutant with storm water discharged from the facility;
- (3) Provide for daily inspection on workdays of any structures that function to prevent storm water pollution or that remove pollutants from storm water;
- (4) Provide for daily inspection of the facility in general to ensure that the SWPP Plan is continually implemented and effective;
- (5) Include a Best Management Practices (BMP) Plan that, as a minimum, addresses housekeeping, preventative maintenance, spill prevention and response, and non-storm water discharges;
- (6) Describe mechanisms and procedures to provide sediment control sufficient to prevent or control storm water pollution storm water by particles resulting from soil or sediment migration from the site due to significant clearing, grading, or excavation activities;

- (7) Designate by position or name the person or persons responsible for the day to day implementation of the SWPP Plan; and
- (8) Bear the signature of an individual meeting signatory requirements as defined in ADEM Administrative Code, Rule 335-6-6-.09.
- b. The Director or his designee may notify the permittee at any time that the SWPP Plan is deficient and will require correction of the deficiency. The permittee shall correct any SWPP Plan deficiency identified by the Director or his designee within 30 days of receipt of notification and shall certify to the Department that the correction has been made and implemented.
- c. Administrative Procedures
 - (1) A copy of the SWPP Plan shall be maintained at the facility and shall be available for inspection by the Department.
 - (2) A log of daily inspections required by Provision IV.F.2.a.(3.) of the permit shall be maintained at the facility and shall be made available for inspection by the Department upon request. The log shall contain records of all inspections performed and each daily entry shall be signed by the person performing the inspection.
 - (3) The Permittee shall provide training for any personnel required to implement the SWPP Plan and shall retain documentation of such training at the facility. Training records for all personnel shall be available for inspection by the Department. Training shall be performed prior to the date implementation is required.
- 3. Monitoring Requirements
 - a. Storm water discharged through each storm water outfall shall be sampled once per calendar year, using first flush grab samples (FFGS) collected during the first 30 minutes of discharge.
 - b. The total volume of storm water discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for the storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded as part of the sampling procedure and records retained in accordance with Provision I.B.5. of this permit. The volume may be measured using flow measurement devices or may be estimated using any method approved in writing by the Department.

G. SANITARY SEWER OVERFLOW RESPONSE PLAN

1. SSO Response Plan

Within 120 days of the effective date of this Permit, the Permittee shall develop a Sanitary Sewer Overflow (SSO) Response Plan to establish timely and effective methods for responding to notifiable sanitary sewer overflows. The SSO Response Plan shall address each of the following:

- a. General Information:
 - (1) Approximate population of City/Town, if applicable
 - (2) Approximate number of customers served by the Permittee
 - (3) Identification of any subbasins designated by the Permittee, if applicable
 - (4) Identification of estimated linear feet of sanitary sewers
 - (5) Number of Pump/Lift Stations in the collection system
- b. Responsibility Information:
 - (1) The title(s) and contact information of key position(s) who will coordinate the SSO response, including information for a backup coordinator in the event that the primary SSO coordinator is unavailable. The SSO coordinator is the person responsible for assessing the SSO and initiating a series of response actions based on the type, severity, and destination of the SSO, except for routine SSOs for which the coordinator may pre-approve written procedures. Routine SSOs are those for which the corrective action procedures are generally consistent.
 - (2) The title(s), and contact information of key position(s) who will respond to SSOs, including information for backup responder(s) in the event the primary responder(s) are unavailable (i.e., position(s) who provide notification to the Department, the public, the county health department, and other affected entities such as

public water systems; position(s) responsible for organizing crews for response; position(s) responsible for addressing public inquiries)

c. SSO and Surface Water Assessment

- (1) Identification of locations within the collection system at which an SSO is likely to occur (e.g., based upon historical SSOs, lift stations where electricity may be lost, etc.)
- (2) A map of the general collection system area, including identification of surface waterbodies and the location(s) of public drinking water source(s). Mapping of all collection system piping, pump stations, etc. is not required; however, if this information is already available, it should be included.
- (3) Identification of surface waterbodies within the collection system area which are classified as Swimming according to ADEM Admin. Code chap. 335-6-11. References available to assist in this requirement include: <http://www.adem.alabama.gov/alEnviroRegLaws/files/Division6Vol1.pdf> and http://gis.adem.alabama.gov/ADEM_Dash/use_class/index.html
- (4) Identification of surface waterbodies within the collection system area which are not classified as Swimming as indicated in paragraph c above, but are known locally as areas where swimming occurs or as areas that are heavily recreated

d. Public Reporting of SSOs

- (1) Contact information for the public to report an SSO to the Permittee, during both normal and outside of normal business hours (e.g., telephone number, website, email address, etc.)
- (2) Information requested from the person reporting an SSO to assist the Permittee in identifying the SSO (e.g., date, time, location, contact information)
- (3) Procedures for communication of the SSO report to the appropriate positions for follow-up investigation and response, if necessary

e. Procedures to immediately notify the Department, the county health department, and other affected entities (such as public water systems) upon becoming aware of notifiable SSOs

f. Public Notification Methods for SSOs

- (1) A listing of methods that are feasible, as determined by the Permittee, for public notifications (e.g., flyers distributed to nearby residents; signs posted at the location of the SSO, where the SSO enters a water of the state, and/or at a central public location; signs posted at fishing piers, boat launches, parks, swimming waterbodies, etc.; website and/or social media notifications; local print or radio and broadcast media notifications; "opt in" email, text message, or automated phone message notifications)
 - (a) If signage is a feasible method for public notification, procedures for use and removal of signage (e.g., availability and maintenance of signs, appropriate duration of postings)
- (2) Minimum information to be included in public notifications (e.g., identification that an SSO has occurred, date, duration if known, estimated volume if known, location of the SSO by street address or other appropriate method, initial destination of the SSO)
- (3) Procedures developed by the Permittee for determining the appropriate public notification method(s) based upon the potential for public exposure to health risks associated with the SSO

g. Standard Procedures shall be developed by the Permittee and shall include, at a minimum:

- (1) General SSO Response Procedures (e.g., procedures for dispatching staff to assess/correct an SSO; procedures for routine SSO corrective actions such as those for sewer blockages, overflowing manholes, line breakages, pump station power failure, etc.; procedures for disinfection of affected area, if applicable);
- (2) Procedures for collection and proper disposal of the SSO, if feasible.
- (3) General procedures for coordinating instream water quality monitoring, including, but not limited to, procedures for mobilizing staff, collecting samples, and typical test methods should the Department or the Permittee

determine monitoring is appropriate following an SSO. Identification of a contractor who will collect and analyze the sample(s) may be listed in lieu of the procedures.

- (4) References to other documents (such as Standard Operating Procedures for SSO Responses) may be acceptable for this section; however, the referenced document shall be identified and shall be reviewed at a frequency of at least that required by the Administrative Procedures Section.

- h. Date of the SSO Response Plan, dates of all modifications and/or reviews, the title and signature of the reviewer(s) for each date and the signature of the responsible official or the appropriate designee.

2. SSO Response Plan Implementation

Except as otherwise required by this Permit, the Permittee shall fully implement the SSO Response Plan as soon as practicable, but no later than 180 days after the effective date of this Permit.

3. Department Review of the SSO Response Plan

- a. When requested by the Director or his designee, the Permittee shall make the SSO Response Plan available for review by the Department.
- b. Upon review, the Director or his designee may notify the Permittee that the SSO Response Plan is deficient and require modification of the Plan.
- c. Within thirty days of receipt of notification, or an alternate timeframe as approved by the Department, the Permittee shall modify any SSO Response Plan deficiency identified by the Director or his designee and shall certify to the Department that the modification has been made.

4. SSO Response Plan Administrative Procedures

- a. The Permittee shall maintain a copy of the SSO Response Plan at the permitted facility or an alternate location approved by the Department in writing and shall make it available for inspection by the Department.
- b. The Permittee shall make a copy of the SSO Response Plan available to the public upon written request within 30 days of such request. The Permittee may redact information which may present security issues, such as location of public water supplies, identification of specific details of vulnerabilities, employee information, etc.
- c. The Permittee shall provide training for any personnel required to implement the SSO Response Plan and shall retain at the facility documentation of such training. This documentation shall be available for inspection by the Department. Training shall be provided for existing personnel prior to the date by which implementation of the SSO Response Plan is required and for new personnel as soon as possible. Should significant revisions be made to the SSO Response Plan, training regarding the revisions shall be conducted as soon as possible.
- d. The Permittee shall complete a review and evaluation of the SSO Response Plan at least once every three years. Documentation of the SSO Response Plan review and evaluation shall be signed and dated by the responsible official or the appropriate designee as part of the SSO Response Plan.



Alabama Department of Environmental Management
adem.alabama.gov

1400 Coliseum Blvd. 36110-2400 ■ Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7700 ■ FAX (334) 271-7950

FACT SHEET

**APPLICATION FOR
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
PERMIT TO DISCHARGE POLLUTANTS TO WATERS OF
THE STATE OF ALABAMA**

Date: July 24, 2020

Prepared By: Sandra Lee

NPDES Permit No. AL0064394

1. Name and Address of Applicant:

City of Northport
3950 3rd St S
Northport, AL 35476

2. Name and Address of Facility:

Northport WWTP
3950 3rd Street South
Northport, Alabama 35476

3. Description of Applicant's Type of Facility and/or Activity Generating the Discharge:

Waste Water Treatment Plant

4. Applicant's Receiving Waters

<u>Receiving Waters</u>	<u>Classifications</u>
Black Warrior River (Warrior Lake)	F&W
Mill Creek	F&W

For the Outfall latitude and longitude see the permit application.

5. Permit Conditions:

See attached Rationale and Draft Permit.

6. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

a. Comment Period

The Alabama Department of Environmental Management proposes to issue this NPDES permit subject to the limitations and special conditions outlined above. This determination is tentative.



Interested persons are invited to submit written comments on the draft permit to the following address:

Russell A. Kelly, Chief
Permits and Services Division
Alabama Department of Environmental Management
1400 Coliseum Blvd

(Mailing Address: Post Office Box 301463; Zip 36130-1463)
Montgomery, Alabama 36110-2059
(334) 271-7714

All comments received prior to the closure of the public notice period (see public notice for date) will be considered in the formulation of the final determination with regard to this permit.

b. Public Hearing

A written request for a public hearing may be filed within the public notice period and must state the nature of the issues proposed to be raised in the hearing. A request for a hearing should be filed with the Department at the following address:

Russell A. Kelly, Chief
Permits and Services Division
Alabama Department of Environmental Management
1400 Coliseum Blvd
(Mailing Address: Post Office Box 301463; Zip 36130-1463)
Montgomery, Alabama 36110-2059
(334) 271-7714

The Director shall hold a public hearing whenever it is found, on the basis of hearing requests, that there exists a significant degree of public interest in a permit application or draft permit. The Director may hold a public hearing whenever such a hearing might clarify one or more issues involved in the permit decision. Public notice of such a hearing will be made in accordance with ADEM Admin. Code r. 335-6-6-.21.

c. Issuance of the Permit

All comments received during the public comment period shall be considered in making the final permit decision. At the time that any final permit decision is issued, the Department shall prepare a response to comments in accordance with ADEM Admin. Code r. 335-6-6-.21. **The permit record, including the response to comments, will be available to the public via the eFile System (<http://app.adem.alabama.gov/eFile/>) or an appointment to review the record may be made by writing the Permits and Services Division at the above address.**

Unless a request for a stay of a permit or permit provision is granted by the Environmental Management Commission, the proposed permit contained in the Director's determination shall be issued and effective, and such issuance will be the final administrative action of the Alabama Department of Environmental Management.

d. Appeal Procedures

As allowed under ADEM Admin. Code chap. 335-2-1, any person aggrieved by the Department's final administrative action may file a request for hearing to contest such action. Such requests should be received by the Environmental Management Commission within thirty days of issuance of the permit. Requests should be filed with the Commission at the following address:

Alabama Environmental Management Commission
1400 Coliseum Blvd
(Mailing Address: Post Office Box 301463; Zip 36130-1463)
Montgomery, Alabama 36110-2059

All requests must be in writing and shall contain the information provided in ADEM Admin. Code r.
335-2-1-.04.

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0064394** Date: June 16, 2020

Permit Applicant: City of Northport
3950 3rd St S
Northport, Alabama 35476

Location: Northport WWTP
3950 3rd Street South
Northport, Alabama 35476

Draft Permit is: Initial Issuance:
Reissuance due to expiration: X
Modification of existing permit:
Revocation and Reissuance:

Basis for Limitations: Water Quality Model: CBOD₅, NH₃-N, DO
Reissuance with no modification: DO, TSS, TSS Percent Removal, NH₃-N,
CBOD₅, CBOD₅ Percent Removal, pH
Instream calculation at 7Q10: 85%
Toxicity based: TRC
Secondary Treatment Levels: TSS, TSS Percent Removal, CBOD₅ Percent
Removal
Other (described below): pH, E. Coli, Total Recoverable Zinc, Total Recoverable
Copper

Design Flow in Million Gallons per Day: 5 MGD

Major: Yes

Description of Discharge: Outfall Number 001;
Effluent discharge to Mill Creek,
which is classified as Fish and Wildlife.

Outfall Number 002;
Stormwater runoff to Black Warrior River (Warrior
Lake), which is classified as Fish and Wildlife.

Outfall Number 003;
Stormwater runoff to Mill Creek,
which is classified as Fish and Wildlife.

Outfall Number 004;
Stormwater runoff to Mill Creek,
which is classified as Fish and Wildlife.

Discussion: This permit is a reissuance due to expiration.

The pH limits for Outfall 0011 were developed consistent with the Water-Use designation of the receiving stream and the Municipal Section's Permit Development Rationale. The daily maximum pH limit is 8.5 s.u. and the daily minimum is 6.0 s.u. The monitoring frequency is three times per week. Flow will be monitored continuously, seven days per week.

The discharge limits for 5 Day Carbonaceous Biochemical Oxygen Demand (CBOD₅), Dissolved Oxygen (DO), and Total Ammonia as Nitrogen (NH₃N), for Outfall 0011 were developed by the Municipal Permitting Section based on a Waste Load Allocation (WLA) model performed by the Department's Water Quality Branch on June 10, 2020. The summer monthly average limits for CBOD₅ and NH₃N, are 4.0 mg/l and 1.0 mg/l, respectively. The summer daily minimum for DO is 5.0 mg/l. The winter monthly average limits for CBOD₅ and NH₃N, are 15.0 mg/l and 3.0 mg/l, respectively. The winter daily minimum for DO is 6.0 mg/l. The monitoring frequencies will be three times per week. A minimum percent removal of 85 percent is imposed for CBOD₅ based on 40 CFR 133.102. The percent removal will be calculated once per month.

The monthly average TSS limit is established at 30.0 mg/l in accordance with 40 CFR 133.102. The monitoring frequency will be three times per week. A minimum percent removal 85 percent is imposed for TSS based on 40 CFR 133.102. The percent removal will be calculated once per month.

The Department revised bacteriological criteria in ADEM Administrative Code R.335-6-10-.09. As a result, this permit includes E. coli limits and seasons that are consistent with the revised regulations. The imposed E. coli limits were determined based on the water-use classification of the receiving stream. Since Mill Creek is classified as Fish & Wildlife, the limits for May – October are 126 col/100ml (monthly average) and 298 col/100ml (daily maximum), while the limits for November – April are 548 col/100ml (monthly average) and 2507 col/100ml (daily maximum). The monitoring frequency will be three times per week.

This permit imposes monthly monitoring for the following nutrient-related parameters: Total Phosphorus (TP), Total Kjeldahl Nitrogen (TKN) and Nitrate plus Nitrite-Nitrogen (NO₂+NO₃-N). Monitoring for these nutrient-related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge.

The Total Residual Chlorine (TRC) limits are based on calculations to ensure that acute and chronic toxic concentrations of TRC in the receiving stream are not exceeded. Daily maximum and monthly average TRC limitations of 0.022 mg/L and 0.013 mg/L, respectively, are being imposed at Outfall 0011. The monitoring frequency will be three times per week. Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “*9” or “NODI=9”(if hard copy) on the monthly DMR. A measurement of TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as NODI=B or *B on the monthly DMRs.

Because this facility is a major municipal discharger, chronic toxicity testing with two species (Ceriodaphnia and Pimephales) is being imposed on this permit. Toxicity testing is imposed for both survival and life-cycle impairment (i.e., growth and reproduction). Chronic toxicity at the IWC of 85 percent is required once per year during the month of November. Should the results show chronic toxicity, the permittee would have to conduct follow-up testing as described in Part IV.B of the permit.

ADEM completed a Reasonable Potential Analysis (RPA) of the data submitted in Table C of the Permittee's application (Per 40 CFR Part 122 Appendix J – Table 2) and DMR data. There was no background stream data that would be appropriate for use in the RPA. The RPA indicates that the

discharge may have a reasonable potential to contribute to copper and zinc excursions of Alabama's in-stream water quality standards. Total Recoverable Copper monitoring will be included in the permit with a daily maximum limitation of 20.4 ug/l and a monthly average limitation of 15.0 ug/l. The monitoring frequency will be once per month. Total Recoverable Zinc will be included in the permit with a monthly average and daily maximum limitations of 223 ug/L. The monitoring frequency will be once per month. The current RPA indicates there is no longer a reasonable potential to contribute to excursions of Alabama's in-stream water quality standards for mercury or bis(2-ethylhexyl) phthalate, therefore, monitoring will no longer be required for mercury and bis(2-ethylhexyl) phthalate. The removal of the reporting requirement for mercury and bis(2-ethylhexyl) phthalate is not considered backsliding because the revision is consistent with the Department's antidegradation policy and water quality standards are being attained.

The receiving streams are Mill Creek, a Tier I waterbody and Black Warrior River (Warrior Lake), a Tier I waterbody. Mill Creek is on the current 303(d) list for impaired waterbodies for pathogens. The permit includes limitations for Outfall 0011 for pathogens that are consistent with water quality criteria. Part I.E.2 of the permit requires the Permittee to develop and implement a plan to prevent or minimize E. Coli to stormwater discharges. In addition, this permit issuance does not include a facility expansion. Therefore the amount of E. Coli being discharged should not change significantly. Black Warrior River (Warrior Lake) is not on the 303(d) list for impaired waterbodies. There are no approved TMDLs for Mill Creek or Black Warrior River (Warrior Lake).

ADEM Administrative Rule 335-6-10-.12 requires applicants to new or expanded discharges to Tier II waters demonstrate that the proposed discharge is necessary for important economic or social development in the area in which the waters are located. The application submitted by the facility is not for a new or expanded discharge to a Tier II waterbody, so the applicant is not required to demonstrate that the discharge is necessary for economic and social development.

Annual stormwater monitoring for outfalls 002S and 003S will be required for Flow, pH, TSS, NH₃-N, CBOD₅, TKN, NO₃-NO₂-N, TP, Oil and Grease, and E. Coli. The facility reported three stormwater Outfalls 002-004; however, for the purposes of sampling and reporting, Outfall 003S will be considered representative of Outfall 004S. The Permittee has reported elevated E. Coli levels from the stormwater outfalls; therefore, Permittee shall be required to address this as specified in Part I.E.2 of the permit.

Prepared by: Sandra Lee

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Northport WWTP	
NPDES Permit Number:	AL0064394	
Receiving Stream:	Mill Creek	
Facility Design Flow (Q _w):	5.000 MGD	
Receiving Stream 7Q ₁₀ :	1.380 cfs	
Receiving Stream 1Q ₁₀ :	1.035 cfs	(Estimated at 0.75 * 7Q ₁₀)
Winter Headwater Flow (WHF):	2.63 cfs	
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	20 deg. Celsius	
Headwater Background NH ₃ -N Level:	0.11 mg/l	
Receiving Stream pH:	7.0 s.u.	
Headwater Background FC Level (summer):	N/A.	(Only applicable for facilities with diffusers.)
(winter):	N/A.	

The Stream Dilution Ratio (SDR) is calculated using the 7Q₁₀ for all stream classifications.

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 84.86\%$$

AMMONIA TOXICITY LIMITATIONS

Toxicity-based ammonia limits are calculated in accordance with the *Ammonia Toxicity Protocol* and the *General Guidance for Writing Water Quality Based Toxicity Permits*.

If the Limiting Dilution is less than 1%, the waterbody is considered stream-dominated and the CMC applies.

If the Limiting Dilution is greater than 1%, the waterbody is considered effluent-dominated and the CCC applies.

$$\text{Limiting Dilution} = \frac{Q_w}{7Q_{10} + Q_w} = 84.86\% \quad \text{Effluent-Dominated, CCC Applies}$$

$$\begin{aligned} \text{Criterion Maximum Concentration (CMC):} & \quad \text{CMC} = 0.411 / (1 + 10^{(7.204 - \text{pH})}) + 58.4 / (1 + 10^{(\text{pH} - 7.204)}) \\ \text{Criterion Continuous Concentration (CCC):} & \quad \text{CCC} = [0.0577 / (1 + 10^{(7.688 - \text{pH})}) + 2.487 / (1 + 10^{(\text{pH} - 7.688)})] * \text{Min}[2.85, 1.45 * 10^{(0.028 * (25 - T))}] \end{aligned}$$

	<u>CMC</u>	<u>CCC</u>
Allowable Summer Instream NH ₃ -N:	36.09 mg/l	2.18 mg/l
Allowable Winter Instream NH ₃ -N:	36.09 mg/l	4.15 mg/l

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 2.6 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= 5.6 \text{ mg/l NH}_3\text{-N at Winter Flow} \end{aligned}$$

The ammonia limits established in the permit will be the lesser of the DO-based ammonia limit (from the wasteload allocation model) or the toxicity limits calculated above.

	<u>DO-based NH₃-N limit</u>	<u>Toxicity-based NH₃-N limit</u>
Summer	1.00 mg/l NH ₃ -N	2.60 mg/l NH ₃ -N
Winter	3.00 mg/l NH ₃ -N	5.60 mg/l NH ₃ -N

Summer: The DO based limit of 1.00 mg/l NH₃-N applies.

Winter: The DO based limit of 3.00 mg/l NH₃-N applies.

TOXICITY TESTING REQUIREMENTS (REFERENCE: MUNICIPAL BRANCH TOXICITY PERMITTING STRATEGY)

The following factors trigger toxicity testing requirements:

1. Facility design flow is equal to or greater than 1.0 MGD (major facility).
2. There are significant industrial contributors (SID permits).

Acute toxicity testing is specified for A&I receiving streams, or for stream dilution ratios of 1% or less.

Chronic toxicity testing is specified for all other situations requiring toxicity testing.

Chronic toxicity testing is required

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 84.86\%$$

Note: This number will be rounded up for toxicity testing purposes.

DISINFECTION REQUIREMENTS

Bacteria limits are required, and will be the water quality limit for the receiving stream, except where diffusers are used the limit may be adjusted for the dilution provided by the diffuser.

See the attached Disinfection Guidance for applicable stream standards.

(Non-coastal limits apply)

Applicable Stream Classification: **Fish & Wildlife**

Disinfection Type: **Chlorination**

Limit calculation method: **Limits based on meeting stream standards at the point of discharge.**

	Stream Standard (colonies/100ml)	Effluent Limit (colonies/100ml)
<u>E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)</u>		
Monthly limit as monthly average (November through April):	548	548
Monthly limit as monthly average (May through October):	126	126
Daily Max (November through April):	2507	2507
Daily Max (May through October):	487	487
<u>Enterococci (applies to Coastal)</u>		
Monthly limit as geometric mean (October through May):	Not applicable	Not applicable
Monthly limit as geometric mean (June through September):	Not applicable	Not applicable
Daily Max (October through May):	Not applicable	Not applicable
Daily Max (June through September):	Not applicable	Not applicable

MAXIMUM ALLOWABLE CHLORINATION LIMITS

Toxicity-based chlorine limits are calculated in accordance with the General Guidance for Writing Water Quality Based Toxicity Permits.

Chlorine has been shown to be acutely toxic at 0.019 mg/l and chronically toxic at 0.011 mg/l.

Maximum allowable TRC in effluent:	0.013 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.022 mg/l (acute)	(0.019)/(SDR)

NOTE: A maximum chlorine limit will be imposed such that the instream concentration will not exceed acutely toxic concentrations in A & I streams and chronically toxic concentrations in all other streams, but may not exceed 1.0 mg/l.

Prepared By:

Sandra Lee

Date:

7/31/2020

Q _d *C _d + Q _{d2} *C _{d2} + Q _s *C _s = Q _r *C _r								Enter Max Daily Discharge as reported by Applicant (C _d) Max	Enter Avg Daily Discharge as reported by Applicant (C _d) Avg	Partition Coefficient (Stream / Lake)
ID	Pollutant	Carcinogen "yes"	Type	Background from upstream source (C _{d2}) Daily Max	Background from upstream source (C _{d2}) Monthly Avg	Background Instream (C _s) Daily Max	Background Instream (C _s) Monthly Avg			
				mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	
1	Arsimony		Metals	0	0	0	0	0	0	0.574
2	Arsenite**	YES	Metals	0	0	0	0	0	0	-
3	Beryllium		Metals	0	0	0	0	0	0	0.236
4	Cadmium**		Metals	0	0	0	0	0	0	0.210
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0	-
6	Chromium / Chromium VI**		Metals	0	0	0	0	0	0	-
7	Copper**		Metals	0	0	0	0	33	4.87	0.388
8	Lead**		Metals	0	0	0	0	0	0	0.206
9	Mercury**		Metals	0	0	0	0	0.0032	0.00226	0.302
10	Nickel**		Metals	0	0	0	0	0	0	0.505
11	Selenium		Metals	0	0	0	0	0	0	-
12	Silver		Metals	0	0	0	0	0	0	-
13	Thallium		Metals	0	0	0	0	0	0	-
14	Zinc**		Metals	0	0	0	0	58	54	0.330
15	Cyanide		Metals	0	0	0	0	0	0	-
16	Total Phenolic Compounds		Metals	0	0	0	0	0	0	-
17	Hardness (As CaCO3)		Metals	0	0	0	0	111000	87700	-
18	Acrolein		VOC	0	0	0	0	0	0	-
19	Acrylonitrile*	YES	VOC	0	0	0	0	0	0	-
20	Aldrin	YES	VOC	0	0	0	0	0	0	-
21	Benzene*	YES	VOC	0	0	0	0	0	0	-
22	Bromofen*	YES	VOC	0	0	0	0	0	0	-
23	Carbon Tetrachloride*	YES	VOC	0	0	0	0	0	0	-
24	Chlordane	YES	VOC	0	0	0	0	0	0	-
25	Coronabenzene		VOC	0	0	0	0	0	0	-
26	Chlorodibromo-Methane*	YES	VOC	0	0	0	0	0	0	-
27	Chloroethane		VOC	0	0	0	0	0	0	-
28	2-Chloro-Ethylvinyl Ether		VOC	0	0	0	0	0	0	-
29	Chloroform*	YES	VOC	0	0	0	0	7	6	-
30	4,4'-DDD	YES	VOC	0	0	0	0	0	0	-
31	4,4'-DDE	YES	VOC	0	0	0	0	0	0	-
32	4,4'-DDT	YES	VOC	0	0	0	0	0	0	-
33	Dichlorobromo-Methane*	YES	VOC	0	0	0	0	0	0	-
34	1,1-Dichloroethane		VOC	0	0	0	0	0	0	-
35	1,2-Dichloroethane*	YES	VOC	0	0	0	0	0	0	-
36	Trans-1,2-Dichloro-Ethylene		VOC	0	0	0	0	0	0	-
37	1,1-Dichloroethylene*	YES	VOC	0	0	0	0	0	0	-
38	1,2-Dichloropropane		VOC	0	0	0	0	0	0	-
39	1,3-Dichloro-Propylene		VOC	0	0	0	0	0	0	-
40	Dieldrin	YES	VOC	0	0	0	0	0	0	-
41	Ethylbenzene		VOC	0	0	0	0	0	0	-
42	Methyl Bromide		VOC	0	0	0	0	0	0	-
43	Methyl Chloride		VOC	0	0	0	0	0	0	-
44	Methylene Chloride*	YES	VOC	0	0	0	0	0	0	-
45	1,1,1,2,2-Tetrachloro-Ethane*	YES	VOC	0	0	0	0	0	0	-
46	Tetrachloro-Ethylene*	YES	VOC	0	0	0	0	0	0	-
47	Toluene		VOC	0	0	0	0	0	0	-
48	Toxaphene	YES	VOC	0	0	0	0	0	0	-
49	Triphenylene (TBT)	YES	VOC	0	0	0	0	0	0	-
50	1,1,1-Trichloroethane		VOC	0	0	0	0	0	0	-
51	1,1,2-Trichloroethane*	YES	VOC	0	0	0	0	0	0	-
52	Trichloroethylene*	YES	VOC	0	0	0	0	0	0	-
53	Vinyl Chloride*	YES	VOC	0	0	0	0	0	0	-
54	p-Chloro-m-Cresol		Acids	0	0	0	0	0	0	-
55	2-Chlorophenol		Acids	0	0	0	0	0	0	-
56	2,4-Dichlorophenol		Acids	0	0	0	0	0	0	-
57	2,4-Dimethylphenol		Acids	0	0	0	0	0	0	-
58	4,6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	-
59	2,4-Dinitrophenol		Acids	0	0	0	0	0	0	-
60	4,6-Dinitro-2-methylphenol	YES	Acids	0	0	0	0	0	0	-
61	Dioxin (2,3,7,8-TCDD)	YES	Acids	0	0	0	0	0	0	-
62	2-Nitrophenol		Acids	0	0	0	0	0	0	-
63	4-Nitrophenol		Acids	0	0	0	0	0	0	-
64	Pentachlorophenol*	YES	Acids	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	-
66	2,4,6-Trichlorophenol*	YES	Acids	0	0	0	0	0	0	-
67	Acenaphthene		Bases	0	0	0	0	0	0	-
68	Acenaphthylene		Bases	0	0	0	0	0	0	-
69	Anthracene		Bases	0	0	0	0	0	0	-
70	Benidine		Bases	0	0	0	0	0	0	-
71	Benzo(A)Anthracene*	YES	Bases	0	0	0	0	0	0	-
72	Benzo(A)Pyrene*	YES	Bases	0	0	0	0	0	0	-
73	3,4-Benzo-Fluoranthene		Bases	0	0	0	0	0	0	-
74	Benzo(G)Fluoranthene		Bases	0	0	0	0	0	0	-
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	-
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	-
77	Bis (2-Chloroethyl)-Ether*	YES	Bases	0	0	0	0	0	0	-
78	Bis (2-Chloroisopropyl) Ether		Bases	0	0	0	0	0	0	-
79	Bis (2-Ethylhexyl) Phthalate*	YES	Bases	0	0	0	0	0	0	-
80	4-Bromophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
81	Butyl Benzyl Phthalate		Bases	0	0	0	0	0	0	-
82	2-Chloronaphthalene		Bases	0	0	0	0	0	0	-
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
84	Chrysene*	YES	Bases	0	0	0	0	0	0	-
85	Di-N-Butyl Phthalate		Bases	0	0	0	0	0	0	-
86	Di-N-Octyl Phthalate		Bases	0	0	0	0	0	0	-
87	Dibenzo(A,H)Anthracene*	YES	Bases	0	0	0	0	0	0	-
88	1,2-Dichlorobenzene		Bases	0	0	0	0	0	0	-
89	1,3-Dichlorobenzene		Bases	0	0	0	0	0	0	-
90	1,4-Dichlorobenzene		Bases	0	0	0	0	0	0	-
91	3,3-Dichlorobenzidine*	YES	Bases	0	0	0	0	0	0	-
92	Diethyl Phthalate		Bases	0	0	0	0	0	0	-
93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	-
94	2,4-Dinitrotoluene*	YES	Bases	0	0	0	0	0	0	-
95	2,6-Dinitrotoluene		Bases	0	0	0	0	0	0	-
96	1,2-Diphenylhydrazine		Bases	0	0	0	0	0	0	-
97	Endosulfan (alpha)	YES	Bases	0	0	0	0	0	0	-
98	Endosulfan (beta)	YES	Bases	0	0	0	0	0	0	-
99	Endosulfan sulfate	YES	Bases	0	0	0	0	0	0	-
100	Endrin	YES	Bases	0	0	0	0	0	0	-
101	Endrin Alderhyde	YES	Bases	0	0	0	0	0	0	-
102	Fluoranthene		Bases	0	0	0	0	0	0	-
103	Fluorene		Bases	0	0	0	0	0	0	-
104	Heptachlor	YES	Bases	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	-
106	Hexachlorobenzene*	YES	Bases	0	0	0	0	0	0	-
107	Hexachlorobutadiene*	YES	Bases	0	0	0	0	0	0	-
108	Hexachlorocyclohexane (alpha)	YES	Bases	0	0	0	0	0	0	-
109	Hexachlorocyclohexane (beta)	YES	Bases	0	0	0	0	0	0	-
110	Hexachlorocyclohexane (gamma)	YES	Bases	0	0	0	0	0	0	-
111	Hexachlorocyclopentadiene		Bases	0	0	0	0	0	0	-
112	Hexachloroethane		Bases	0	0	0	0	0	0	-
113	Indene(1,2,3-CH)Pyrene*	YES	Bases	0	0	0	0	0	0	-
114	Isophorone		Bases	0	0	0	0	0	0	-
115	Naphthalene		Bases	0	0	0	0	0	0	-
116	Nitrobenzene		Bases	0	0	0	0	0	0	-
117	N-Nitrosodi-N-Propylamine*	YES	Bases	0	0	0	0	0	0	-
118	N-Nitrosodi-N-Methylamine*	YES	Bases	0	0	0	0	0	0	-
119	N-Nitrosodi-N-Phenylamine*	YES	Bases	0	0	0	0	0	0	-
120	PCB-1016	YES	Bases	0	0	0	0	0	0	-
121	PCB-1221	YES	Bases	0	0	0	0	0	0	-
122	PCB-1232	YES	Bases	0	0	0	0	0	0	-
123	PCB-1242	YES	Bases	0	0	0	0	0	0	-
124	PCB-1248	YES	Bases	0	0	0	0	0	0	-
125	PCB-1254	YES	Bases	0	0	0	0	0	0	-
126	PCB-1260	YES	Bases	0	0	0	0	0	0	-
127	Phenanthrene		Bases	0	0	0	0	0	0	-
128	Pyrene		Bases	0	0	0	0	0	0	-
129	1,2,4-Trichlorobenzene		Bases	0	0	0	0	0	0	-

5	Enter Q _d = wastewater discharge flow from facility (MGD)
7.736	Q _d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Q _{d2} = background stream flow in MGD above point of discharge
0	Q _{d2} = background stream flow from upstream source (cfs)
1.38	Enter TQ10, Q _s = background stream flow in cfs above point of discharge
1.03	Enter or estimated, TQ10, Q _s = background stream flow in cfs above point of discharge (TQ10 estimated at 75% of TQ10)
23.1	Enter Mean Annual Flow, Q _s = background stream flow in cfs above point of discharge
2.63	Enter TQ2, Q _s = background stream flow in cfs above point of discharge (For LWP class streams)
Enter to Lake	Enter C _s = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
Q _d + Q _{d2} + Q _s	Q _s = resultant in-stream flow, after discharge
Calculated on other	C _s = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
50	Enter, Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of)
7.00 s.s.	Enter, Background pH above point of discharge
YES	Enter, Is discharge to a stream? "YES" Other option would be to a Lake. (This changes the partition coefficients for the metals)

** Using Partition Coefficients

July 31, 2020

Freshwater FAW classification:					Freshwater Acute (µg/l) C _a = 10					Freshwater Chronic (µg/l) C _c = 7010					Human Health Consumption (µg/day) (µg/l)				
ID	Pollutant	RP7	Carcinogen yes	Background from upstream source (C2)	Max Daily Discharge as Reported by Facility (C ₁)	Water Quality Chronic (C ₁)	Draft Permit Limit (C ₁)	20% of Draft Permit Limit	RP7	Background from upstream source (C2)	Avg Daily Discharge as Reported by Facility (C ₁)	Water Quality Chronic (C ₁)	Draft Permit Limit (C ₁)	20% of Draft Permit Limit	RP7	Water Quality Chronic (C ₁)	Draft Permit Limit (C ₁)	20% of Draft Permit Limit	RP7
1	Antimony		YES	0	502.334	671.200	134.240	No	No	0	261.324	307.941	61.588	No	No	3.72E-01	4.40E-02	8.80E-01	No
2	Asenic			0	7.347	4.936	0.985	No	No	0	0.044	0.79	0.162	No	No	3.02E-01	1.21E-00	2.42E-01	No
3	Beryllium			0	1537.913	1742.676	348.535	No	No	0	200.051	233.727	47.147	No	No	1.78E-01	1.40E-00	2.95E-01	No
5	Chromium Chromium III			0	16.000	18.130	3.626	No	No	0	11.000	12.962	2.592	No	No	3.50E-01	7.01E-01	1.40E-00	No
6	Chromium Chromium VI	YES		0	16.026	20.426	4.085	No	No	0	12.766	15.043	3.009	Yes	No	3.50E-01	7.01E-01	1.40E-00	No
7	Copper			0	166.201	165.769	33.154	No	No	0	5.701	6.718	1.344	No	No	3.50E-01	7.01E-01	1.40E-00	No
8	Lead			0	2.400	2.720	0.544	No	No	0	0.012	0.014	0.003	No	No	4.24E-02	5.00E-02	1.00E-02	No
9	Mercury			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
10	Nickel			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
11	Selenium			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
12	Sulfur			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
13	Thallium			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
14	Zinc	YES		0	58	22.000	4.400	No	No	0	54	22.000	4.400	No	No	1.45E-04	1.75E-04	3.51E-03	No
15	Total Phosphate Compounds			0	11.000	22.000	4.400	No	No	0	87.700	224.479	45.886	No	No	3.93E-01	1.10E-04	2.20E-03	No
16	Hardness (as CaCO3)			0	11.000	22.000	4.400	No	No	0	87.700	224.479	45.886	No	No	3.93E-01	1.10E-04	2.20E-03	No
17	Acetone			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
18	Acetone			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
19	Acetone			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
20	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
21	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
22	Carbon Tetrachloride			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
23	Carbon Tetrachloride			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
24	Chloroethane			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
25	Chloroethane			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
26	Chloroethane			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
27	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
28	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
29	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
30	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
31	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
32	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
33	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
34	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
35	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
36	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
37	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
38	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
39	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
40	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
41	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
42	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
43	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
44	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
45	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
46	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
47	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
48	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
49	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
50	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
51	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
52	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
53	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
54	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
55	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
56	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
57	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
58	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
59	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
60	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
61	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
62	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
63	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
64	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
65	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
66	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
67	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
68	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
69	Chloroethylene Ether			0	0.0022	0.0022	0.0004	No	No	0	0.0022	0.0022	0.0004	No	No	9.39E-03	1.17E-02	2.34E-02	No
70	Chloroethylene Ether																		

Northport WWTP (AL0064394)

Bis(2-Ethylhexyl)Phthalate DMR Data

Monitor Pd End Date	Monthly Average (ug/l)		Daily Maximum (ug/l)	
9/30/2015	*B		*B	
12/31/2015	*B		*B	
3/31/2016	*B		*B	
6/30/2016	*B		*B	
9/30/2016	*B		*B	
12/31/2016	*9		*9	
3/31/2017	*9		*9	
6/30/2017	*9		*9	
9/30/2017	*9		*9	
12/31/2017	*9		*9	
3/31/2018	*9		*9	
6/30/2018	*9		*9	
9/30/2018	*9		*9	
12/31/2018	*9		*9	
3/31/2019	*9		*9	
6/30/2019	*9		*9	
9/30/2019	*9		*9	
12/31/2019	*9		*9	
3/31/2020	*9		*9	
6/30/2020	*9		*9	
Application	*B		*B	
Application	*B		*B	
Application	*B		*B	
Application	*B		*B	
	Monthly Average	0	Daily Maximum	0

After four consecutive quarterly monitoring results indicating below detection limit, the Permittee reported reported *9 indicating monitoring was no longer applicable.

Northport WWTP (AL0064394)

Total Recoverable Copper DMR Data

Monitor Pd End Date	Monthly Average (mg/l)	Daily Maximum (mg/l)
7/31/2015	15	15
8/31/2015	*B	*B
9/30/2015	*B	*B
10/31/2015	*B	*B
11/30/2015	*B	*B
12/31/2015	0.018	0.018
1/31/2016	*B	*B
2/29/2016	*B	*B
3/31/2016	0.019	0.019
4/30/2016	0.016	0.016
5/31/2016	*B	*B
6/30/2016	25	25
7/31/2016	*B	*B
8/31/2016	18	18
9/30/2016	17	17
10/31/2016	*B	*B
11/30/2016	24	24
12/31/2016	12	12
1/31/2017	24	24
2/28/2017	20	20
3/31/2017	23	23
4/30/2017	*B	*B
5/31/2017	19	19
6/30/2017	27	27
7/31/2017	*B	*B
8/31/2017	*B	*B
9/30/2017	*B	*B
10/31/2017	*B	*B
11/30/2017	*B	*B
12/31/2017	*B	*B
1/31/2018	14	14
2/28/2018	*B	*B
3/31/2018	*B	*B
4/30/2018	16	16
5/31/2018	*B	*B
6/30/2018	13	13
7/31/2018	*B	*B

Monitor Pd End Date	Monthly Average (mg/l)	Daily Maximum (mg/l)		
8/31/2018	*B	*B		
9/30/2018	12	12		
10/31/2018	*B	*B		
11/30/2018	*B	*B		
12/31/2018	*B	*B		
1/31/2019	*B	*B		
2/28/2019	*B	*B		
3/31/2019	*B	*B		
4/30/2019	*B	*B		
5/31/2019	*B	*B		
6/30/2019	*B	*B		
7/31/2019	*B	*B		
8/31/2019	*B	*B		
9/30/2019	*B	*B		
10/31/2019	33	33		
11/30/2019	*B	*B		
12/31/2019	*B	*B		
1/31/2020	*B	*B		
2/29/2020	*B	*B		
3/31/2020	*B	*B		
4/30/2020	*B	*B		
5/31/2020	*B	*B		
6/30/2020	*B	*B		
Application	0	0		
Application	0	0		
Application	0	0		
Application	0	0		
	Monthly Average	4.87	Maximum	33

Northport WWTP (AL0064394)

Total Recoverable Mercury DMR Data

Monitor Pd End Date	Monthly Average (ug/L)		Daily Maximum (ug/L)	
12/31/2016	0.0016		0.0016	
12/31/2017	0.0032		0.0032	
12/31/2018	0.0028		0.0028	
12/31/2019	0.00144		0.00144	
	Monthly Average	0.00226	Maximum	0.0032

Waste Load Allocation Summary

Page 1

REQUEST INFORMATION

Request Number:

3672

From:	Sandy Lee	In Branch/Section	Municipal
Date Submitted	1/14/2020	Date Required	2/13/2020
FUND Code	605	Date Permit application received by NPDES program	12/18/2019
Receiving Waterbody	Mill Creek	Previous Stream Name	
Facility Name	Northport WWTP	(Name of Discharger-WQ will use to file)	
River Basin	Black Warrior	Outfall Latitude	33.211941 (decimal degrees)
*County	Tuscaloosa	Outfall Longitude	-87.597504 (decimal degrees)
Permit Number	AL0064394	Permit Type	Permit Reissuance
Permit Status	Active	Type of Discharger	MUNICIPAL

Do other discharges exist that may impact the model?

☒ Yes☐ No

If yes, impacting dischargers names.

Hunt Refining
Tuscaloosa WWTP
Moundville Lagoon
Akron Lagoon

Impacting dischargers permit numbers.

AL0000973
AL0022713
AL0058122
AL0059714

Existing Discharge Design Flow	5	MGD
Proposed Discharge Design Flow	5	MGD

Note: The flow rates given should be those requested for modeling.

Comments included

☐ Yes ☒ No

Information Verified By

Year File Was Created

Response ID Number 1745

Lat/Long Method

GPS

12 Digit HUC Code 031601130201

Use Classification F&W

Site Visit Completed? ☒ Yes ☐ No

Date of Site Visit 6/2/2020

Waterbody Impaired? ☒ Yes ☐ No

Date of WLA Response 6/10/2020

Antidegradation ☐ Yes ☒ No

Approved TMDL?

☐ Yes ☒ No

Waterbody Tier Level Tier I

Use Support Category 5

Approval Date of TMDL

Waste Load Allocation Information

Modeled Reach Length	72	Miles	Date of Allocation	4/6/2020
Name of Model Used	SWQM/QUAL2E	Allocation Type	2 Seasons	
Model Completed by	Nicholas Caraway	Type of Model Used	Calibrated	
Allocation Developed by	Water Quality Branch			

Waste Load Allocation Summary

Page 2

Annual Effluent Limits	Conventional Parameters				Other Parameters						
	Qw	5	MGD	Qw	5	MGD	Qw	MGD	Qw	MGD	
Season	Summer		Season	Winter		Season			Season		
From	May		From	Dec		From			From		
Through	Nov		Through	Apr		Through			Through		
CBOD5			CBOD5	4	mg/L	CBOD5	15	mg/L	TP		
NH3-N			NH3-N	1	mg/L	NH3-N	3	mg/L	TN		
TKN			TKN			TKN			TSS		
D.O.			D.O.	5	mg/L	D.O.	6	mg/L			

"Monitor Only" Parameters for Effluent:		Parameter	Frequency	Parameter	Frequency
		NO2+NO3-N	Monthly		
		TP	Monthly		
		TKN	Monthly		

Water Quality Characteristics Immediately Upstream of Discharge

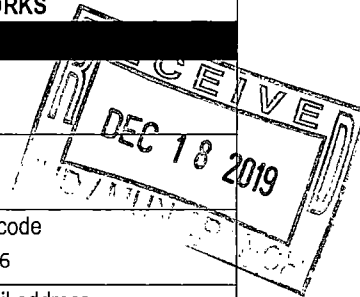
Parameter	Summer		Winter	
CBODu	2	mg/l	2	mg/l
NH3-N	0.11	mg/l	0.11	mg/l
Temperature	30	°C	20	°C
pH	7	su	7	su

Hydrology at Discharge Location

Drainage Area Qualifier	Drainage Area	15.4	sq mi	Method Used to Calculate
Stream 7Q10	1.38	cfs		USGS Estimate
Stream 1Q10	1.03	cfs		75% of 7Q10
Stream 7Q2	2.63	cfs		USGS Estimate
Annual Average	23.1	cfs		USACE Map

Comments and/or Notations

EPA Identification Number 110000514961		NPDES Permit Number AL0064394		Facility Name NORTHPORT WWTP		Form Approved 03/05/19 OMB No. 2040-0004		
Form 2A NPDES				U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS				
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))								
Facility Information	1.1	Facility name Northport Wastewater Treatment Plant						
		Mailing address (street or P.O. box) 3950 3rd Street South						
		City or town Northport			State AL		ZIP code 35476	
		Contact name (first and last) John P. Webb		Title Utilities Director		Phone number (205) 342-3636		Email address jpwebb@cityofnorthport.org
		Location address (street, route number, or other specific identifier) <input checked="" type="checkbox"/> Same as mailing address						
		City or town			State		ZIP code	
Applicant Information	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No						
		1.3 Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.						
		Applicant name						
		Applicant address (street or P.O. box)						
		City or town			State		ZIP code	
	Contact name (first and last)		Title		Phone number		Email address	
Existing Environmental Permits	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both						
		1.5 To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)						
		1.6 Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)						
Existing Environmental Permits								
<input checked="" type="checkbox"/> NPDES (discharges to surface water) AL0064394		<input type="checkbox"/> RCRA (hazardous waste)		<input type="checkbox"/> UIC (underground injection control)				
<input type="checkbox"/> PSD (air emissions)		<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)				
<input type="checkbox"/> Ocean dumping (MPRSA)		<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input type="checkbox"/> Other (specify)				



EPA Identification Number 110000514961		NPDES Permit Number AL0064394		Facility Name NORTHPORT WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
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Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.					
		Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status	
		City of Northport, AL	20,500	100	% separate sanitary sewer	<input checked="" type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain
				_____	% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/>	Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				_____	% separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				_____	% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
	<input type="checkbox"/>			Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____	% separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____	% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
<input type="checkbox"/>			Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain		
		_____	% separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain		
		_____	% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain		
		<input type="checkbox"/>	Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain		
		Total Population Served	20,500				
		Separate Sanitary Sewer System		Combined Storm and Sanitary Sewer			
		Total percentage of each type of sewer line (in miles)		100 %	0 %		

Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.			Design Flow Rate
					5.0 mgd
		Annual Average Flow Rates (Actual)			
		Two Years Ago	Last Year	This Year	
		3.08 mgd	3.23 mgd	3.27 mgd	
		Maximum Daily Flow Rates (Actual)			
		Two Years Ago	Last Year	This Year	
		9.97 mgd	8.12 mgd	10.08 mgd	

Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		Total Number of Effluent Discharge Points by Type				
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows
		1	0	0	0	0

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Outfalls and Other Discharge or Disposal Methods	Outfalls Other Than to Waters of the United States				
	1.12	Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14.			
	1.13	Provide the location of each surface impoundment and associated discharge information in the table below.			
	Surface Impoundment Location and Discharge Data				
		Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)	
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
	1.14	Is wastewater applied to land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.16.			
	1.15	Provide the land application site and discharge data requested below.			
	Land Application Site and Discharge Data				
		Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
1.16	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.21.				
1.17	Describe the means by which the effluent is transported (e.g., tank truck, pipe).				
1.18	Is the effluent transported by a party other than the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.20.				
1.19	Provide information on the transporter below.				
Transporter Data					
Entity name		Mailing address (street or P.O. box)			
City or town		State	ZIP code		
Contact name (first and last)		Title			
Phone number		Email address			

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Outfalls and Other Discharge or Disposal Methods Continued	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.			
	Receiving Facility Data				
	Facility name			Mailing address (street or P.O. box)	
	City or town			State	ZIP code
	Contact name (first and last)			Title	
	Phone number			Email address	
	NPDES number of receiving facility (if any) <input type="checkbox"/> None			Average daily flow rate mgd	
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.			
	1.22	Provide information in the table below on these other disposal methods.			
	Information on Other Disposal Methods				
Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)	
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	

Variance Requests	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable
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Contractor Information	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.		
	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.		
	Contractor Information			
		Contractor 1	Contractor 2	Contractor 3
	Contractor name (company name)			
	Mailing address (street or P.O. box)			
	City, state, and ZIP code			
	Contact name (first and last)			
	Phone number			
	Email address			
	Operational and maintenance responsibilities of contractor			

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))

Design Flow	Outfalls to Waters of the United States																																		
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.																																	
Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	Average Daily Volume of Inflow and Infiltration 360,000 gpd																																
	Indicate the steps the facility is taking to minimize inflow and infiltration. Spot check dig and repair.																																		
Topographic Map	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																	
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																	
Scheduled Improvements and Schedules of Implementation	2.5	Are improvements to the facility scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.																																	
	Briefly list and describe the scheduled improvements.																																		
	1.																																		
	2.																																		
	3.																																		
	4.																																		
	2.6	Provide scheduled or actual dates of completion for improvements. <div style="background-color: #f2f2f2; padding: 2px; text-align: center; font-weight: bold;">Scheduled or Actual Dates of Completion for Improvements</div> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Scheduled Improvement (from above)</th> <th style="width:15%;">Affected Outfalls (list outfall number)</th> <th style="width:15%;">Begin Construction (MM/DD/YYYY)</th> <th style="width:15%;">End Construction (MM/DD/YYYY)</th> <th style="width:15%;">Begin Discharge (MM/DD/YYYY)</th> <th style="width:15%;">Attainment of Operational Level (MM/DD/YYYY)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>				Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)	1.						2.						3.						4.					
	Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)																													
	1.																																		
	2.																																		
3.																																			
4.																																			
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable																																		
Explanation:																																			

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP
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Form Approved 03/05/19
OMB No. 2040-0004

SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)			
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____	
	State	Alabama			
	County	Tuscaloosa			
	City or town	Northport			
	Distance from shore	0.00 ft.	ft.	ft.	
	Depth below surface	0.00 ft.	ft.	ft.	
	Average daily flow rate	3.18 mgd	mgd	mgd	
	Latitude	33° 12' 43"	° ' "	° ' "	
	Longitude	87° 35' 50"	° ' "	° ' "	
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.			
	3.3	If so, provide the following information for each applicable outfall.			
		Outfall Number _____	Outfall Number _____	Outfall Number _____	
	Number of times per year discharge occurs				
	Average duration of each discharge (specify units)				
	Average flow of each discharge	mgd	mgd	mgd	
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.			
	3.5	Briefly describe the diffuser type at each applicable outfall.			
		Outfall Number _____	Outfall Number _____	Outfall Number _____	
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.			

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
---	----------------------------------	---------------------------------	---

Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.			
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____	
	Receiving water name	Mill Creek			
	Name of watershed, river, or stream system				
	U.S. Soil Conservation Service 14-digit watershed code				
	Name of state management/river basin				
	U.S. Geological Survey 8-digit hydrologic cataloging unit code				
	Critical low flow (acute)	cfs	cfs	cfs	
	Critical low flow (chronic)	cfs	cfs	cfs	
	Total hardness at critical low flow	mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃	

Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.			
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____	
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Other (specify) <u>Sand Filtration</u>	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	
	Design Removal Rates by Outfall				
	BOD ₅ or CBOD ₅	85.00 %	%	%	
	TSS	85.00 %	%	%	
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	
	Nitrogen	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	
	Other (specify) _____	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Treatment Description Continued	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.					
		Outfall Number <u>001</u>	Outfall Number _____		Outfall Number _____		
	Disinfection type	Chlorination					
	Seasons used	All					
	Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No			

Effluent Testing Data	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.					
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.					
		Outfall Number <u>001</u>		Outfall Number _____		Outfall Number _____	
		Acute	Chronic	Acute	Chronic	Acute	Chronic
	Number of tests of discharge water		3				
	Number of tests of receiving water						
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.					
	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.					
	3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> The facility has a design flow greater than or equal to 1 mgd. The POTW has an approved pretreatment program or is required to develop such a program. The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). <input checked="" type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input type="checkbox"/> No → SKIP to Section 4.						
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No additional sampling required by NPDES permitting authority.						

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
---	----------------------------------	---------------------------------	---

Effluent Testing Data Continued	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.										
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.										
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width: 50%;">Summary of Results</th> </tr> <tr> <td>11/17/2015</td> <td>Passed</td> </tr> <tr> <td>11/22/2016</td> <td>Passed</td> </tr> <tr> <td>11/07/2017</td> <td>Passed</td> </tr> <tr> <td>11/20/2018</td> <td>Passed</td> </tr> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results	11/17/2015	Passed	11/22/2016	Passed	11/07/2017	Passed	11/20/2018	Passed
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results										
	11/17/2015	Passed										
	11/22/2016	Passed										
	11/07/2017	Passed										
	11/20/2018	Passed										
3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.26.											
3.23	Describe the cause(s) of the toxicity:											
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.											
3.25	Provide details of any toxicity reduction evaluations conducted.											
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.											

SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))					
Industrial Discharges and Hazardous Wastes	4.1 Does the POTW receive discharges from SIUs or NSCIUs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7.				
	4.2 Indicate the number of SIUs and NSCIUs that discharge to the POTW. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%;">Number of SIUs</th> <th style="width: 50%;">Number of NSCIUs</th> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> </table>	Number of SIUs	Number of NSCIUs	2	
	Number of SIUs	Number of NSCIUs			
	2				
	4.3 Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	4.4 Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.6.				
4.5 Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.					
4.6 Have you completed and attached Table F to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Industrial Discharges and Hazardous Wastes Continued	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.																		
	4.8	If yes, provide the following information:																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Hazardous Waste Number</th> <th style="width: 55%;">Waste Transport Method (check all that apply)</th> <th style="width: 15%;">Annual Amount of Waste Received</th> <th style="width: 15%;">Units</th> </tr> <tr> <td></td> <td> <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____ </td> <td></td> <td></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____ </td> <td></td> <td></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____ </td> <td></td> <td></td> </tr> </table>	Hazardous Waste Number	Waste Transport Method (check all that apply)	Annual Amount of Waste Received	Units		<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____				<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____				<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____					
	Hazardous Waste Number	Waste Transport Method (check all that apply)	Annual Amount of Waste Received	Units																
		<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____																		
		<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____																		
		<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____																		
4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.																			
4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No																			
4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))																				
CSO Map and Diagram	5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.																		
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No																		
	5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No																		

EPA Identification Number 110000514961		NPDES Permit Number AL0064394		Facility Name NORTHPORT WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)					
		CSO Outfall Number ____		CSO Outfall Number ____		CSO Outfall Number ____	
	City or town						
	State and ZIP code						
	County						
	Latitude	° ' "		° ' "		° ' "	
	Longitude	° ' "		° ' "		° ' "	
	Distance from shore	ft.		ft.		ft.	
	Depth below surface	ft.		ft.		ft.	
CSO Monitoring	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?					
		CSO Outfall Number ____		CSO Outfall Number ____		CSO Outfall Number ____	
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSO Events in Past Year	5.6	Provide the following information for each of your CSO outfalls.					
		CSO Outfall Number ____		CSO Outfall Number ____		CSO Outfall Number ____	
	Number of CSO events in the past year	events		events		events	
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	
	Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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CSO Receiving Waters	5.7	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
	Receiving water name			
	Name of watershed/ stream system			
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/river basin			
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))	
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Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input checked="" type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
	<input checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

6.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
	Name (print or type first and last name) John P. Webb	Official title Utilities Director
	Signature 	Date signed 12/10/19

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)	4.3	mg/L	1.69	mg/L	114	M5210B	1 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	94.00	/100mL	12.33	/100mL	144	A908C	1 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	10.08	MGD	3.18	MGD	266		
pH (minimum)	6.08	S.U.					
pH (maximum)	7.6	S.U.					
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	17	mg/L	2.43	mg/L	144	E160.2	1 <input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	5.12	mg/L	0.72	mg/L	114	M4500-MH3BF	0.05 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	0	mg/L	0	mg/L	266	M4500-CL-G	.01 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	7.90	mg/L	9.82	mg/L	266	M4500-O-G	.10 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	12.2	mg/L	6.44	mg/L	9 (MONTHLY)	M4500-NB	.05 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	2.19	mg/L	6.99	mg/L	10 (MONTHLY)	E300	.10 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	1.3	mg/L	.825	mg/L	4 (YEARLY)	E1664A	1.0 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	3.8	mg/L	2.46	mg/L	9	M4500-P-B5	.05 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	492	mg/L	368	mg/L	4 (YEARLY)	M2450C	20.0 <input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

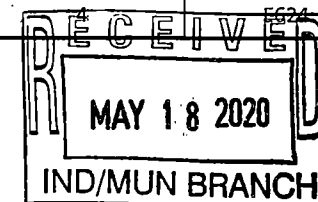
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EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)	
	Value	Units	Value	Units	Number of Samples			
Metals, Cyanide, and Total Phenols								
Hardness (as CaCO ₃)	111	mg/L	87.7	mg/L	4	M2340 B	1.0 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Antimony, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.9	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Arsenic, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.9	.001 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Beryllium, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.7	.001 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Cadmium, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.7	.001 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Chromium, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.7	.050 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Copper, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.7	.050 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Lead, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.7	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Mercury, total recoverable	.003	µg/l	.002	µg/l	4	1631E	.001 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Nickel, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.7	.050 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Selenium, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.9	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Silver, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.9	.050 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Thallium, total recoverable	0.00	mg/L	0.00	mg/L	4	E200.9	.001 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Zinc, total recoverable	.058	mg/L	.054	mg/L	4	E200.7	.050 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Cyanide	0.00	mg/L	0.00	mg/L	4	M4500-CN CE	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Total phenolic compounds	0.00	mg/L	0.00	mg/L	4	M510 AB	.10 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Volatile Organic Compounds								
Acrolein	0.00	mg/L	0.00	mg/L	4	E624	0.1 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Acrylonitrile	0.00	mg/L	0.00	mg/L	4	E624	0.1 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Benzene	0.00	mg/L	0.00	mg/L	4	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL	
Bromoform	0.00	mg/L	0.00	mg/L	4	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL	



EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 001
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units		
Carbon tetrachloride	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorobenzene	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorodibromomethane	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroethane	0.00	mg/L	0.00	mg/L	E624	0.10 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloroethyvinyl ether	0.00	mg/L	0.00	mg/L	E624	0.10 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroform	.007	mg/L	.006	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Dichlorobromomethane	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloroethane	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
trans-1,2-dichloroethylene	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethylene	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichloropropylene	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl bromide	0.00	mg/L	0.00	mg/L	E624	.01 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Tetrachloroethylene	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Toluene	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,1-trichloroethane	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2-trichloroethane	0.00	mg/L	0.00	mg/L	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge			Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units		Value	Units	Number of Samples		
Trichloroethylene	0.00	mg/L		0.00	mg/L	4	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Vinyl chloride	0.00	mg/L		0.00	mg/L	4	E624	.005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Acid-Extractable Compounds								
p-chloro-m-cresol	0.00	mg/L		0.00	mg/L	4	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol	0.00	mg/L		0.00	mg/L	4	E625	.050 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol	0.00	mg/L		0.00	mg/L	4	E625	.050 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol	0.00	mg/L		0.00	mg/L	4	E625	.050 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol	0.00	mg/L		0.00	mg/L	4	E625	.025 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Base-Neutral Compounds								
Acenaphthene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Acenaphthylene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Anthracene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzidine	0.00	mg/L		0.00	mg/L	4	E625	.050 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)anthracene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)pyrene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
3,4-benzofluoranthene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge			Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units		Value	Units	Number of Samples		
Benzo(g,h,i)perylene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(k)fluoranthene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethyl) ether	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
4-bromophenyl phenyl ether	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Butyl benzyl phthalate	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloronaphthalene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
4-chlorophenyl phenyl ether	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Chrysene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-octyl phthalate	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Dibenzo(a,h)anthracene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichlorobenzene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine	0.00	mg/L		0.00	mg/L	4	E625	.020 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Diethyl phthalate	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Dimethyl phthalate	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrotoluene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2,6-dinitrotoluene	0.00	mg/L		0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	0.00	mg/L	0.00	mg/L	4	E625	.050 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene	0.00	mg/L	0.00	mg/L	4	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene	0.00	mg/L	0.00	mg/L	4	E625	.010 <input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

Test Information

	Test Number _____	Test Number _____	Test Number _____
Test species			
Age at initiation of test			
Outfall number			
Date sample collected			
Date test started			
Duration			

Toxicity Test Methods

Test method number			
Manual title			
Edition number and year of publication			
Page number(s)			

Sample Type

Check one:	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
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Sample Location

Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
------------	--	--	--

Point in Treatment Process

Describe the point in the treatment process at which the sample was collected for each test.			
--	--	--	--

Toxicity Type

Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both
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EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 001	Form Approved 03/05/19 OMB No. 2040-0004
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY						
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.						
	Test Number _____		Test Number _____		Test Number _____	
Test Type						
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through		<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through		<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	
Source of Dilution Water						
Indicate the source of dilution water. (Check one response.)	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water		<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water		<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	
If laboratory water, specify type.						
If receiving water, specify source.						
Type of Dilution Water						
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)		<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)		<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	
Percentage Effluent Used						
Specify the percentage effluent used for all concentrations in the test series.						
Parameters Tested						
Check the parameters tested.	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent						
LC ₅₀						
95% confidence interval						
Control percent survival						

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

	Test Number _____	Test Number _____	Test Number _____
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

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EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE F. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	Bolta US Inc. (IU396300006)	Metalsa Tuscaloosa (IU3663000575)	
Mailing address (street or P.O. box)	1600 Boone Blvd	1150 Industrial Park Dr	
City, state, and ZIP code	Northport, AL 35476	Tuscaloosa, AL 35401	
Description of all industrial processes that affect or contribute to the discharge.	Metal plating and plastic molding	Metal grinding fabrication and finishing.	
List the principal products and raw materials that affect or contribute to the SIU's discharge.	plastics, chrome metal	Steel grinding dust and cuttings	
Indicate the average daily volume of wastewater discharged by the SIU.	72,056 gpd	24,019 gpd	gpd
How much of the average daily volume is attributable to process flow?	60,056 gpd	16,519 gpd	gpd
How much of the average daily volume is attributable to non-process flow?	12,000 gpd	7,500 gpd	gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE F. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	Bolta US Inc. (IU396300006) 40CFR 433 -Metal Finishing Subcategory 40 CFR 433.10 - Electroplating 40CFR 463 - Plastics Molding and Forming	Metalsa Tuscaloosa (IU3663000575) 40CFR 433 -Metal Finishing	
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			

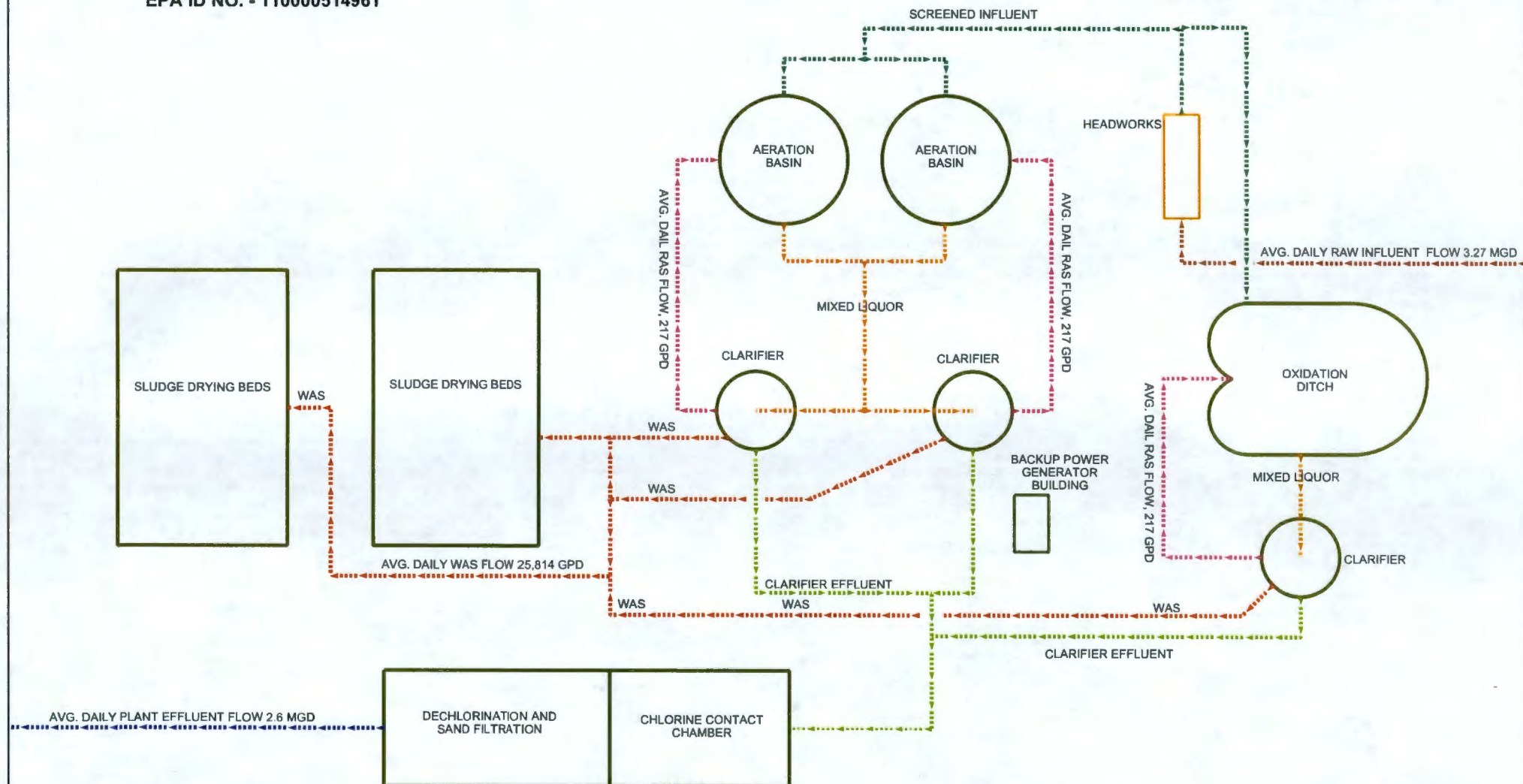
FORM 2A - ITEM 2.3 TOPOGRAPHIC MAP - NORTHPORT WWTP



SCALE - 1/8" = 80'

CENTER OF PLANT COORDINATES -
LAT 33°12'51.96"N, LONG. 87°35'20.84"W

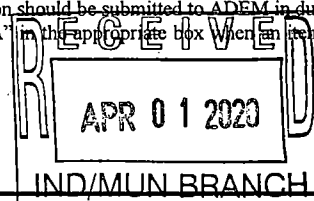
FORM 2A - ITEM 2.4 FLOW DIAGRAM - NORTHPORT WWTP
PERMIT NO. - AL0064394
EPA ID NO. - 110000514961



ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES INDIVIDUAL PERMIT APPLICATION
SUPPLEMENTARY INFORMATION FOR PUBLICLY-OWNED TREATMENT WORKS (POTW), OTHER TREATMENT WORKS TREATING DOMESTIC SEWAGE (TWTDS), AND PUBLIC WATER SUPPLY TREATMENT PLANTS

Instructions: This form should be used to submit the required supplementary information for an application for an NPDES individual permit for Publicly Owned Treatment Works (POTW) and other Treatment Works Treating Domestic Sewage (TWTDS). The completed application should be submitted to ADEM in duplicate. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. Please type or print legibly in blue or black ink. Mail the completed application to:

ADEM-Water Division
Municipal Section
P O Box 301463
Montgomery, AL 36130-1463



PURPOSE OF THIS APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> Initial Permit Application for New Facility*
<input type="checkbox"/> Modification of Existing Permit
<input type="checkbox"/> Revocation & Reissuance of Existing Permit | <input type="checkbox"/> Initial Permit Application for Existing Facility*
<input checked="" type="checkbox"/> Reissuance of Existing Permit
<small>* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.</small> |
|--|---|

SECTION A – GENERAL INFORMATION

1. Facility Name: Northport Wastewater Treatment Plant
- a. Operator Name: Wesley Cunningham
- b. Is the operator identified in A.1.a, the owner of the facility? ☐ Yes ☒ No
If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.

City of Northport
- c. Name of Permittee* if different than Operator: City of Northport
*Permittee will be responsible for compliance with the conditions of the permit
2. NPDES Permit Number: AL 0064394 (Not applicable if initial permit application)
3. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)
Street: 3950 3rd Street South
City: Northport County: Tuscaloosa State: AL Zip: 35476
Facility Location (Front Gate): Latitude: 33Deg.12'51.28"N Longitude: 87Deg.35'11.28"W
4. Facility Mailing Address: Same as above
City: _____ County: _____ State: _____ Zip: _____
5. Responsible Official (as described on last page of this application):
Name and Title: John P. Webb, Utilities Director
Address: 3521 3rd Street South
City: Northport State: AL Zip: 35476
Phone Number: 2053423663 Email Address: jpwebb@cityofnorthport.org

6. Designated Facility/DMR Contact:

Name and Title: Cynthia Davis, Assistant Director
Phone Number: 205.342.3636 Email Address: cdavis@cityofnorthport.org

7. Designated Emergency Contact:

Name and Title: Cynthia Davis, Assistant Director
Phone Number: 205.342.3636 Email Address: cdavis@cityofnorthport.org

8. Please complete this section if the Applicant's business entity is a Proprietorship or Limited Liability Company (LLC) with a responsible official not listed in A.5.

Name and Title: NA
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____

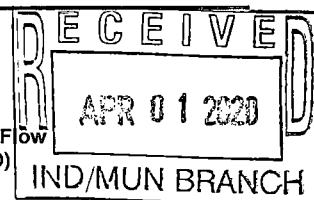
9. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State Environmental Permits presently held by the Applicant within the State of Alabama:

<u>Permit Type</u>	<u>Permit Number</u>	<u>Held By</u>
<u>NA</u>		

10. Identify all Administrative Complaints, Notices of Violation, Directives, or Administrative Orders, Consent Decrees, or Litigation concerning water pollution or other permit violations, if any against the Applicant within the State of Alabama in the past five years (attach additional sheets if necessary):

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
<u>NA</u>			

SECTION B – WASTEWATER DISCHARGE INFORMATION



1. List the following historical monthly flow rates recorded for the past five years for each outfall:

Outfall No.	Highest Flow in Last 12 Months (MGD)	Highest Daily Flow (MGD)	Average Flow (MGD)
001	8.12	10.08	3.27

2. Attach a process flow schematic of the treatment process, including the size of each unit operation and sample collection locations.

3. Do you share an outfall with another facility? ☐ Yes ☒ No (If no, continue to B.4)

For each shared outfall, provide the following:

Applicant's Outfall No.	Name of Other Permittee/Facility	NPDES Permit No.	Where is sample collected by Applicant?

4. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If so, please attach a schematic diagram of the sewer system indicating the present or future location of this equipment and describe the equipment below:

5. Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)? ☐ Yes ☒ No

Briefly describe these changes and any potential or anticipated effects on the wastewater quality and quantity: (Attach additional sheets if needed.)

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

Describe the location of all sites used for the storage of solids or liquids that have any potential for accidental discharge to a water of the state, either directly or indirectly via storm sewer, municipal sewer, municipal wastewater treatment plants, or other collection or distribution systems that are located at or operated by the subject existing or proposed NPDES- permitted facility. Indicate the location of any potential release areas and provide a map or detailed narrative description of the areas of concern as an attachment to this application:

Description of Waste	Description of Storage Location
Sludge	Sludge drying beds

Describe the location of any sites used for the ultimate disposal of solid or liquid waste materials or residuals (e.g. sludges) generated by any wastewater treatment system located at the facility.

Description of Waste	Quantity (lbs/day)	Disposal Method*
Sludge from drying beds	1400	Land applied by Denali Water Solutions

*Indicate any wastes disposed at an off-site treatment facility and any wastes that are disposed on-site

SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS

- a. List the existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system (Attach other sheets if necessary)

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit?	
Bolta USA Inc.	Metal plating	Exist	0.06	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Metalsa Tuscaloosa	Metal fabrication	Exist	0.02	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

- b. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance? ☐ Yes ☒ No
If yes, please attach a copy of the ordinance.

SECTION E – COASTAL ZONE INFORMATION

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County? ☐ Yes ☒ No
If yes, complete items E.1 – E.12 below:

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1. Does the project require new construction? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Will the project be a source of new air emissions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the project involve dredging and/or filling of a wetland area or water way? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, has the Corps of Engineers (COE) permit been received? | <input type="checkbox"/> | <input type="checkbox"/> |
| COE Project No. | | |
| 4. Does the project involve wetlands and/or submersed grassbeds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are oyster reefs located near the project site? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include a map showing project and discharge location with respect to oyster reefs | | |
| 6. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code r. 335-8-1-.02(bb)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the project involve mitigation of shoreline or coastal area erosion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the project involve construction on beaches or dune areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will the project interfere with public access to coastal waters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the project lie within the 100-year floodplain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the project involve the registration, sale, use, or application of pesticides? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has the applicable permit for groundwater recovery or for groundwater well installation been obtained? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION F – ANTI-DEGRADATION EVALUATION

In accordance with 40 CFR §131.12 and the ADEM Admin. Code r. 335-6-10-.04 for anti-degradation, the following information must be provided, if applicable. It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity. If further information is required to make this demonstration, attach additional sheets to the application.

1. Is this a new or increased discharge that began after April 3, 1991? ☒ Yes ☐ No
If yes, complete F.2 below. If no, go to Section G.

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in F.1? ☐ Yes ☒ No

If yes, do not complete this section.

If no and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete F.2.A – F.2.F below, ADEM Form 311-Alternatives Analysis, and either ADEM Form 312 or ADEM Form 313- Calculation of Total Annualized Project Costs (Public-Sector or Private-Sector Projects, whichever is applicable). ADEM Form 312 or ADEM Form 313, whichever is applicable, must be provided for each treatment discharge alternative considered technically viable. ADEM forms can be found on the Department's website at <http://adem.alabama.gov/DeptForms/>.

Information required for new or increased discharges to high quality waters:

- A. What environmental or public health problem will the discharger be correcting?

- B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?

- C. How much reduction in employment will the discharger be avoiding?

- D. How much additional state or local taxes will the discharger be paying?

- E. What public service to the community will the discharger be providing?

- F. What economic or social benefit will the discharger be providing to the community?

SECTION G – EPA Application Forms

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a POTW or other TWTDS depending on the number and types of discharges or outfalls. The EPA application forms are found on the Department's website at <http://adem.alabama.gov/programs/water/waterforms.cnt>. The EPA application forms must be submitted in duplicate as follows:

1. All applicants must submit Form 1.
2. Applicants for new or existing discharges of sanitary wastewater from Publicly-Owned Treatment Works (POTW) and Other Treatment Works Treating Domestic Sewage (TWTDS) must submit Form 2A.
3. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and, if the land application site is not completely bermed to prevent runoff, applicants must also submit Form 2F.
4. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 2C.
5. Applicants that generate sewage sludge, derive a material from sewage sludge, or dispose of sewage sludge must submit Part 2 of Form 2S.

SECTION H- ENGINEERING REPORT/BMP PLAN REQUIREMENTS

Any Engineering Report or Best Management Practice (BMP) Plans required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-6-.08(i) & (j).

SECTION I- RECEIVING WATERS

Outfall No.	Receiving Water(s)	303(d) Segment?		Included in TMDL?*	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

- (1) Justification for the requested Compliance Schedule (e.g. time for design and installation of control equipment, etc.);
- (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be submitted as available);
- (3) Requested interim limitations, if applicable;
- (4) Date of final compliance with the TMDL limitations; and,
- (5) Any other additional information available to support requested compliance schedule.

SECTION J - APPLICATION CERTIFICATION

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 "signatories to permit applications and reports" (see below).

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Signature of Responsible Official: _____

Date Signed: _____

Name and Title: **John P. Webb, Utilities Director**

If the Responsible Official signing this application is not identified in Section A.5 or A.8, provide the following information:

Mailing Address: **3521 3rd Street South**

City: **Northport**

State: **AL**

Zip: **35476**

Phone Number: **205.342.3636**

Email Address: **JPWEBB@CITYOFNORTHPORT.ORG**

335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.

- (1) The application for an NPDES permit shall be signed by a responsible official, as indicated below:
 - (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
 - (b) In the case of a partnership, by a general partner;
 - (c) In the case of a sole proprietorship, by the proprietor; or
 - (d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.

SECTION H- ENGINEERING REPORT/BMP PLAN REQUIREMENTS

Any Engineering Report or Best Management Practice (BMP) Plans required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-6-.08(i) & (j).

SECTION I- RECEIVING WATERS

Outfall No.	Receiving Water(s)	303(d) Segment?		Included in TMDL?*	
001	Mill Creek	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

- (1) Justification for the requested Compliance Schedule (e.g. time for design and installation of control equipment, etc.);
- (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be submitted as available);
- (3) Requested interim limitations, if applicable;
- (4) Date of final compliance with the TMDL limitations; and,
- (5) Any other additional information available to support requested compliance schedule.

SECTION J - APPLICATION CERTIFICATION

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 "signatories to permit applications and reports" (see below).

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Signature of Responsible Official: _____ Date Signed: _____

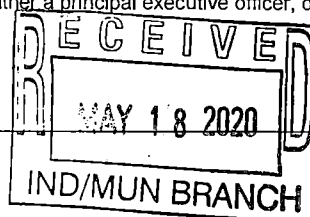
Name and Title: **John P. Webb, Utilities Director**

If the Responsible Official signing this application is not identified in Section A.5 or A.8, provide the following information:

Mailing Address: **3521 3rd Street South**
City: **Northport** State: **AL** Zip: **35476**
Phone Number: **205.342.3636** Email Address: **JPWEBB@CITYOFNORTHPORT.ORG**

335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.

- (1) The application for an NPDES permit shall be signed by a responsible official, as indicated below:
 - (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
 - (b) In the case of a partnership, by a general partner;
 - (c) In the case of a sole proprietorship, by the proprietor; or
 - (d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.




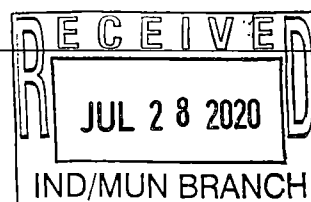


FORM 2S - ITEM 1.14 TOPOGRAPHIC MAP - NORTHPORT WWTP

SCALE - 1/8" = 80'

CENTER OF PLANT COORDINATES -
LAT 33°12'51.96"N, LONG. 87°35'20.84"W

EPA Identification Number 110000514961		NPDES Permit Number AL0064394		Facility Name NORTHPORT WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2F NPDES		U.S Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY					
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))							
Outfall Location	1.1 Provide information on each of the facility's outfalls in the table below						
	Outfall Number	Receiving Water Name	Latitude			Longitude	
	002S	Black Warrior River	33°	12'	50" N	87°	35' 13" W
	003S	Mill Creek	33°	12'	54" N	87°	35' 23" W
	004S	Mill Creek	33°	12'	55" N	87°	35' 17" W
			°	'	"	°	' "
			°	'	"	°	' "
			°	'	"	°	' "
SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))							
Improvements	2.1 Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?						
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.						
	2.2 Briefly identify each applicable project in the table below.						
	Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge			Final Compliance Dates	
						Required	Projected
2.3 Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item)							
<input type="checkbox"/> Yes <input type="checkbox"/> No							



EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))


Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.) <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.			
		Outfall Number	Impervious Surface Area <small>(within a mile radius of the facility)</small>	Total Surface Area Drained <small>(within a mile radius of the facility)</small>	
		002S	30,000 <small>specify units sq/ft</small>	202,500 <small>specify units sq/ft</small>	
		004S	7,500 <small>specify units sq/ft</small>	81,000 <small>specify units sq/ft</small>	
		003S	78,500 <small>specify units sq/ft</small>	121,500 <small>specify units sq/ft</small>	
			<small>specify units</small>		<small>specify units</small>
			<small>specify units</small>		<small>specify units</small>
			<small>specify units</small>		<small>specify units</small>
		4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.) Waste sludge from the wastewater treatment process is pumped to sludge drying beds which allow the sludge to dry to a consistency to be able to be loaded onto trucks and transported for land application as fertilizer. The sludge drying beds are surrounded by a containment wall so that sludge is contained in the drying bed area. Some residual sludge is dropped while the disposal trucks are being loaded.		
	4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)			
		Stormwater Treatment			
		Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)	
		003S	A skid steer is used to remove the residual sludge from the loading areas so that the	5-H	
			residual sludge is not transported by runoff.		

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges	5.1	<i>I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.</i>		
		Name (print or type first and last name) John P. Webb	Official title Utilities Director	
		Signature 	Date signed 12/10/19	
	5.2	Provide the testing information requested in the table below.		
	Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills	6.1	Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. n/a
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SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
	7.1	Is this a new source or new discharge? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes → See instructions regarding submission of <i>estimated</i> data. <input checked="" type="checkbox"/> No → See instructions regarding submission of <i>actual</i> data. </div>
	Tables A, B, C, and D	
7.2	Have you completed Table A for each outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

EPA Identification Number 110000514961		NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
Discharge Information Continued	7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.5.		
	7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.		
	7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No		
	7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.10.		
	7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.12.		
	7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.		
	7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.		
	7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7.17	Have you provided information for the storm event(s) sampled in Table D? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Discharge Information Continued	Used or Manufactured Toxics			
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.		
	7.19	List the pollutants below, including TCDD if applicable.		
		1.	4.	7.
	2.	5.	8.	
	3.	6.	9.	

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))				
Biological Toxicity Testing Data	8.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.		
	8.2	Identify the tests and their purposes below.		
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))				
Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.		
	9.2	Provide information for each contract laboratory or consulting firm below.		
		Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
	Name of laboratory/firm	Pace Analytical		
	Laboratory address	3515 Greensboro Ave. Tuscaloosa, AL 35401		
Phone number	(205) 614-6630			
Pollutant(s) analyzed	See tables			

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	10.1	<p>In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: center;">Column 1</th> <th style="width: 65%; text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Section 1</td> <td><input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)</td> </tr> <tr> <td><input type="checkbox"/> Section 2</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 3</td> <td><input checked="" type="checkbox"/> w/ site drainage map</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 4</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 5</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 6</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 7</td> <td> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Table A</td> <td><input type="checkbox"/> w/ small business exemption request</td> </tr> <tr> <td><input checked="" type="checkbox"/> Table B</td> <td><input type="checkbox"/> w/ analytical results as an attachment</td> </tr> <tr> <td><input type="checkbox"/> Table C</td> <td><input checked="" type="checkbox"/> Table D</td> </tr> </table> </td> </tr> <tr> <td><input type="checkbox"/> Section 8</td> <td><input type="checkbox"/> w/attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 9</td> <td><input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 10</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Column 1	Column 2	<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)	<input type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 3	<input checked="" type="checkbox"/> w/ site drainage map	<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 7	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Table A</td> <td><input type="checkbox"/> w/ small business exemption request</td> </tr> <tr> <td><input checked="" type="checkbox"/> Table B</td> <td><input type="checkbox"/> w/ analytical results as an attachment</td> </tr> <tr> <td><input type="checkbox"/> Table C</td> <td><input checked="" type="checkbox"/> Table D</td> </tr> </table>	<input checked="" type="checkbox"/> Table A	<input type="checkbox"/> w/ small business exemption request	<input checked="" type="checkbox"/> Table B	<input type="checkbox"/> w/ analytical results as an attachment	<input type="checkbox"/> Table C	<input checked="" type="checkbox"/> Table D	<input type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments	<input type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)	<input checked="" type="checkbox"/> Section 10	<input type="checkbox"/>
	Column 1	Column 2																													
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10.2	<p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; padding: 5px;"> <p>Name (print or type first and last name)</p> <p>John P. Webb</p> </td> <td style="width: 45%; padding: 5px;"> <p>Official title</p> <p>Utilities Director</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Signature</p> </td> <td style="padding: 5px;"> <p>Date signed</p> <p>12/10/19</p> </td> </tr> </table>		<p>Name (print or type first and last name)</p> <p>John P. Webb</p>	<p>Official title</p> <p>Utilities Director</p>	<p>Signature</p>	<p>Date signed</p> <p>12/10/19</p>																									
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EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 002S
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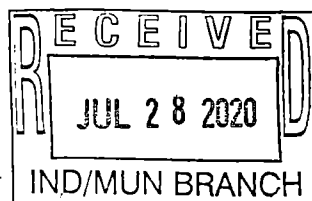
Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease			1.9 mg/L		1	N/A
2. Biochemical oxygen demand (BOD ₅)			5.4 mg/L	3.9 mg/L	1	N/A
3. Chemical oxygen demand (COD)			184 mg/L	65.5 mg/L	1	N/A
4. Total suspended solids (TSS)			281 mg/L	190 mg/L	1	N/A
5. Total phosphorus			0.10 mg/L	0.06 mg/L	1	N/A
6. Total Kjeldahl nitrogen (TKN)			1.42 mg/L	3.99 mg/L	1	N/A
7. Total nitrogen (as N)			1.42 mg/l	3.99 mg/L	1	N/A
8. pH (minimum)			7.03		1	N/A
pH (maximum)			N/A		N/A	N/A

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).



EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name Northport WWTP	Outfall Number 003S/004S
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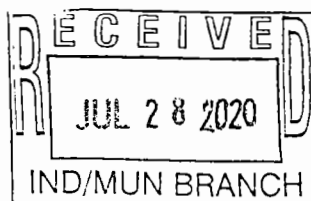
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You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease			2.6 mg/L		1	N/A
2. Biochemical oxygen demand (BOD ₅)			12.5 mg/L	9.0 mg/L	1	N/A
3. Chemical oxygen demand (COD)			414 mg/L	131 mg/L	1	N/A
4. Total suspended solids (TSS)			748 mg/L	330 mg/L	1	N/A
5. Total phosphorus			0.35 mg/L	0.14 mg/L	1	N/A
6. Total Kjeldahl nitrogen (TKN)			3.72 mg/L	3.98 mg/L	1	N/A
7. Total nitrogen (as N)			3.72 mg/L	4.17 mg/L	1	N/A
8. pH (minimum)			6.82 mg/L		1	N/A
pH (maximum)			N/A		N/A	N/A

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).



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EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Outfall Number 002S
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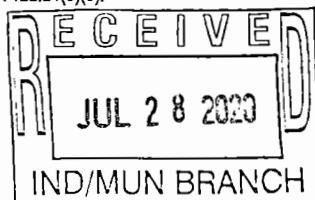
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OMB No. 2040-0004

TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))¹

List each pollutant that is limited in an effluent limitation guideline (ELG) that the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
Mercury Low Level	4.42 ng/L		4.42 ng/L		1	
Copper as CU	< 0.010 mg/L	< 0.010 mg/L	< 0.010 mg/L	< 0.010 mg/L	1	
Nitrogen, Ammonia as N	< 0.05 mg/L	< 0.05 mg/L	< 0.05 mg/L	< 0.05 mg/L	1	
Nitrogen, Kjeldahl, Total as N	1.42 mg/L	3.99 mg/L	1.42 mg/L	3.99 mg/L	1	
CBOD	2.9 mg/L	2.8 mg/L	2.9 mg/L	2.8 mg/L	1	
CL2	< 0.010 mg/L		< 0.010 mg/L		1	
DO	5.8 mg/L		5.8 mg/L		1	
pH	7.03		7.03		1	
Temp	18.4 C		18.4 C		1	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).



EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name Northport WWTP	Outfall Number 003S/004S
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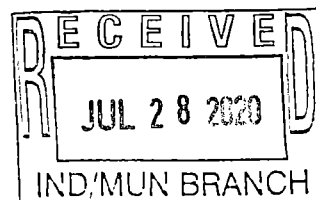
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Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
Mercury Low Level	6.35 ng/L		6.35 ng/L		1	
Copper as CU	0.39 mg/L	0.16 mg/L	0.39 mg/L	0.16 mg/L	1	
Nitrogen, Ammonia as N	0.47 mg/L	0.41 mg/L	0.47 mg/L	0.41 mg/L	1	
Nitrogen, Kjeldahl, Total as N	3.72 mg/L	3.98 mg/L	3.72 mg/L	3.98 mg/L	1	
CBOD	11.3 mg/L	5.9 mg/L	11.3 mg/L	5.9 mg/L	1	
CL2	< 0.010 mg/L		< 0.010 mg/L		1	
DO	5.2 mg/L		5.2 mg/L		1	
pH	6.82		6.82		1	
Temp	18.3 C		18.3 C		1	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).



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EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility name NORTHPORT WWTP	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)
02/12/2019	2.5	0.3	168	0.057 MGD	0.198 MGD

Provide a description of the method of flow measurement or estimate.


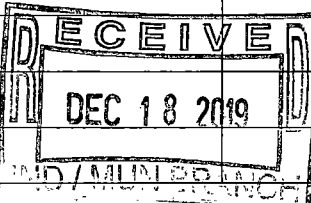
The flow is estimated by using the rainfall in feet x the total surface area x 7.5 gal/cu. ft.



FORM 2F - ITEM 2.3

NORTHPORT WWTP - SITE DRAINAGE MAP
PERMIT NO. - AL0064394
EPA ID NO. - 110000514961

NOTE:
- OUTFALLS DENOTED WITH COLORED
TEXT TO COINCIDE WITH DRAINAGE AREAS

EPA Identification Number 110000514961		NPDES Permit Number AL0064394		Facility Name NORTHPORT WWTP		Form Approved 03/05/19 OMB No. 2040-0004											
Form 2S NPDES		U.S. Environmental Protection Agency Application for NPDES Permit for Sewage Sludge Management NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE															
PRELIMINARY INFORMATION																	
Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application? <input checked="" type="checkbox"/> Yes → Complete Part 2 of application package (begins p. 7). <input type="checkbox"/> No → Complete Part 1 of application package (below).																	
PART 1		LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))															
Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).																	
PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))																	
Facility Information	1.1	Facility name Northport Wastewater Treatment Plant <hr/> Mailing address (street or P.O. box) 3950 3rd Street South <hr/> <div style="display: flex; justify-content: space-between;"> <div>City or town Northport</div> <div>State AL</div> <div>ZIP code 35476</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Contact name (first and last) John P. Webb</div> <div>Title Utilities Director</div> <div>Phone number (205) 342-3636</div> <div>Email address jpwebb@cityofnorthport.org</div> </div> <hr/> Location address (street, route number, or other specific identifier) _____ <input type="checkbox"/> Same as mailing address <hr/> <div style="display: flex; justify-content: space-between;"> <div>City or town</div> <div>State</div> <div>ZIP code</div> </div>															
	1.2	Ownership Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____															
	PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))																
	Applicant Information	2.1	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.3 (Part 1, Section 2).														
		2.2	Applicant name _____ <hr/> Applicant address (street or P.O. box) _____ <hr/> <div style="display: flex; justify-content: space-between;"> <div>City or town</div> <div>State</div> <div>ZIP code</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Contact name (first and last)</div> <div>Title</div> <div>Phone number</div> <div>Email address</div> </div>														
		2.3	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both														
		2.4	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)														
PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))																	
Sewage Sludge Amount	3.1	Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%; text-align: center;">Practice</th> <th style="width: 30%; text-align: center;">Dry Metric Tons per 365-Day Period</th> </tr> </thead> <tbody> <tr> <td>Amount generated at the facility</td> <td></td> </tr> <tr> <td>Amount treated at the facility</td> <td></td> </tr> <tr> <td>Amount used (i.e., received from off site) at the facility</td> <td></td> </tr> <tr> <td>Amount disposed of at the facility</td> <td></td> </tr> </tbody> </table>						Practice	Dry Metric Tons per 365-Day Period	Amount generated at the facility		Amount treated at the facility		Amount used (i.e., received from off site) at the facility		Amount disposed of at the facility	
	Practice	Dry Metric Tons per 365-Day Period															
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	Amount disposed of at the facility																
																	

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP
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Form Approved 03/05/19
OMB No. 2040-0004

PART 1, SECTION 4. POLLUTANT CONCENTRATIONS (40 CFR 122.21(c)(2)(ii)(E))

Pollutant Concentrations	4.1	<p>Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than 4.5 years old.</p> <p><input type="checkbox"/> Check here if you have provided a separate attachment with this information.</p>																																																																																						
	<table border="1"> <thead> <tr> <th style="text-align: center;">Pollutant</th> <th style="text-align: center;">Concentration (mg/kg dry weight)</th> <th style="text-align: center;">Analytical Method</th> <th style="text-align: center;">Detection Level for Analysis</th> </tr> </thead> <tbody> <tr><td>Arsenic</td><td></td><td></td><td></td></tr> <tr><td>Cadmium</td><td></td><td></td><td></td></tr> <tr><td>Chromium</td><td></td><td></td><td></td></tr> <tr><td>Copper</td><td></td><td></td><td></td></tr> <tr><td>Lead</td><td></td><td></td><td></td></tr> <tr><td>Mercury</td><td></td><td></td><td></td></tr> <tr><td>Molybdenum</td><td></td><td></td><td></td></tr> <tr><td>Nickel</td><td></td><td></td><td></td></tr> <tr><td>Selenium</td><td></td><td></td><td></td></tr> <tr><td>Zinc</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> </tbody> </table>				Pollutant	Concentration (mg/kg dry weight)	Analytical Method	Detection Level for Analysis	Arsenic				Cadmium				Chromium				Copper				Lead				Mercury				Molybdenum				Nickel				Selenium				Zinc				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____			
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EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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PART 1, SECTION 5. TREATMENT PROVIDED AT YOUR FACILITY (40 CFR 122.21(c)(2)(ii)(C))

Treatment Provided at Your Facility	5.1	For each sewage sludge use or disposal practice, indicate the amount of sewage sludge used or disposed of, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option. Attach additional pages, as necessary.		
		Use or Disposal Practice (check one)	Amount (dry metric tons)	Pathogen Class and Reduction Alternative
	<input type="checkbox"/> Land application of bulk sewage <input type="checkbox"/> Land application of biosolids (bulk) <input type="checkbox"/> Land application of biosolids (bags) <input type="checkbox"/> Surface disposal in a landfill <input type="checkbox"/> Other surface disposal <input type="checkbox"/> Incineration		<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	Vector Attraction Reduction Option
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11		
	5.2	For each of the use and disposal practices specified in Item 5.1, identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge. (Check all that apply.)		
		<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____	

PART 1, SECTION 6. SEWAGE SLUDGE SENT TO OTHER FACILITIES (40 CFR 122.21(c)(2)(ii)(C))

Sewage Sludge Sent to Other Facilities	6.1	Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8)? <input type="checkbox"/> Yes → SKIP to Part 1, Section 8 (Certification). <input type="checkbox"/> No											
	6.2	Is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 1, Section 7.											
	6.3	Receiving facility name <hr/> Mailing address (street or P.O. box) <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">City or town</td> <td style="width: 15%; border: none;">State</td> <td style="width: 45%; border: none;">ZIP code</td> </tr> <tr> <td style="border: none;">Contact name (first and last)</td> <td style="border: none;">Title</td> <td style="border: none;">Phone number</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">Email address</td> </tr> </table>			City or town	State	ZIP code	Contact name (first and last)	Title	Phone number			Email address
	City or town	State	ZIP code										
	Contact name (first and last)	Title	Phone number										
			Email address										
6.4	Which activities does the receiving facility provide? (Check all that apply.)												
	<input type="checkbox"/> Treatment or blending <input type="checkbox"/> Land application <input type="checkbox"/> Incineration <input type="checkbox"/> Composting	<input type="checkbox"/> Sale or give-away in bag or other container <input type="checkbox"/> Surface disposal <input type="checkbox"/> Other (describe) _____											

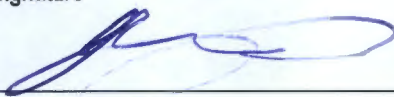
EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(c)(2)(ii)(C))

Use and Disposal Sites	Provide the following information for each site on which sewage sludge from this facility is used or disposed of. <input type="checkbox"/> Check here if you have provided separate attachments with this information.			
	7.1	Site name or number		
		Mailing address (street or P.O. box)		
		City or town		State ZIP code
		Contact name (first and last)	Title	Phone number Email address
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address		
		City or town		State ZIP code
		County	County code <input type="checkbox"/> Not available	
	7.2	Site type (check all that apply)		
		<input type="checkbox"/> Agricultural	<input type="checkbox"/> Lawn or home garden	<input type="checkbox"/> Forest
<input type="checkbox"/> Surface disposal		<input type="checkbox"/> Public contact	<input type="checkbox"/> Incineration	
<input type="checkbox"/> Reclamation		<input type="checkbox"/> Municipal solid waste landfill	<input type="checkbox"/> Other (describe)	

PART 1, SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	8.1	In Column 1 below, mark the sections of Form 2S, Part 1, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
		<input type="checkbox"/> Section 1: Facility Information	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 2: Applicant Information	<input checked="" type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3: Sewage Sludge Amount	<input checked="" type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 4: Pollutant Concentrations	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 5: Treatment Provided at Your Facility	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 6: Sewage Sludge Sent to Other Facilities	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 7: Use and Disposal Sites	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 8: Checklist and Certification Statement	

EPA Identification Number 110000514961		NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
Checklist and Certification Statement Continued	8.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
		Name (print or type first and last name) John P. Webb	Official title Utilities Director	Phone number (205) 342-3636
		Signature 		Date signed 12/10/19

PART 1 APPLICANTS STOP HERE.

Submit completed application package to your NPDES permitting authority.

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EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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PART 2	PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))
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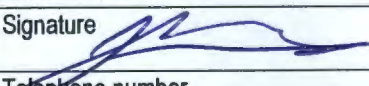
Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit.
Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.

PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1-7) AND (q)(13))			
General Information	All Part 2 applicants must complete this section.		
	Facility Information		
	1.1	Facility name Northport Wastewater Treatment Plant	
		Mailing address (street or P.O. box) 3950 3rd Street South	
		City or town Northport	State AL
		ZIP code 35476	Phone number (205) 342-3636
		Contact name (first and last) John P. Webb	Title Utilities Director
		Email address jpwebb@cityofnorthport.org	
		Location address (street, route number, or other specific identifier) <input checked="" type="checkbox"/> Same as mailing address	
		City or town	State
		ZIP code	
	1.2	Is this facility a Class I sludge management facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	1.3	Facility Design Flow Rate	5.0 million gallons per day (mgd)
	1.4	Total Population Served	20500
	1.5	Ownership Status	
	<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other (specify) _____		
Applicant Information			
1.6	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1).		
1.7	Applicant name		
	Applicant mailing address (street or P.O. box)		
	City or town	State	
	ZIP code		
	Contact name (first and last)	Title	
	Phone number	Email address	
1.8	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Both		
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)		

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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1.10	Facility's NPDES permit number <input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.	
1.11	Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.	
	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> Nonattainment program (CAA)
	<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Dredge or fill (CWA Section 404)
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> UIC (underground injection of fluids)
	<input type="checkbox"/> NESHAPs (CAA)	
	<input type="checkbox"/> Other (specify) _____	
Indian Country		
1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below.	
1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.	
Topographic Map		
1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Line Drawing		
1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Contractor Information		
1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1) below.	
1.17	Provide the following information for each contractor. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.	
	Contractor 1	Contractor 2
Contractor company name		
Mailing address (street or P.O. box)		
City, state, and ZIP code		
Contact name (first and last)		
Telephone number		
Email address		

EPA Identification Number 110000514961		NPDES Permit Number AL0064394		Facility Name NORTHPORT WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
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General Information Continued	1.17			Contractor 1	Contractor 2	Contractor 3
	cont.	Responsibilities of contractor				
	Pollutant Concentrations					
	Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.					
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.					
	1.18	Pollutant	Average Monthly Concentration (mg/kg dry weight)	Analytical Method	Detection Level	
		Arsenic	3.2	6020	3.8	
		Cadmium	1.0	6010B	0.7	
		Chromium	127.4	6010B	3.6	
		Copper	231.4	6010B	3.6	
	Lead	19.0	6010B	18.2		
	Mercury	0.8	SW-7471	0.38		
	Molybdenum	5.2	6010B	3.6		
	Nickel	7.5	6010B	3.6		
	Selenium	4.0	6020	3.8		
	Zinc	446.2	6010B	3.6		
Checklist and Certification Statement						
	1.19	In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.				
		Column 1			Column 2	
		<input type="checkbox"/> Section 1 (General Information)			<input type="checkbox"/> w/ attachments	
		<input checked="" type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)			<input checked="" type="checkbox"/> w/ attachments	
		<input checked="" type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)			<input checked="" type="checkbox"/> w/ attachments	
		<input type="checkbox"/> Section 4 (Surface Disposal)			<input type="checkbox"/> w/ attachments	
		<input type="checkbox"/> Section 5 (Incineration)			<input type="checkbox"/> w/ attachments	
	1.20	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>				
		Name (print or type first and last name) John P. Webb			Official title Utilities Director	
		Signature 			Date signed <u>12/10/19</u>	
		Telephone number (205) 342-3636				
Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements.						

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(q)(8) THROUGH (12))			
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge	2.1 Does your facility generate sewage sludge or derive a material from sewage sludge?		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3.		
	Amount Generated Onsite		
	2.2	Total dry metric tons per 365-day period generated at your facility:	
		252.59	
	Amount Received from Off Site Facility		
	2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.7 (Part 2, Section 2) below.		
	2.4	Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:	
	Provide the following information for each of the facilities from which you receive sewage sludge.		
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.		
	2.5	Name of facility	
	Mailing address (street or P.O. box)		
	City or town		State
Contact name (first and last)		Title	
Phone number		Email address	
Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address	
City or town		State	
County		County code <input type="checkbox"/> Not available	
2.6	Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.		
	Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11
2.7	Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)		
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery </div> <div style="width: 48%;"> <input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____ </div> </div>		

Page 11

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

Sale or Give-Away in a Bag or Other Container for Application to the Land															
2.14	Do you place sewage sludge in a bag or other container for sale or give-away for land application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.														
2.15	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:														
2.16	Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. <input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.														
<input type="checkbox"/> Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.															
Shipment Off Site for Treatment or Blending															
2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.														
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.														
2.19	Name of receiving facility <hr/> Mailing address (street or P.O. box) <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">City or town</td> <td style="width: 20%; border: none;">State</td> <td style="width: 40%; border: none;">ZIP code</td> </tr> <tr> <td style="border: none;">Contact name (first and last)</td> <td style="border: none;">Title</td> <td style="border: none;">Phone number</td> </tr> <tr> <td colspan="2" style="border: none;">Location address (street, route number, or other specific identifier)</td> <td style="border: none;"><input type="checkbox"/> Same as mailing address</td> </tr> <tr> <td style="border: none;">City or town</td> <td style="border: none;">State</td> <td style="border: none;">ZIP code</td> </tr> </table>			City or town	State	ZIP code	Contact name (first and last)	Title	Phone number	Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address	City or town	State	ZIP code
City or town	State	ZIP code													
Contact name (first and last)	Title	Phone number													
Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address													
City or town	State	ZIP code													
2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:														
2.21	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below.														
2.22	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.														
Pathogen Class and Reduction Alternative		Vector Attraction Reduction Option													
<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment		<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11													

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.23	Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)	
		<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)	<input type="checkbox"/> Thickening (concentration)
		<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion
		<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning
		<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
		<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction
		<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____
	2.24	Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).	
		<input type="checkbox"/> Check here to indicate that you have attached material.	
	2.25	Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.
	2.26	Attach a copy of all labels or notices that accompany the product being sold or given away.	
		<input type="checkbox"/> Check here to indicate that you have attached material.	
		<input type="checkbox"/> Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then → SKIP to Item 2.32 (Part 2, Section 2) below.	
	Land Application of Bulk Sewage Sludge		
2.27	Is sewage sludge from your facility applied to the land?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.	
2.28	Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:	329	
2.29	Did you identify all land application sites in Part 2, Section 3 of this application?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Submit a copy of the land application plan with your application.	
2.30	Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.	
2.31	Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification.		
	<input type="checkbox"/> Check here if you have attached the explanation to the application package.		
	<input type="checkbox"/> Check here if you have attached the notification to the application package.		
Surface Disposal			
2.32	Is sewage sludge from your facility placed on a surface disposal site?		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Item 2.39 (Part 2, Section 2) below.	
2.33	Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:		
2.34	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?		
	<input type="checkbox"/> Yes → SKIP to Item 2.39 (Part 2, Section 2) below.	<input checked="" type="checkbox"/> No	
2.35	Indicate the total number of surface disposal sites to which you send your sewage sludge. (Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.)		
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.		

EPA Identification Number 110000514961		NPDES Permit Number AL0064394		Facility Name NORTHPORT WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.36	Site name or number of surface disposal site you do not own or operate					
		Mailing address (street or P.O. box)					
		City or Town			State		ZIP Code
		Contact Name (first and last)		Title	Phone Number		Email Address
	2.37	Site Contact (Check all that apply.)					
		<input type="checkbox"/> Owner			<input type="checkbox"/> Operator		
	2.38	Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period:					
	Incineration						
	2.39	Is sewage sludge from your facility fired in a sewage sludge incinerator?					
		<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No → SKIP to Item 2.46 (Part 2, Section 2) below.		
	2.40	Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period:					
	2.41	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?					
		<input type="checkbox"/> Yes → SKIP to Item 2.46 (Part 2, Section 2) below.			<input type="checkbox"/> No		
	2.42	Indicate the total number of sewage sludge incinerators used that you do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.)					
		<input type="checkbox"/> Check here if you have attached additional sheets to the application package.					
	2.43	Incinerator name or number					
Mailing address (street or P.O. box)							
City or town			State		ZIP code		
Contact name (first and last)		Title	Phone number		Email address		
Location address (street, route number, or other specific identifier)					<input type="checkbox"/> Same as mailing address		
City or town			State		ZIP code		
2.44	Contact (check all that apply)						
	<input type="checkbox"/> Incinerator owner			<input type="checkbox"/> Incinerator operator			
2.45	Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period:						
Disposal in a Municipal Solid Waste Landfill							
2.46	Is sewage sludge from your facility placed on a municipal solid waste landfill?						
	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No → SKIP to Part 2, Section 3.			
2.47	Indicate the total number of municipal solid waste landfills used. (Provide the information in Items 2.48 to 2.52 directly below for each facility.)						
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.						

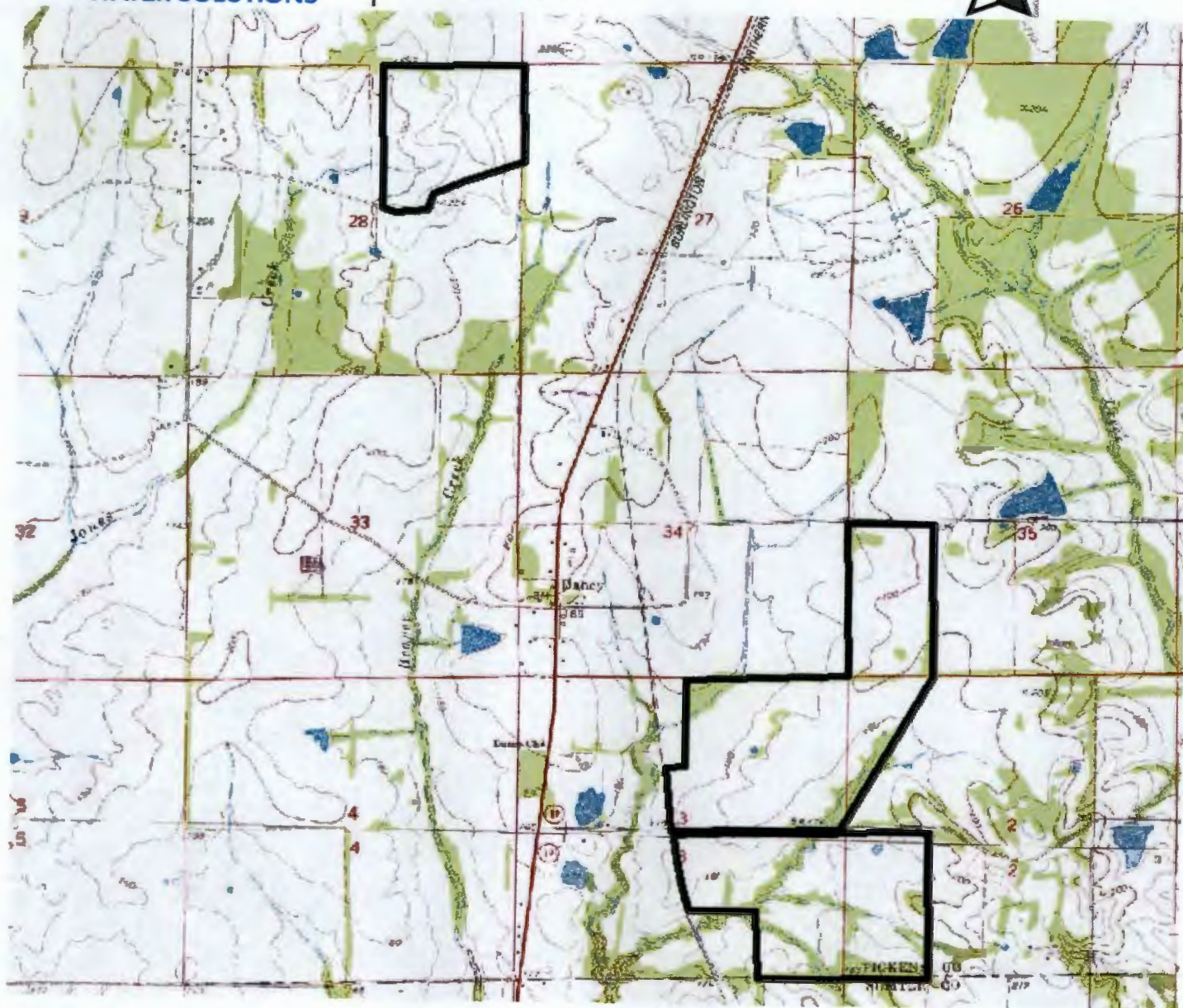
EPA Identification Number 110000514961		NPDES Permit Number AL0064394		Facility Name NORTHPORT WWTP		Form Approved 03/05/19 OMB No. 2040-0004			
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.48	Name of landfill							
		Mailing address (street or P.O. box)							
		City or town			State		ZIP code		
		Contact name (first and last)		Title		Phone number		Email address	
		Location address (street, route number, or other specific identifier)						<input type="checkbox"/> Same as mailing address	
		County			County code			<input type="checkbox"/> Not available	
		City or town			State		ZIP code		
	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:							
	2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.							
		Permit Number		Type of Permit					
2.51	Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input type="checkbox"/> Check here to indicate you have attached the requested information.								
2.52	Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input type="checkbox"/> Yes <input type="checkbox"/> No								

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004	
PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))				
Land Application of Bulk Sewage Sludge	3.1	Does your facility apply sewage sludge to land? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4.		
	3.2	Do any of the following conditions apply? <ul style="list-style-type: none"> The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8); The sewage sludge is sold or given away in a bag or other container for application to the land; or You provide the sewage sludge to another facility for treatment or blending. <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <input checked="" type="checkbox"/> No		
	3.3	Complete Section 3 for every site on which the sewage sludge is applied. <input checked="" type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites.		
	Identification of Land Application Site			
	3.4	Site name or number AL-FA-01-01		
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address State Hwy. 49		
		County Pickens	County code <input type="checkbox"/> Not available 0157	
		City or town Hubbertville	State AL	ZIP code 35555
		Latitude/Longitude of Land Application Site (see instructions)		
		Latitude		Longitude
		33° 49' 25.11"		87° 43' 46.00"
		Method of Determination		
		<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input checked="" type="checkbox"/> Other (specify) _____		
	3.5	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input checked="" type="checkbox"/> Check here to indicate you have attached a topographic map for this site.		
	Owner Information			
3.6	Are you the owner of this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <input checked="" type="checkbox"/> No			
3.7	Owner name Thomas A. & Linda Gail Beasley Life Estate Mailing address (street or P.O. box) 642 23rd Street NW City or town Fayette State AL ZIP code 35555 Contact name (first and last) Lance Whitehead Title Phone number (205) 442-6110 Email address lrwhitehead@yahoo.com			
Applier Information				
3.8	Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <input checked="" type="checkbox"/> No			
3.9	Applier's name Denali Water Solutions Mailing address (street or P.O. box) 3308 Bernice Avenue City or town Russellville State AR ZIP code 72802 Contact name (first and last) Jeff Retzke Title Sr. Environmental Manag Phone number (256) 503-4300 Email address jeff.retzke@denaliwater.com			

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Land Application of Bulk Sewage Sludge Continued

Site Type											
3.10	Type of land application: <input checked="" type="checkbox"/> Agricultural land <input type="checkbox"/> Forest <input type="checkbox"/> Reclamation site <input type="checkbox"/> Public contact site <input type="checkbox"/> Other (describe)										
Crop or Other Vegetation Grown on Site											
3.11	What type of crop or other vegetation is grown on this site? Bermuda Grass										
3.12	What is the nitrogen requirement for this crop or vegetation? 300 lbs PAN/Ac/Yr										
Vector Attraction Reduction											
3.13	Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16 (Part 2, Section 3) below.										
3.14	Indicate which vector attraction reduction option is met. (Check only one response.) <input type="checkbox"/> Option 9 (injection below land surface) <input checked="" type="checkbox"/> Option 10 (incorporation into soil within 6 hours)										
3.15	Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge. <input type="checkbox"/> Check here if you have attached your description to the application package.										
Cumulative Loadings and Remaining Allotments											
3.16	Is the sewage sludge applied to this site since July 20, 1993, subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 4.										
3.17	Have you contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993? <input type="checkbox"/> Yes <input type="checkbox"/> No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4.										
3.18	Provide the following information about your NPDES permitting authority: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NPDES permitting authority name</td> <td></td> </tr> <tr> <td>Contact person</td> <td></td> </tr> <tr> <td>Telephone number</td> <td></td> </tr> <tr> <td>Email address</td> <td></td> </tr> </table>			NPDES permitting authority name		Contact person		Telephone number		Email address	
NPDES permitting authority name											
Contact person											
Telephone number											
Email address											
3.19	Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4.										
3.20	Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary. <input type="checkbox"/> Check here to indicate that additional pages are attached.										
	Facility name										
	Mailing address (street or P.O. box)										
	City or town	State	ZIP code								
	Contact name (first and last)	Title	Phone number Email address								



0 1500 3000 4500 6000
Scale in Feet

Property Line	~
drg_s_al107	
ortho_1-1_1n_s_al107_2017_1	

Owner: W.D. King IV, etal (AL-PI-01)
Operator: Lynn Seiler
Address: William King Road & Wood Bridge Road
Aliceville, AL 35442
Phone: Lynn Seiler - 662.549.6561

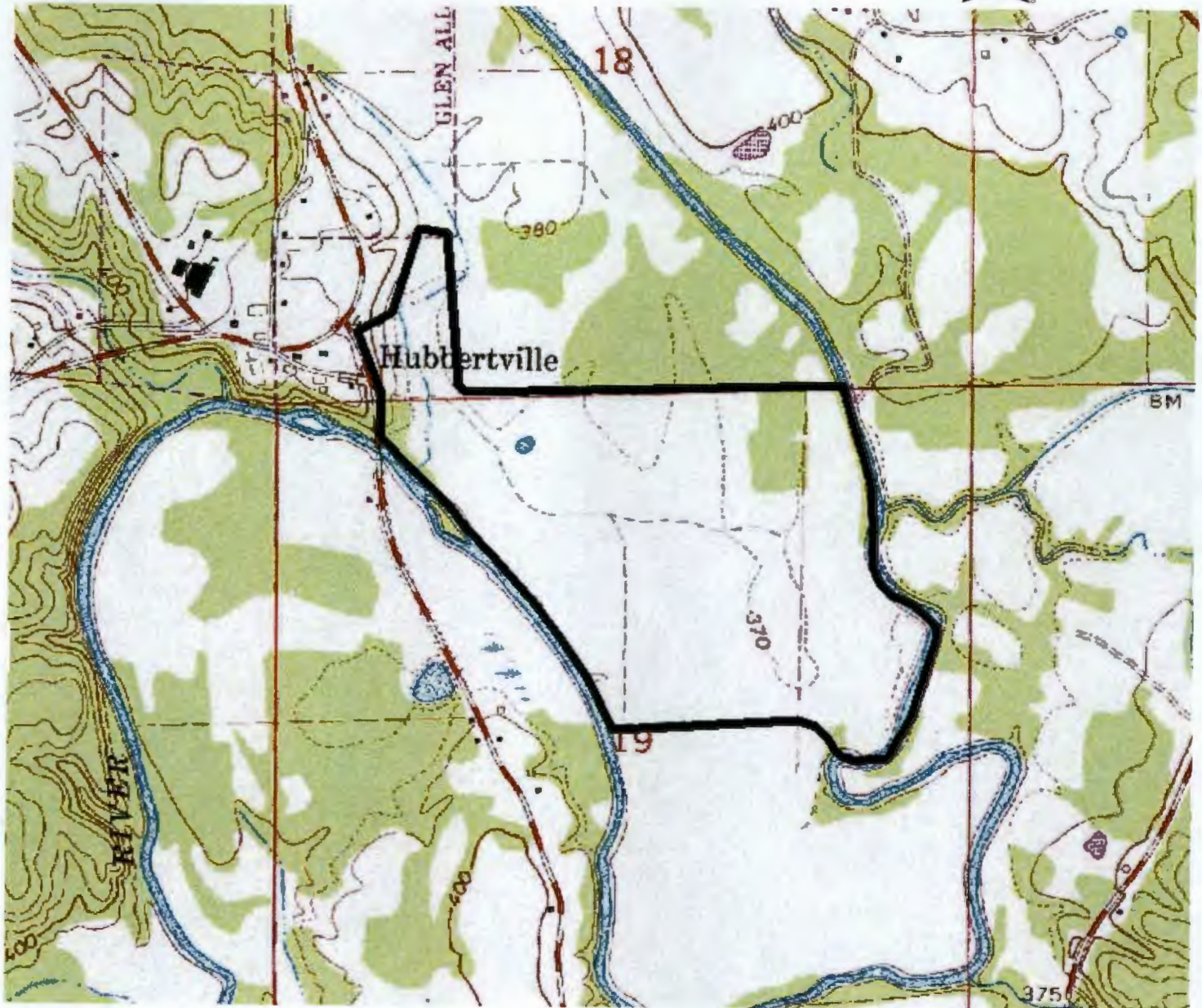
Additional Site Info:

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004									
PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))												
Land Application of Bulk Sewage Sludge	3.1	Does your facility apply sewage sludge to land? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4.										
	3.2	Do any of the following conditions apply? <ul style="list-style-type: none"> The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8); The sewage sludge is sold or given away in a bag or other container for application to the land; or You provide the sewage sludge to another facility for treatment or blending. <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <input checked="" type="checkbox"/> No										
	3.3	Complete Section 3 for every site on which the sewage sludge is applied. <input checked="" type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites.										
	Identification of Land Application Site											
	3.4	Site name or number AL-FA-01-01 Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address State Hwy. 49 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">County Pickens</td> <td style="width:50%; border: none;">County code <input type="checkbox"/> Not available 0157</td> </tr> <tr> <td style="border: none;">City or town Hubbertville</td> <td style="border: none;">State AL</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">ZIP code 35555</td> </tr> </table>			County Pickens	County code <input type="checkbox"/> Not available 0157	City or town Hubbertville	State AL		ZIP code 35555		
	County Pickens	County code <input type="checkbox"/> Not available 0157										
	City or town Hubbertville	State AL										
		ZIP code 35555										
	Latitude/Longitude of Land Application Site (see instructions)											
	Latitude		Longitude									
	33° 49' 25.11"		87° 43' 46.00"									
	Method of Determination											
	<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input checked="" type="checkbox"/> Other (specify) _____											
	3.5	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input checked="" type="checkbox"/> Check here to indicate you have attached a topographic map for this site.										
	Owner Information											
3.6	Are you the owner of this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <input checked="" type="checkbox"/> No											
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City or town Fayette	State AL	ZIP code 35555										
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		Email address lrwhitehead@yahoo.com										
Applier Information												
3.8	Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <input checked="" type="checkbox"/> No											
3.9	Applier's name Denali Water Solutions Mailing address (street or P.O. box) 3308 Bernice Avenue <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">City or town Russellville</td> <td style="width:25%; border: none;">State AR</td> <td style="width:25%; border: none;">ZIP code 72802</td> </tr> <tr> <td style="border: none;">Contact name (first and last) Jeff Retzke</td> <td style="border: none;">Title Sr. Environmental Manag</td> <td style="border: none;">Phone number (256) 503-4300</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">Email address jeff.retzke@denaliwater.com</td> </tr> </table>			City or town Russellville	State AR	ZIP code 72802	Contact name (first and last) Jeff Retzke	Title Sr. Environmental Manag	Phone number (256) 503-4300			Email address jeff.retzke@denaliwater.com
City or town Russellville	State AR	ZIP code 72802										
Contact name (first and last) Jeff Retzke	Title Sr. Environmental Manag	Phone number (256) 503-4300										
		Email address jeff.retzke@denaliwater.com										

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Land Application of Bulk Sewage Sludge Continued

Site Type			
3.10	Type of land application:	<input checked="" type="checkbox"/> Agricultural land <input type="checkbox"/> Forest <input type="checkbox"/> Reclamation site <input type="checkbox"/> Public contact site <input type="checkbox"/> Other (describe)	
Crop or Other Vegetation Grown on Site			
3.11	What type of crop or other vegetation is grown on this site?	Bermuda Grass	
3.12	What is the nitrogen requirement for this crop or vegetation?	300 lbs PAN/Ac/Yr	
Vector Attraction Reduction			
3.13	Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16 (Part 2, Section 3) below.	
3.14	Indicate which vector attraction reduction option is met. (Check only one response.)	<input type="checkbox"/> Option 9 (injection below land surface) <input checked="" type="checkbox"/> Option 10 (incorporation into soil within 6 hours)	
3.15	Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge.	<input type="checkbox"/> Check here if you have attached your description to the application package.	
Cumulative Loadings and Remaining Allotments			
3.16	Is the sewage sludge applied to this site since July 20, 1993, subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 4.	
3.17	Have you contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993?	<input type="checkbox"/> Yes <input type="checkbox"/> No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4.	
3.18	Provide the following information about your NPDES permitting authority:		
	NPDES permitting authority name		
	Contact person		
	Telephone number		
	Email address		
3.19	Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?	<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4.	
3.20	Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.		
	<input type="checkbox"/> Check here to indicate that additional pages are attached.		
	Facility name		
	Mailing address (street or P.O. box)		
	City or town	State	ZIP code
	Contact name (first and last)	Title	Phone number
			Email address



Property Line	~
drg_s_al057	■
ortho_1-1_1n_s_al057_2015_1	■

Owner: Thomas "Bunk" Beasley (AL-FA-01)
Operator: Lance Whitehead
Address: County Road 49
Hubbertville, AL 35555
Phone: Lance: 205-442-6110

Additional Site Info:

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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PART 2, SECTION 4 SURFACE DISPOSAL (40 CFR 122.21(q)(10))			
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Surface Disposal	4.1	Do you own or operate a surface disposal site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 5.		
	4.2	Complete all items in Section 4 for each active sewage sludge unit that you own or operate. <input type="checkbox"/> Check here to indicate that you have attached material to the application package for one or more active sewage sludge units.		
	Information on Active Sewage Sludge Units			
	4.3	Unit name or number		
		Mailing address (street or P.O. box)		
		City or town	State	ZIP code
		Contact name (first and last)	Title	Phone number Email address
		Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
		County	County code	<input type="checkbox"/> Not available
		City or town	State	ZIP code
	Latitude/Longitude of Active Sewage Sludge Unit (see instructions)			
		Latitude	Longitude	
		° ' "	° ' "	
		Method of Determination		
		<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____		
4.4	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate that you have completed and attached a topographic map.			
4.5	Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:			
4.6	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:			
4.7	Does the active sewage sludge unit have a liner with a maximum permeability of 1×10^{-7} centimeters per second (cm/sec)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.9 (Part 2, Section 4) below.			
4.8	Describe the liner. <input type="checkbox"/> Check here to indicate that you have attached a description to the application package.			
4.9	Does the active sewage sludge unit have a leachate collection system? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.11 (Part 2, Section 4) below.			
4.10	Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal. <input type="checkbox"/> Check here to indicate that you have attached the description to the application package.			

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Surface Disposal Continued	4.11	Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.13 (Part 2, Section 4) below.	
	4.12	Provide the actual distance in meters:	meters
	4.13	Remaining capacity of active sewage sludge unit in dry metric tons:	dry metric tons
	4.14	Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY):	
	4.15	Attach a copy of any closure plan that has been developed for this active sewage sludge unit. <input type="checkbox"/> Check here to indicate that you have attached a copy of the closure plan to the application package.	
	Sewage Sludge from Other Facilities		
	4.16	Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.21 (Part 2, Section 4) below.	
	4.17	Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.) <input type="checkbox"/> Check here to indicate that you have attached responses for each facility to the application package.	
	4.18	Facility name <hr/> Mailing address (street or P.O. box) <hr/> <div style="display: flex; justify-content: space-between;"> <div>City or town</div> <div>State</div> <div>ZIP code</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Contact name (first and last)</div> <div>Title</div> <div>Phone number</div> <div>Email address</div> </div>	
	4.19	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility.	
		Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11
	4.20	Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.)	
		<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Surface Disposal Continued	Vector Attraction Reduction		
	4.21	Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?	
	<input type="checkbox"/> Option 9 (Injection below and surface) <input type="checkbox"/> Option 11 (Covering active sewage sludge unit daily)		
	<input type="checkbox"/> Option 10 (Incorporation into soil within 6 hours) <input type="checkbox"/> None		
	4.22	Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge.	
	<input type="checkbox"/> Check here if you have attached your description to the application package.		
	Groundwater Monitoring		
	4.23	Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.26 (Part 2, Section 4) below.		
	4.24	Provide a copy of available groundwater monitoring data.	
	<input type="checkbox"/> Check here to indicate you have attached the monitoring data.		
	4.25	Describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data.	
	<input type="checkbox"/> Check here if you have attached your description to the application package.		
	4.26	Has a groundwater monitoring program been prepared for this active sewage sludge unit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.28 (Part 2, Section 4) below.			
4.27	Submit a copy of the groundwater monitoring program with this permit application.		
<input type="checkbox"/> Check here to indicate you have attached the monitoring program.			
4.28	Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated?		
<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.30 (Part 2, Section 4) below.			
4.29	Submit a copy of the certification with this permit application.		
<input type="checkbox"/> Check here to indicate you have attached the certification to the application package.			
Site-Specific Limits			
4.30	Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?		
<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 5.			
4.31	Submit information to support the request for site-specific pollutant limits with this application.		
<input type="checkbox"/> Check here to indicate you have attached the requested information.			

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Incineration Continued	Dispersion Factor		
	5.13	Dispersion factor in micrograms/cubic meter per gram/second:	
	5.14	Name and type of dispersion model:	
	5.15	Submit a copy of the modeling results and supporting documentation. <input type="checkbox"/> Check here to indicate that you have attached this information.	
	Control Efficiency		
	5.16	Provide the control efficiency, in hundredths, for each of the pollutants listed below.	
		Pollutant	Control Efficiency, in Hundredths
		Arsenic	
		Cadmium	
		Chromium	
		Lead	
		Nickel	
	5.17	Attach a copy of the results or performance testing and supporting documentation (including testing dates). <input type="checkbox"/> Check here to indicate that you have attached this information.	
	Risk-Specific Concentration for Chromium		
	5.18	Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter:	
	5.19	Was the RSC determined via Table 2 in 40 CFR 503.43? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.21 (Part 2, Section 5) below.	
	5.20	Identify the type of incinerator used as the basis. <input type="checkbox"/> Fluidized bed with wet scrubber <input type="checkbox"/> Other types with wet scrubber <input type="checkbox"/> Fluidized bed with wet scrubber and wet electrostatic precipitator <input type="checkbox"/> Other types with wet scrubber and wet electrostatic precipitator	
	5.21	Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.23 (Part 2, Section 5) below.	
	5.22	Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas:	
	5.23	Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application. <input type="checkbox"/> Check here to indicate that you have attached this information. <input type="checkbox"/> Not applicable	
Incinerator Parameters			
5.24	Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.25	Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.26	Indicate the type of sewage sludge incinerator.		
5.27	Incinerator stack height in meters:		
5.28	Indicate whether the value submitted in Item 5.27 is (check only one response): <input type="checkbox"/> Actual stack height <input type="checkbox"/> Creditable stack height		

EPA Identification Number 110000514961	NPDES Permit Number AL0064394	Facility Name NORTHPORT WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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Incineration Continued	Performance Test Operating Parameters		
	5.29	Maximum performance test combustion temperature:	
	5.30	Performance test sewage sludge feed rate, in dry metric tons/day	
	5.31	Indicate whether value submitted in Item 5.30 is (check only one response): <input type="checkbox"/> Average use <input type="checkbox"/> Maximum design	
	5.32	Attach supporting documents describing how the feed rate was calculated. <input type="checkbox"/> Check here to indicate that you have attached this information.	
	5.33	Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator. <input type="checkbox"/> Check here to indicate that you have attached this information.	
	Monitoring Equipment		
	5.34	List the equipment in place to monitor the listed parameters.	
		Parameter	Equipment in Place for Monitoring
		Total hydrocarbons or carbon monoxide	
		Percent oxygen	
		Percent moisture	
		Combustion temperature	
		Other (describe)	
	Air Pollution Control Equipment		
5.35	List all air pollution control equipment used with this sewage sludge incinerator. <input type="checkbox"/> Check here if you have attached the list to the application package for the noted incinerator.		

END of PART 2

Submit completed application package to your NPDES permitting authority.



FORM 2S - ITEM 1.14 TOPOGRAPHIC MAP - NORTHPORT WWTP

SCALE - 1/8" = 80'

CENTER OF PLANT COORDINATES -
LAT 33°12'51.96"N, LONG. 87°35'20.84"W



FORM 2S - ITEM 1.15 LINE DRAWING - NORTHPORT WWTP

- GENERATION/TREATMENT OF SEWAGE SLUDGE - SEE PART 2, SECTION 2, EPA FORM 3510-2S
- LAND APPLICATION OF BULK SEWAGE SLUDGE, SEE PART 2, SECTION 3 EPA FORM 3510-2S

Lee, Sandra

From: Cynthia Davis <cdavis@cityofnorthport.org>
Sent: Thursday, July 23, 2020 3:45 PM
To: Lee, Sandra
Cc: John Powell Webb; James McKinney; Wesley Cunningham
Subject: WWTP Stormwater Outfall's
Attachments: stormwater outfall schematic.jpg

Please see the attached drawing of the City of Northport's Stormwater outfall's. Since 004S flow drains to 003S discharge, we request that we continue to sample at 003S as a representative of both outfalls. If you have any questions, or comments, please feel free to call me at 205-342-3636.

Cynthia Davis

Assistant Director

City of Northport Utilities

3521 3rd Street South | Northport, AL 35476

☎ office 205.342.3636 | ✉ cdavis@cityofnorthport.org | 🌐 www.cityofnorthport.org

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004