



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

**JUN 24 2020**

Robert Hight, Mayor  
Town of Thorsby  
Post Office Box 608  
Thorsby, AL 35171

RE: Draft Permit  
NPDES Permit No. AL0050636  
Thorsby HCR Lagoon  
Chilton County, Alabama

Dear Mayor Hight:

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](mailto: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 [slee@adem.alabama.gov](mailto:slee@adem.alabama.gov) or by phone at (334) 274-4223.

Sincerely,

A handwritten signature in black ink that reads "Sandra Lee".

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: TOWN OF THORSBY  
POST OFFICE BOX 608  
THORSBY, ALABAMA 35171

FACILITY LOCATION: THORSBY HCR LAGOON (0.165) MGD  
EAST JONES STREET  
THORSBY, ALABAMA  
CHILTON COUNTY

PERMIT NUMBER: AL0050636

RECEIVING WATERS: YELLOW LEAF CREEK

*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**

<b>PART I</b>	<b>DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS</b>	<b>4</b>
A.	DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS	4
1.	Outfall 0011 Discharge Limits - Municipal Wastewater	4
2.	Outfall 0011 Discharge Limits - Municipal Wastewater (continued)	5
B.	DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS	6
1.	Representative Sampling	6
2.	Measurement Frequency	6
3.	Test Procedures	6
4.	Recording of Results	6
5.	Records Retention and Production	7
6.	Reduction, Suspension or Termination of Monitoring and/or Reporting	7
7.	Monitoring Equipment and Instrumentation	7
C.	DISCHARGE REPORTING REQUIREMENTS	7
1.	Reporting of Monitoring Requirements	7
2.	Noncompliance Notifications and Reports	9
D.	OTHER REPORTING AND NOTIFICATION REQUIREMENTS	11
1.	Anticipated Noncompliance	11
2.	Termination of Discharge	11
3.	Updating Information	11
4.	Duty to Provide Information	11
E.	SCHEDULE OF COMPLIANCE	11
1.	Compliance with discharge limits	11
2.	Schedule	11
<b>PART II</b>	<b>OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES</b>	<b>12</b>
A.	OPERATIONAL AND MANAGEMENT REQUIREMENTS	12
1.	Facilities Operation and Maintenance	12
2.	Best Management Practices (BMP)	12
3.	Certified Operator	12
B.	OTHER RESPONSIBILITIES	12
1.	Duty to Mitigate Adverse Impacts	12
2.	Right of Entry and Inspection	12
C.	BYPASS AND UPSET	12
1.	Bypass	12
2.	Upset	13
D.	DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES	13
1.	Duty to Comply	13
2.	Removed Substances	13
3.	Loss or Failure of Treatment Facilities	13
4.	Compliance With Statutes and Rules	14
E.	PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE	14
1.	Duty to Reapply or Notify of Intent to Cease Discharge	14
2.	Change in Discharge	14
3.	Transfer of Permit	14
4.	Permit Modification and Revocation	14
5.	Termination	15
6.	Suspension	15
7.	Stay	15

F.	COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION.....	16
G.	NOTICE TO DIRECTOR OF INDUSTRIAL USERS.....	16
H.	PROHIBITIONS .....	16
<b>PART III ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS.....</b>		<b>17</b>
A.	CIVIL AND CRIMINAL LIABILITY.....	17
1.	Tampering.....	17
2.	False Statements.....	17
3.	Permit Enforcement .....	17
4.	Relief from Liability .....	17
B.	OIL AND HAZARDOUS SUBSTANCE LIABILITY .....	17
C.	PROPERTY AND OTHER RIGHTS .....	17
D.	AVAILABILITY OF REPORTS .....	17
E.	EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES .....	18
F.	COMPLIANCE WITH WATER QUALITY STANDARDS.....	18
G.	GROUNDWATER .....	18
H.	DEFINITIONS.....	18
I.	SEVERABILITY .....	21
<b>PART IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS.....</b>		<b>22</b>
A.	SLUDGE MANAGEMENT PRACTICES .....	22
1.	Applicability .....	22
2.	Submitting Information.....	22
3.	Reopener or Modification .....	22
B.	EFFLUENT TOXICITY TESTING REOPENER.....	22
C.	TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS.....	22
D.	PLANT CLASSIFICATION.....	23
E.	HYDROGRAPH CONTROL RELEASE SPECIAL REQUIREMENTS.....	23
1.	Monitoring Frequency.....	23
2.	Discharge Requirements .....	23
F.	SANITARY SEWER OVERFLOW RESPONSE PLAN.....	23
1.	SSO Response Plan .....	23
2.	SSO Response Plan Implementation.....	25
3.	Department Review of the SSO Response Plan .....	25
4.	SSO Response Plan Administrative Procedures .....	25

**ATTACHMENT:**  
**DAILY DMR**

**PART I**

**DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS**

**A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS**

1. Outfall 0011 Discharge Limits - Municipal 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:

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
Flow Rate (5) (7) 00058 Z 0 0	*****	*****	*****	*****	4.0 cfs	REPORT cfs	*****	RS	INSTAN	A (6)	*****
Oxygen, Dissolved (DO) 00300 I 0 0	*****	*****	*****	*****	6.0 mg/l	*****	*****	E	GRAB	G	*****
pH 00400 I 0 0	*****	*****	*****	*****	6.0 S.U.	9.0 S.U.	*****	E	GRAB	G	*****
Solids, Total Suspended 00530 I 0 0	REPORT lbs/day	REPORT lbs/day	90.0 mg/l	135 mg/l	*****	*****	*****	E	GRAB	G	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	GRAB	G	*****
Nitrogen, Ammonia Total (As N) 00610 I 0 0	REPORT lbs/day	REPORT lbs/day	20.0 mg/l	30.0 mg/l	*****	*****	*****	E	GRAB	G	*****
Nitrogen, Kjeldahl Total (As N) 00625 I 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	G	S
Nitrite Plus Nitrate Total I Det. (As N) 00630 I 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	G	S
Phosphorus, Total (As P) 00665 I 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	GRAB	G	S
Flow, In Conduit or Thru Treatment Plant 50050 G 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	I	CONTIN	A	*****

\* 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 (April – October)  
 W = Winter (November – March)  
 ECS = E. coli Summer (May – October)  
 ECW = E. coli Winter (November – April)

(5) No discharge is allowed when stream flow in Yellow Leaf Creek is less than 4.0 cfs.

(6) Flow monitoring is only required on days when discharges occur (See Part IV.E).

(7) The daily stream flow should be recorded for each days' discharge incidence. Records of daily stream flow should be kept on site. Summary data should be reported on the monthly DMR forms provided by ADEM.

2. Outfall 0011 Discharge Limits - Municipal 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	
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	*****	REPORT MGD	*****	E	INSTAN	A	*****
Chlorine, Total Residual See note (5) 50060 1 0 0	*****	*****	0.18 mg/l	*****	*****	*****	0.31 mg/l	*****	E	GRAB	G	*****
E. Coli 51040 1 0 0	*****	*****	126 col/100mL	*****	*****	*****	298 col/100mL	*****	E	GRAB	G	ECS
E. Coli 51040 1 0 0	*****	*****	548 col/100mL	*****	*****	*****	2507 col/100mL	*****	E	GRAB	G	ECW
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	REPORT lbs/day	REPORT lbs/day	25.0 mg/l	37.5 mg/l	*****	*****	*****	*****	E	GRAB	G	*****
BOD, Carbonaceous 05 Day, 20C 80082 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	*****	I	GRAB	G	*****
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	*****	*****	*****	*****	*****	*****	*****	65.0%	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 (April - October)
- W = Winter (November - March)
- 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.

**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 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.
  - (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 28<sup>th</sup> 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.e.
  - (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**

No later than 14 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

**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. NH<sub>3</sub>-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:
- Reaches a surface water of the State; or
  - 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 335-6-6-.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:
- 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;
  - 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
  - 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 TESTING REOPENER**

Upon notification under Part II.G. of any newly introduced toxic industrial wastewaters, the Director may reopen the permit to include effluent toxicity limitations and testing requirements.

### **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. HYDROGRAPH CONTROL RELEASE SPECIAL REQUIREMENTS**

## 1. Monitoring Frequency

- a. The monitoring frequency for effluent samples, except as otherwise noted, shall be once per discharge incidence, not required to exceed one day per month. Results are subject to the records retention requirements of this permit. Summary data should be submitted on the monthly DMR forms provided by ADEM.
- b. The monitoring frequency for influent samples shall be one day per month. Summary data should be submitted on the monthly DMR forms provided by ADEM.
- c. Influent flow shall be recorded continuously. This flow data is subject to the records retention requirements of this permit. Summary data should be reported on the monthly DMR forms provided by the Department.

## 2. Discharge Requirements

- a. There shall be no discharge to Yellow Leaf Creek when the stream flow is less than 4.0 cubic feet per second.
- b. The allowable waste discharge shall be calculated using the following formula:

$$\text{Waste flow (MGD)} = 0.0751 \times \text{Stream flow (cfs)}$$

The allowable waste flow as calculated from the above equation shall be included on the daily DMR forms provided by the Department.

- c. Effluent flow to Yellow Leaf Creek shall be recorded instantaneously and reported for each day's discharge incidence on daily DMR forms provided by ADEM. Summary data should be submitted on the monthly DMR forms provided by ADEM.
- d. The Permittee shall maintain a stream gauging station upstream of the facility's discharge location. The stream gauging station shall be calibrated prior to initial use and a minimum of once per calendar year thereafter. The Permittee shall calibrate the stream gauging station in accordance with "Techniques of Water-Resources Investigations of the United States Geological Survey – Discharge Ratings at Gaging Stations by E.J. Kennedy" (USGS Series No. 03-A10). The calibration records/measurements conducted each year including a certification that the calibration was conducted in accordance with the procedures in the USGS Series No. 03-A10 document shall be submitted to ADEM's Municipal Section no later than January 31<sup>st</sup> of each year for the prior year's calibration.
- e. The daily stream flow, as measured by the gauging station, should be recorded for each day's discharge incidence on daily DMR forms provided by ADEM. Summary data should be reported on the monthly DMR forms provided by ADEM.

**F. 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.state.al.us/alEnviroRegLaws/files/Division6Vol1.pdf> and [http://gis.adem.alabama.gov/ADEM\\_Dash/use\\_class/index.html](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 Daily Discharge Monitoring Report (DMR)**

**Permittee Name:** Town of Thorsby **Permit Number:** AL0050636 (Minor)  
**Mailing Address:** Post Office Box 608 **County:** Chilton  
 Thorsby, AL 35171 **Monitoring Point:** 0011  
**Facility Name:** Thorsby HCR Lagoon **Month:** \_\_\_\_\_  
**Facility Location:** East Jones Street, Thorsby, AL 35171 **No Discharges During this Month:** \_\_\_\_\_  
**Receiving Stream:** Yellow Leaf Creek  
**HCR Equation:** Allowable Waste Flow (MGD) = [0.0751 X Stream Flow (cfs)]

PARAM	Flow Rate Receiving Stream	Flow Rate Discharge to Receiving Stream	Calculated Discharge Flow Rate
<b>Parameter Code</b>	00058 Z 0 0	50050 1 0 0	
<b>MIN</b>		----	
<b>MAX</b>	Report	Report	See HCR eqn.
<b>FREQ</b>	daily for each discharge incidence	daily for each discharge incidence	
<b>UNITS</b>	cfs	MGD	MGD
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
MAX			
MO.AVG			

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 persons 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 \_\_\_\_\_

Printed Name & Title of Responsible Official \_\_\_\_\_

## NPDES PERMIT RATIONALE

NPDES Permit No: **AL0050636** Date: May 18, 2020

Permit Applicant: Town of Thorsby  
Post Office Box 608  
Thorsby, Alabama 35171

Location: Thorsby HCR Lagoon  
East Jones Street  
Thorsby, Alabama 35171

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

Basis for Limitations: Water Quality Model: CBOD<sub>5</sub>, NH<sub>3</sub>-N, DO, Instream Flow Rate  
Reissuance with no modification: CBOD<sub>5</sub>, NH<sub>3</sub>-N, DO, pH, TSS, TSS Percent Removal, CBOD<sub>5</sub> Percent Removal, TRC, Instream Flow Rate  
Instream calculation at 7Q10: 6%  
Toxicity based: TRC  
Secondary Treatment Levels: CBOD<sub>5</sub> Percent Removal  
Other (described below): pH, E. Coli, TSS, TSS Percent Removal

Design Flow in Million Gallons per Day: 0.165 MGD

Major: No

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

Discussion: This permit is a reissuance due to expiration. Since the facility is a HCR facility, the allowable discharge (waste flow) will be dependent on stream flow. The allowable discharge is based on the following equation, developed by ADEM's Water Quality Branch:

$$\text{Waste flow (MGD)} = 0.0751 * \text{Stream flow (cfs)}$$

No discharge is allowed when stream flow is less than 4.0 cfs. The Permittee shall calibrate the stream gauging station as specified in Part IV.E.2.d of the NPDES Permit and submit a yearly certification of calibration. The certification shall be submitted no later than January 31<sup>st</sup> of each year for the prior year's calibration.

The pH limits for Outfall 0011 were developed consistent with the water-use designation of the receiving stream. The daily maximum pH limit is 9.0 s.u. and the daily minimum is 6.0 s.u. pH will be monitored once per month. Influent flows are to be monitored continuously, 7 days per week. Effluent flows are to

be monitored instantaneously, on days when discharges occur. Instream flow is to be monitored on days when discharges occur.

The monthly average TSS limit is established at 90.0 mg/L in accordance with ADEM's Permit Development Rationale and 40 CFR 133.105. A minimum percent removal of 85 percent based on 40 CFR 133.102 is imposed for CBOD<sub>5</sub> and a minimum percent removal of 65 percent based on 40 CFR 133.105 is imposed for TSS. The monitoring frequency will be once per month for TSS. CBOD<sub>5</sub> and TSS percent removals will be calculated once per month.

The discharge limits for CBOD<sub>5</sub> and NH<sub>3</sub>N for Outfall 0011 were developed by the Municipal Section based on a Waste Load Allocation (WLA) model performed by the Department's Water Quality Branch on May 14, 2019. CBOD<sub>5</sub>, and NH<sub>3</sub>N have monthly average limits of 25 mg/L and 20 mg/L, respectively. Dissolved Oxygen will have a daily minimum of 6.0 mg/L. The monitoring frequencies will be once per month.

The imposed E. coli limits were determined based on the water-use classification of the receiving stream. The Yellow Leaf Creek is classified as Fish & Wildlife. The Department revised bacteriological criteria in ADEM Administrative Code R.335-6-10-.09, which became effective February 3, 2017. As a result, this permit has the updated E. coli limits and seasons that are consistent with the revised regulations. The imposed E. coli 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 once per month.

This permit imposes monthly monitoring during the summer season (April-October) for the following nutrient-related parameters: Total Kjeldahl Nitrogen (TKN), Total Phosphorus (TP), and Nitrate plus Nitrite-Nitrogen (NO<sub>2</sub>+NO<sub>3</sub>-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. The TRC limits are 0.31 mg/L (daily maximum) and 0.18 mg/L (monthly average). The monitoring frequency will be once per month.

No toxicity testing is required because there are no significant industrial discharges to the plant and because this is a minor facility.

The receiving stream is the Yellow Leaf Creek a Tier I waterbody. The stream is on the most recent 303(d) list for siltation. The Department's WQB has indicated that TSS associated with WWTPs is typically comprised of organic matter and is considered to be different in nature than the sediments produced from erosional processes. As a result, it is not believed that this source causes or contributes to the siltation impairment in Yellow Leaf Creek. In addition, since there is no plant expansion included in this reissuance, there should be no increase in allowable loading to the receiving stream. There are no approved TMDLs for this waterbody.

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, so the applicant is not required to demonstrate that the discharge is necessary for economic and social development.

Prepared by: Sandra Lee

## TOXICITY AND DISINFECTION RATIONALE

Facility Name:	<b>Thorsby HCR Lagoon</b>	
NPDES Permit Number:	<b>AL0050636</b>	
Receiving Stream:	<b>Yellow Leaf Creek</b>	
Facility Design Flow (Q <sub>w</sub> ):	<b>0.165 MGD</b>	
Receiving Stream 7Q <sub>10</sub> :	<b>4.000 cfs</b>	<b>(Minimum Stream Flow Required for Discharge)</b>
Receiving Stream 1Q <sub>10</sub> :	<b>4.000 cfs</b>	<b>(Minimum Stream Flow Required for Discharge)</b>
Winter Headwater Flow (WHF):	<b>4.00 cfs</b>	<b>(Minimum Stream Flow Required for Discharge)</b>
Summer Temperature for CCC:	<b>30 deg. Celsius</b>	
Winter Temperature for CCC:	<b>30 deg. Celsius</b>	
Headwater Background NH <sub>3</sub> -N Level:	<b>0.11 mg/l</b>	
Receiving Stream pH:	<b>7.0 s.u.</b>	
Headwater Background FC Level (summer):	<b>N./A.</b>	<b>(Only applicable for facilities with diffusers.)</b>
(winter):	<b>N./A.</b>	

The Stream Dilution Ratio (SDR) is calculated using the 7Q<sub>10</sub> for all stream classifications.

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 6.00\%$$

### 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.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 6.00\% \quad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

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

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

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 34.6 \text{ mg/l NH}_3\text{-N at } 7Q_{10} \end{aligned}$$

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

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 NH<sub>3</sub>-N limit</u>	<u>Toxicity-based NH<sub>3</sub>-N limit</u>
Summer	<b>20.00 mg/l NH<sub>3</sub>-N</b>	<b>34.60 mg/l NH<sub>3</sub>-N</b>
Winter	<b>N./A.</b>	<b>N./A.</b>

**Summer: The DO based limit of 20.00 mg/l NH<sub>3</sub>-N applies.**

**Winter limits are not applicable.**

**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.

**This is a minor facility (Qw < 1.0 MGD) with no SID permits. No toxicity testing is required.**

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 6.00\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

**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)
<b><u>E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)</u></b>		
Monthly limit as monthly average (November through April):	548	<b>548</b>
Monthly limit as monthly aveage (May through October):	126	<b>126</b>
Daily Max (November through April):	2507	<b>2507</b>
Daily Max (May through October):	298	<b>298</b>
<b><u>Enterococci (applies to Coastal)</u></b>		
Monthly limit as geometric mean (October through May):	Not applicable	<b>Not applicable</b>
Monthly limit as geometric mean (June through September):	Not applicable	<b>Not applicable</b>
Daily Max (October through May):	Not applicable	<b>Not applicable</b>
Daily Max (June through September):	Not applicable	<b>Not applicable</b>

**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:	0.18 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.31 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: 10/9/2019

# Waste Load Allocation Summary

Page 1

## REQUEST INFORMATION

Request Number:

3554

From:	Sandy Lee	In Branch/Section	Municipal
Date Submitted	3/18/2019	Date Required	4/17/2019
FUND Code	605		
Date Permit application received by NPDES program		2/26/2019	

Receiving Waterbody	Yellow Leaf Creek
Previous Stream Name	

Facility Name	Thorsby HCR Lagoon	(Name of Discharger-WQ will use to file)
---------------	--------------------	--

Previous Discharger Name	
--------------------------	--

River Basin	Coosa	Outfall Latitude	32.918878	(decimal degrees)
-------------	-------	------------------	-----------	-------------------

*County	Chilton	Outfall Longitude	-86.694516	(decimal degrees)
---------	---------	-------------------	------------	-------------------

Permit Number	AL0050636	Permit Type	Permit Reissuance
---------------	-----------	-------------	-------------------

Permit Status	Active
---------------	--------

Type of Discharger	MUNICIPAL
--------------------	-----------

Do other discharges exist that may impact the model?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

If yes, impacting dischargers names.

--

Impacting dischargers permit numbers.

--

Existing Discharge Design Flow	0.165	MGD	Note: The flow rates given should be those requested for modeling.
Proposed Discharge Design Flow		MGD	

Comments included
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Information Verified By	BCH
-------------------------	-----

Year File Was Created	1984
-----------------------	------

Response ID Number	1696
--------------------	------

Lat/Long Method	GPS
-----------------	-----

12 Digit HUC Code	031501070801
-------------------	--------------

Use Classification	F&W
--------------------	-----

Site Visit Completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	---

Date of Site Visit	4/11/2019
--------------------	-----------

Waterbody Impaired?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------	---

Date of WLA Response	5/14/2019
----------------------	-----------

Antidegradation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----------------	---

Approved TMDL?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Waterbody Tier Level	Tier I
----------------------	--------

Use Support Category	5
----------------------	---

Approval Date of TMDL	
-----------------------	--

## Waste Load Allocation Information

Modeled Reach Length	10.14	Miles
----------------------	-------	-------

Name of Model Used	SWQM
--------------------	------

Model Completed by	Brian Haigler
--------------------	---------------

Allocation Developed by	Water Quality Branch
-------------------------	----------------------

Date of Allocation	5/14/2019
--------------------	-----------

Allocation Type	HCR
-----------------	-----

Type of Model Used	Desk-top
--------------------	----------

# Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters				Other Parameters			
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD
	Season <input type="text"/>		Season <input type="text"/>		Season <input type="text"/>		Season <input type="text"/>	
Qw 0.165 MGD	From <input type="text"/>		From <input type="text"/>		From <input type="text"/>		From <input type="text"/>	
	Through <input type="text"/>		Through <input type="text"/>		Through <input type="text"/>		Through <input type="text"/>	
CBOD5 25	CBOD5 <input type="text"/>	CBOD5 <input type="text"/>	TP <input type="text"/>	TP <input type="text"/>	TP <input type="text"/>	TP <input type="text"/>	TP <input type="text"/>	
NH3-N 20	NH3-N <input type="text"/>	NH3-N <input type="text"/>	TN <input type="text"/>	TN <input type="text"/>	TN <input type="text"/>	TN <input type="text"/>	TN <input type="text"/>	
TKN <input type="text"/>	TKN <input type="text"/>	TKN <input type="text"/>	TSS <input type="text"/>	TSS <input type="text"/>	TSS <input type="text"/>	TSS <input type="text"/>	TSS <input type="text"/>	
D.O. 6	D.O. <input type="text"/>	D.O. <input type="text"/>						

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

Water Quality Characteristics Immediately Upstream of Discharge				
Parameter	Summer		Winter	
CBODu	2	mg/l	<input type="text"/>	mg/l
NH3-N	0.11	mg/l	<input type="text"/>	mg/l
Temperature	30	°C	<input type="text"/>	°C
pH	7	su	<input type="text"/>	su

Hydrology at Discharge Location		
Drainage Area	13.27	sq mi
Stream 7Q10	2.03	cfs
Stream 1Q10	1.52	cfs
Stream 7Q2	2.89	cfs
Annual Average	19.24	cfs

Method Used to Calculate
ADEM Estimate w/USGS Gage Data
75% of 7Q10
ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data

<b>Comments and/or Notations</b>	<p>The minimum required streamflow is 4 cfs.</p> <p>The wasteflow to streamflow equation is <math>Q_w \text{ (MGD)} = 0.0751 Q_{hw} \text{ (cfs)}</math>.</p>
----------------------------------	---

FORM <b>1</b> GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions Before Starting")</i>	I. EPA I.D. NUMBER S _____ T/A _____ C _____ F _____ D _____ 1 2 _____ 13 14 15 _____
LABEL ITEMS	<div style="border: 2px solid black; padding: 5px; display: inline-block;">                     RECEIVED                      FEB 26 2019                      IND / MUN BRANCH                 </div> PLEASE PLACE LABEL IN THIS SPACE	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
I. EPA I.D. NUMBER		
III. FACILITY NAME		
V. FACILITY MAILING ADDRESS		
VI. FACILITY LOCATION		

**II. POLLUTANT CHARACTERISTICS**

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2A)	X		X	B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2B)		X	
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.</b> ? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing, within one quarter mile of the well bore, <b>underground sources of drinking water</b> ? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

c	SKIP	Thorsby HCR Lagoon	66
1			
15	18 - 29	30	

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
c	Jackson, Terry, Superintendent	(205)	646-3575
2			
15	16	45	46 48 49 51 52- 55

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX	
c	Post Office Box 608
3	
15	16

B. CITY OR TOWN		C. STATE	D. ZIP CODE
c	Thorsby	AL	35171
4			
15	16	40	41 42 47 51

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME	
c	East Jones Street	Chilton	70
5			
15	16	45	
C. CITY OR TOWN		D. STATE	E. ZIP CODE
c	Thorsby	AL	35171
6			
15	16	40	41 42 47 51 52 -64

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
C	7	4952	(specify)
15	16	-	19
C. THIRD		D. FOURTH	
C	7		(specify)
15	16	-	19

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
C	8	Town of Thorsby	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15	16		55 66
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)			D. PHONE (area code & no.)
F = FEDERAL	M = PUBLIC (other than federal or state)	M	(specify)
S = STATE	O = OTHER (specify)		
P = PRIVATE			
C	A	(205) 646-3575	
15	16	-	18 - 19 - 21 22 - 26

E. STREET OR P.O. BOX	
Post Office Box 608	
28	55

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND
C	B	AL	35171	Is the facility located on Indian lands?
15	16		40 41 42 47 - 51	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
				52

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	T	I	
9	N	AL0050636	
15	16	17	18 30
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	T	I	
9	U		(specify)
15	16	17	18 30
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	T	I	
9	R		(specify)
15	16	17	18 30

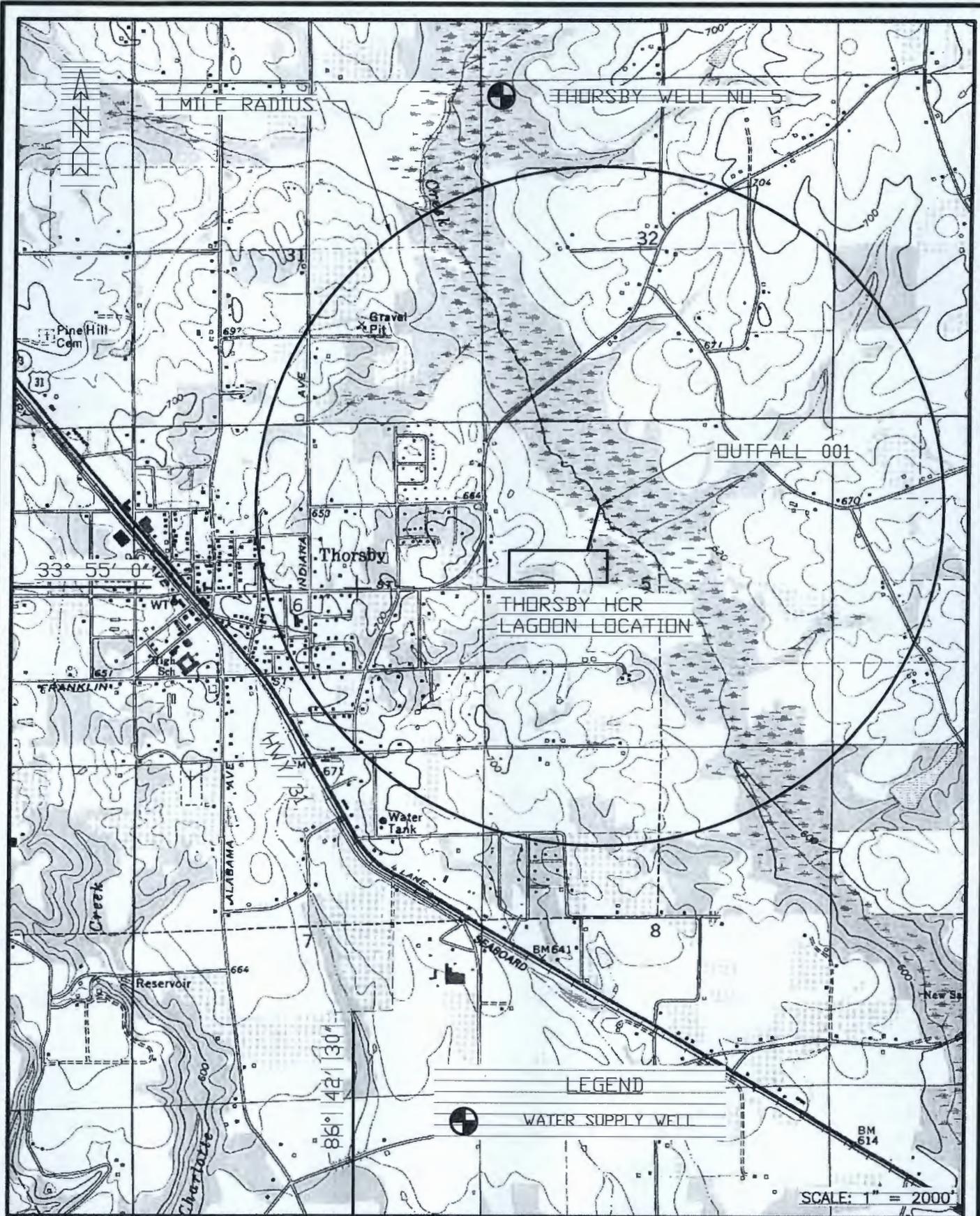
XI. MAP  
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)  
 This is a municipal wastewater treatment facility that uses an HCR lagoon for its method of treatment. The wastewater can be classified as residential sewage.

XIII. CERTIFICATION (see instructions)  
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Robert Hight, Mayor		2/19/2019

COMMENTS FOR OFFICIAL USE ONLY	
C	
15	16 55



DRAWN BY: RBG  
 DATE: 3-3-08  
 DWS: 96/116

APPROVED BY: JCC  
 PROJ. NO.: 98-116  
 DWS: LOCATION MAP.dwg

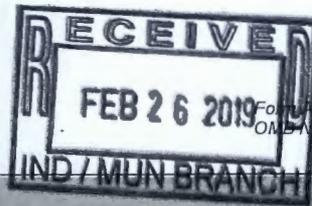
The Cessady Company, Inc.  
 Providing Solutions for Water, Wastewater, and Storm Water Problems  
 2802 7th Street • Tuscaloosa, AL 35401  
 Phone (205) 549-0267 • Fax (205) 549-0268

PROJECT: THORSBY HCR LAGOON SITE LOCATION

SHEET NO.:

FACILITY NAME AND PERMIT NUMBER:

Thorsby HCR Lagoon, AL0050636



FORM  
**2A**  
NPDES

## NPDES FORM 2A APPLICATION OVERVIEW

### APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

#### BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow  $\geq$  0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

#### SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

FACILITY NAME AND PERMIT NUMBER:

Thorsby HCR Lagoon, AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

### BASIC APPLICATION INFORMATION

#### PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

##### A.1. Facility Information.

Facility name Thorsby HCR Lagoon

Mailing Address Post Office Box 608, Thorsby, Alabama 35171-0608

Contact person Robert Hight

Title Mayor

Telephone number (205) 646-3575

Facility Address East Jones Street, Thorsby, Alabama 35171  
(not P.O. Box)

##### A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name NA

Mailing Address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Is the applicant the owner or operator (or both) of the treatment works?

owner       operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility       applicant

##### A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES AL0050636      PSD \_\_\_\_\_

UIC \_\_\_\_\_      Other \_\_\_\_\_

RCRA \_\_\_\_\_      Other \_\_\_\_\_

##### A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Town of Thorsby</u>	<u>1,200</u>	<u>Separate Sanitary</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>1,200</u>			

**FACILITY NAME AND PERMIT NUMBER:**

Form Approved 1/14/99  
OMB Number 2040-0086

Thorsby HCR Lagoon, AL0050636

**A.5. Indian Country.**

a. Is the treatment works located in Indian Country?

Yes  No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes  No

**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.165 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.10</u>	<u>0.37</u>	<u>0.20</u> mgd
c. Maximum daily flow rate	<u>1.09</u>	<u>1.87</u>	<u>1.42</u> mgd

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

Separate sanitary sewer 100.00 %  
 Combined storm and sanitary sewer \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

a. Does the treatment works discharge effluent to waters of the U.S.?  Yes  No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent 1
- ii. Discharges of untreated or partially treated effluent 0
- iii. Combined sewer overflow points 0
- iv. Constructed emergency overflows (prior to the headworks) 0
- v. Other \_\_\_\_\_ 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  Yes  No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_  
 Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd  
 Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

c. Does the treatment works land-apply treated wastewater?  Yes  No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_  
 Number of acres: \_\_\_\_\_  
 Annual average daily volume applied to site: \_\_\_\_\_ Mgd  
 Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?  Yes  No

**FACILITY NAME AND PERMIT NUMBER:**

Thorsby HCR Lagoon, AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

NA

If transport is by a party other than the applicant, provide:

Transporter name: NA

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name: NA

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

\_\_\_\_\_ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

\_\_\_\_\_ Yes

No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

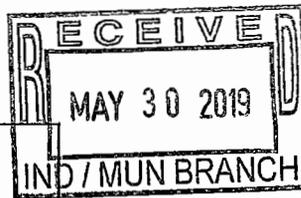
NA

Annual daily volume disposed of by this method:

Is disposal through this method

\_\_\_\_\_ continuous or

\_\_\_\_\_ intermittent?



FACILITY NAME AND PERMIT NUMBER:  
Thorsby HCR Lagoon, AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a., complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a., go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**A.9. Description of Outfall.**

- a. Outfall number 001
  - b. Location Town of Thorsby 35171  
(City or town, if applicable) (Zip Code)  
Chilton Alabama  
(County) (State)  
N 32° 55' 7.73" W 86° 41' 39.79"  
(Latitude) (Longitude)
  - c. Distance from shore (if applicable) \_\_\_\_\_ ft.
  - d. Depth below surface (if applicable) \_\_\_\_\_ ft.
  - e. Average daily flow rate \_\_\_\_\_ 0.52 mgd
  - f. Does this outfall have either an intermittent or a periodic discharge?  
 Yes  No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_ 2
  - Average duration of each discharge: \_\_\_\_\_ 30 Days
  - Average flow per discharge: \_\_\_\_\_ 0.52 mgd
  - Months in which discharge occurs: \_\_\_\_\_ January, February/May, November
- g. Is outfall equipped with a diffuser? \_\_\_\_\_ Yes  No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water Yellowleaf Creek
- b. Name of watershed (if known) Unknown  
 United States Soil Conservation Service 14-digit watershed code (if known): Unknown
- c. Name of State Management/River Basin (if known): Unknown  
 United States Geological Survey 8-digit hydrologic cataloging unit code (if known): Unknown
- d. Critical low flow of receiving stream (if applicable):  
 acute 2.00 cfs chronic 2.00 cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

**FACILITY NAME AND PERMIT NUMBER:**

Form Approved 1/14/99  
OMB Number 2040-0086

Thorsby HCR Lagoon, AL0050636

**A.11. Description of Treatment.**

a. What levels of treatment are provided? Check all that apply.

Primary                       Secondary  
 Advanced                       Other. Describe: \_\_\_\_\_

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal                      65.00 %  
Design SS removal                      65.00 %  
Design P removal                      \_\_\_\_\_ %  
Design N removal                      \_\_\_\_\_ %  
Other \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

None

If disinfection is by chlorination, is dechlorination used for this outfall?                       Yes                       No

d. Does the treatment plant have post aeration?                       Yes                       No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001                      Note: Data based on DMRs from 2015 to 2018.

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.48	s.u.			
pH (Maximum)	8.04	s.u.			
Flow Rate	2.95	MGD	0.50	MGD	6.00
Temperature (Winter)					
Temperature (Summer)					

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	13.20	mg/L	6.25	mg/L		M521OB	1.0 mg/L
	CBOD-5							
FECAL COLIFORM (E. Coli)		636.00	CFU100M	312.50	CFU100M		A908C	1 CFU/100mL
TOTAL SUSPENDED SOLIDS (TSS)		75.00	mg/L	18.50	mg/L		E160.2	1.0 mg/L

**END OF PART A.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Thorsby HCR Lagoon, AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

**BASIC APPLICATION INFORMATION**

**PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**

All applicants with a design flow rate  $\geq$  0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

20,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

\_\_\_\_\_  
\_\_\_\_\_

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- a. The area surrounding the treatment plant, including all unit processes.
- b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?  Yes  No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

NA

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes  No

**FACILITY NAME AND PERMIT NUMBER:**

Thorsby HCR Lagoon, AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

\_\_\_\_\_

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	__/__/__	__/__/__
- End construction	__/__/__	__/__/__
- Begin discharge	__/__/__	__/__/__
- Attain operational level	__/__/__	__/__/__

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained?  Yes  No

Describe briefly: \_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001 Note: Data based on DRMs from 2015 to 2018.

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

AMMONIA (as N)	10.20	mg/L	5.16	mg/L	6.00	M4500-NH3BF	0.05 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	<b>0.05</b>	mg/L	<b>0.03</b>	mg/L	<b>6.00</b>	M4500-CLG	0.1 mg/L
DISSOLVED OXYGEN	9.50	mg/L	7.60	mg/L	6.00	M4500-OG	0.1 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	4.14	mg/L	4.14	mg/L	6.00	M4500-NB	0.05 mg/L
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

**END OF PART B.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**FACILITY NAME AND PERMIT NUMBER:**

Thorsby HCR Lagoon, AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

**BASIC APPLICATION INFORMATION**

**PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

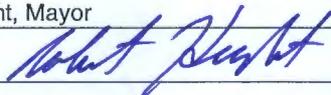
**Indicate which parts of Form 2A you have completed and are submitting:**

- Basic Application Information packet
- Supplemental Application Information packet:
  - Part D (Expanded Effluent Testing Data)
  - Part E (Toxicity Testing: Biomonitoring Data)
  - Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
  - Part G (Combined Sewer Systems)

**ALL APPLICANTS MUST COMPLETE 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 the information, the information 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.

Name and official title Robert Hight, Mayor

Signature 

Telephone number (205) 646-3575

Date signed 2/19/2019

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

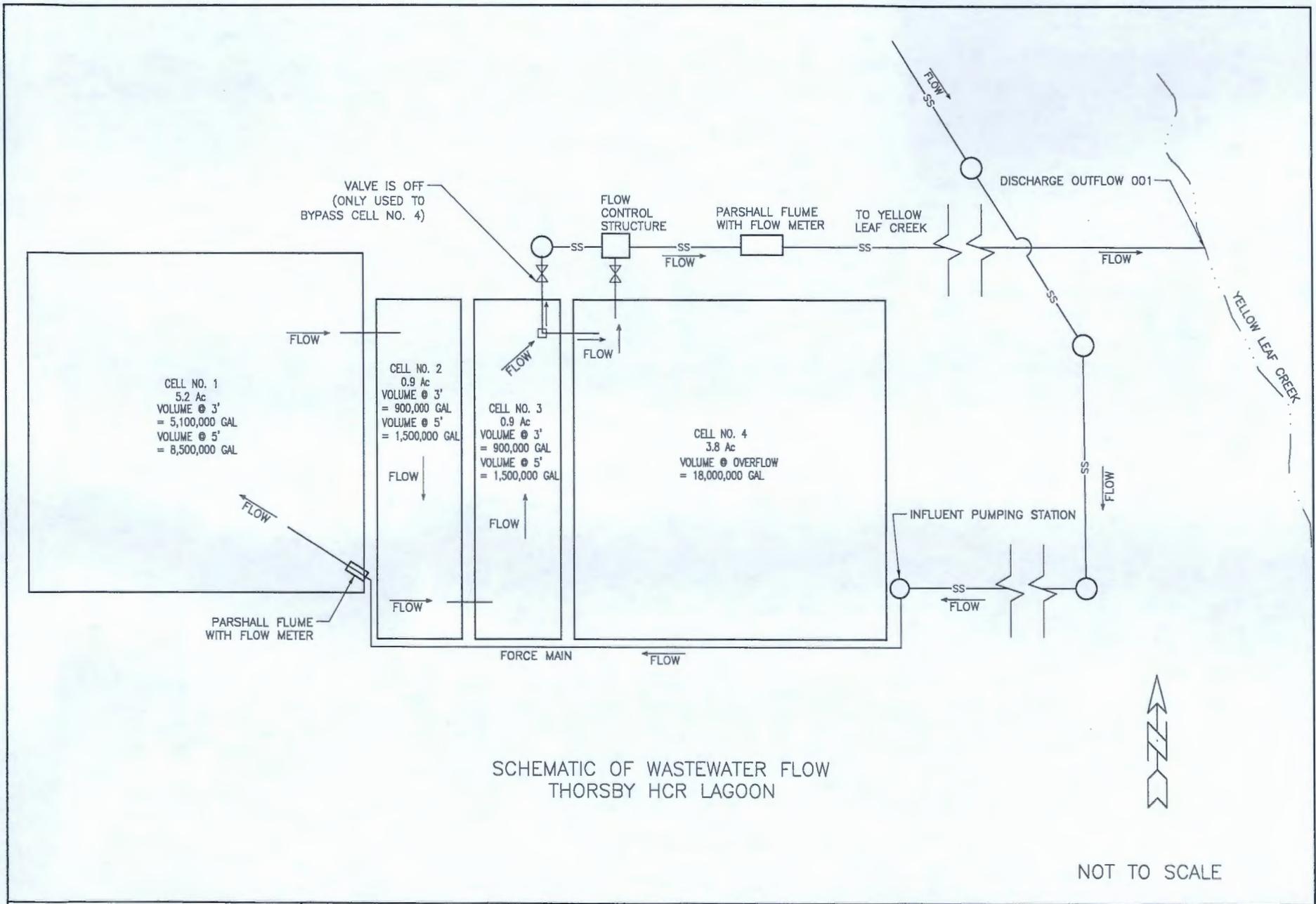
DATE: 08/118  
NO. 3-2-06  
APPROVED BY: JCC

PROJECT: THORSBY HCR LAGOON  
SITE LOCATION

The Casady Company, Inc.  
Providing Solutions for Water, Wastewater, and Storm Water Problems  
1000 PINE BLVD. • THORNSVILLE, OH 43081  
PH: (614) 944-0007 • FAX: (614) 944-0005



SHEET NO.



DRAWN BY: PCE  
 DATE: 02-14-2019  
 PROJ. NO.: 96-116  
 APPROVED BY: JCC

 **The Cassidy Company, Inc.**  
*Providing Solutions for Water, Wastewater, and Storm Water Problems*  
 2805 7th Street • Tuscaloosa, AL 35401  
 Phone (205) 349-0067 • Fax (205) 349-0885

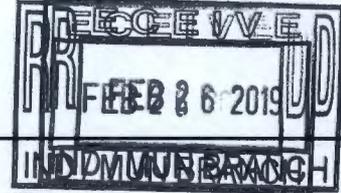
SHT. NAME  
 2019 NPDES PERMIT RENEWAL

SHT. NO.  
 SC1

**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**

- Initial Permit Application for New Facility\*
- Modification of Existing Permit
- Revocation & Reissuance of Existing Permit

- Initial Permit Application for Existing Facility\*
- Reissuance of Existing Permit

\* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.

**SECTION A – GENERAL INFORMATION**

1. Facility Name: Thorsby HCR Lagoon
  - a. Operator Name: Town of Thorsby, Alabama
  - 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.  
\_\_\_\_\_
  - c. Name of Permittee\* if different than Operator: \_\_\_\_\_  
*\*Permittee will be responsible for compliance with the conditions of the permit*
2. NPDES Permit Number: AL 0050636 (Not applicable if initial permit application)
3. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)  
Street: East Jones Street  
City: Thorsby County: Chilton State: Alabama Zip: 35171-0608  
Facility Location (Front Gate): Latitude: N 32° 55' 01" Longitude: W 86° 41' 56"
4. Facility Mailing Address: Post Office Box 608  
City: Thorsby County: Chilton State: Alabama Zip: 35171-0608
5. Responsible Official (as described on last page of this application):  
Name and Title: Robert Hight, Mayor  
Address: Post Office Box 608  
City: Thorsby State: Alabama Zip: 35171-0608  
Phone Number: 205-646-3575 Email Address: rhhight@gmail.com

6. Designated Facility/DMR Contact:

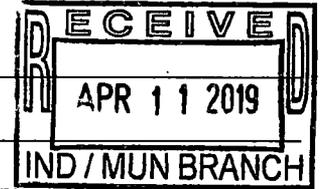
Name and Title: Terry Jackson, Public Works Director  
Phone Number: 205-288-3516 Email Address: terryljackson@centurylink.net

7. Designated Emergency Contact:

Name and Title: Daniel Avery, Sewer System Supervisor  
Phone Number: 205-288-4705 Email Address: danielavery34@gmail.com

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: N/A  
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>
NPDES	AL0050636	Town of Thorsby

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>
Thorsby HCR Lagoon	AL0050636	eNOV	7/13/2015

**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	2.08	2.95	0.52

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?

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

Influent and effluent parshall flumes with ISCO flow meters with charts

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
N/A	N/A

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*
N/A	N/A	N/A

\*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?	
None				<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

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 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?*	
01	Yellow Leaf Creek	<input checked="" type="checkbox"/> Yes	<input 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

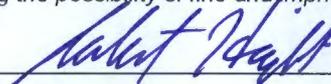
\*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

- (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: 2/19/2019  
 Name and Title: Robert Hight, Mayor

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

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**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.

FACILITY NAME AND PERMIT NUMBER:  
THORSBY HCR LAGOON, NPDES PERMIT #AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

FORM  
**2S**  
NPDES

## NPDES FORM 2S APPLICATION OVERVIEW

### PRELIMINARY INFORMATION

This page is designed to indicate whether the applicant is to complete Part 1 or Part 2. Review each category, and then complete Part 1 or Part 2, as indicated. For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

#### FACILITIES INCLUDED IN ANY OF THE FOLLOWING CATEGORIES MUST COMPLETE PART 2 (PERMIT APPLICATION INFORMATION).

1. Facilities with a currently effective NPDES permit.
2. Facilities which have been directed by the permitting authority to submit a full permit application at this time.

#### ALL OTHER FACILITIES MUST COMPLETE PART 1 (LIMITED BACKGROUND INFORMATION).

FACILITY NAME AND PERMIT NUMBER:  
THORSBY HCR LAGOON, NPDES PERMIT #AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

## PART 2: PERMIT APPLICATION INFORMATION

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

### APPLICATION OVERVIEW — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

Part 2 is divided into five sections (A-E). Section A pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sewage sludge use or disposal practices. The information provided on this page indicates which sections of Part 2 to fill out.

#### 1. SECTION A: GENERAL INFORMATION.

Section A must be completed by all applicants

#### 2. SECTION B: GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE.

Section B must be completed by applicants who either:

- 1) Generate sewage sludge, or
- 2) Derive a material from sewage sludge.

#### 3. SECTION C: LAND APPLICATION OF BULK SEWAGE SLUDGE.

Section C must be completed by applicants who either:

- 1) Apply sewage to the land, or
- 2) Generate sewage sludge which is applied to the land by others.

NOTE: Applicants who meet either or both of the two above criteria are exempted from this requirement if all sewage sludge from their facility falls into one of the following three categories:

- 1) The sewage sludge from this facility meets the ceiling and pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions, or
- 2) The sewage sludge from this facility is placed in a bag or other container for sale or give-away for application to the land, or
- 3) The sewage sludge from this facility is sent to another facility for treatment or blending.

#### 4. SECTION D: SURFACE DISPOSAL

Section D must be completed by applicants who own or operate a surface disposal site.

#### 5. SECTION E: INCINERATION

Section E must be completed by applicants who own or operate a sewage sludge incinerator.

FACILITY NAME AND PERMIT NUMBER:  
THORSBY HCR LAGOON, NPDES PERMIT #AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

**A. GENERAL INFORMATION**

All applicants must complete this section.

**A.1. Facility Information.**

- a. Facility name Thorsby HCR Lagoon
- b. Mailing Address Post Office Box 608, Thorsby, AL, 35171-0608
- c. Contact person Robert Hight  
Title Mayor  
Telephone number (205) 646-3575
- d. Facility Address (not P.O. Box) East Jones Street
- e. Is this facility a Class I sludge management facility?  Yes  No
- f. Facility design flow rate: 0.165 mgd
- g. Total population served: 1,200.00
- h. Indicate the type of facility:  
 Publicly owned treatment works (POTW)  Privately owned treatment works  
 Federally owned treatment works  Blending or treatment operation  
 Surface disposal site  Sewage sludge incinerator  
 Other (describe) \_\_\_\_\_

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

- a. Applicant name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
 owner  operator
- e. Should correspondence regarding this permit should be directed to the facility or the applicant.  
 facility  applicant

FACILITY NAME AND PERMIT NUMBER:

THORSBY HCR LAGOON, NPDES PERMIT #AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

**A.3. Permit Information.**

- a. Facility's NPDES permit number (if applicable): AL0050636
- b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number	Type of Permit
_____	_____
_____	_____
_____	_____

**A.4. Indian Country.** Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?

Yes  No If yes, describe: \_\_\_\_\_

**A.5. Topographic Map.** Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) should include the area one mile beyond all property boundaries of the facility:

- a. Location of all sewage sludge management facilities, including locations where sewage sludge is stored, treated, or disposed.
- b. Location of all wells, springs, and other surface water bodies, listed in public records or otherwise known to the applicant within 1/4 mile of the facility property boundaries.

**A.6. Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

**A.7. Contractor Information.**

Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor?  Yes  No

If yes, provide the following for each contractor (attach additional pages if necessary):

- a. Name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_
- c. Telephone Number \_\_\_\_\_
- d. Responsibilities of contractor \_\_\_\_\_

NA - SLUDGE IS STORED IN LAGOONS

FACILITY NAME AND PERMIT NUMBER:

THORSBY HCR LAGOON, NPDES PERMIT #AL0050636

Form Approved 1/14/99  
OMB Number 2040-0088

A.8. **Pollution 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 Part 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 four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC	NA		
CADMIUM	NA		
CHROMIUM	NA		
COPPER	NA		
LEAD	NA		
MERCURY	NA		
MOLYBDENUM	NA		
NICKEL	NA		
SELENIUM	NA		
ZINC	NA		

A.9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of Form 2S you have completed and are submitting:

\_\_\_\_\_ Part 1 Limited Background Information packet

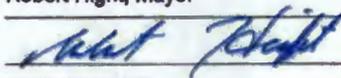
Part 2 Permit Application Information packet:

- \_\_\_\_\_ Section A (General Information)
- \_\_\_\_\_ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
- \_\_\_\_\_ Section C (Land Application of Bulk Sewage Sludge)
- \_\_\_\_\_ Section D (Surface Disposal)
- \_\_\_\_\_ Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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 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.

Name and official title Robert Hight, Mayor

Signature



Date signed

3/18/2019

Telephone number

(205) 646-3575

Upon request of the permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:  
THORSBY HCR LAGOON, NPDES PERMIT #AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

**B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF  
A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge.

**B.1. Amount Generated On Site.**

Total dry metric tons per 365-day period generated at your facility: 66.57 dry metric tons

**B.2. Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

- a. Facility name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Facility Address (not P.O. Box) \_\_\_\_\_

e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

\_\_\_\_\_

**B.3. Treatment Provided At Your Facility.**

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

\_\_\_\_\_ Class A    \_\_\_\_\_ Class B     Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:  
All sludge is stored in lagoons.

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- \_\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)
- \_\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)
- \_\_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)
- \_\_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- \_\_\_\_\_ Option 5 (Aerobic processes plus raised temperature)
- \_\_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)
- \_\_\_\_\_ Option 7 (75 percent solids with no unstabilized solids)
- \_\_\_\_\_ Option 8 (90 percent solids with unstabilized solids)
- None or unknown

FACILITY NAME AND PERMIT NUMBER:  
THORSBY HCR LAGOON, NPDES PERMIT #AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

**B.3. Treatment Provided At Your Facility. (con't)**

- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:  
NA \_\_\_\_\_  
\_\_\_\_\_
  
- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:  
NA \_\_\_\_\_  
\_\_\_\_\_

Complete Section B.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of §503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in § 503.33(b)(1)-(8) and is land applied. Skip this section if sewage sludge from your facility does not meet all of these criteria. NA

**B.4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.**

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: \_\_\_\_\_ dry metric tons
  
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away for application to the land?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Complete Section B.5. if you place sewage sludge in a bag or other container for sale or give-away for land application. Skip this section if the sewage sludge is covered in Section B.4. NA

**B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.**

- a. 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: \_\_\_\_\_ dry metric tons
  
- b. Attach, with this application, 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.

Complete Section B.6 if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary. NA

**B.6. Shipment Off Site for Treatment or Blending.**

- a. Receiving facility name \_\_\_\_\_
  
- b. Mailing address \_\_\_\_\_  
\_\_\_\_\_
  
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
  
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: \_\_\_\_\_

FACILITY NAME AND PERMIT NUMBER:

THORSBY HCR LAGOON, NPDES PERMIT #AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

**B.6. Shipment Off Site for Treatment or Blending. (con't)**

e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?  Yes  No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

Class A  Class B  Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

\_\_\_\_\_  
\_\_\_\_\_

f. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?

Yes  No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- Option 1 (Minimum 38 percent reduction in volatile solids)
- Option 2 (Anaerobic process, with bench-scale demonstration)
- Option 3 (Aerobic process, with bench-scale demonstration)
- Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- Option 5 (Aerobic processes plus raised temperature)
- Option 6 (Raise pH to 12 and retain at 11.5)
- Option 7 (75 percent solids with no unstabilized solids)
- Option 8 (90 percent solids with unstabilized solids)
- None

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge.

\_\_\_\_\_  
\_\_\_\_\_

g. Does the receiving facility provide any additional treatment or blending activities not identified in (c) or (d) above?  Yes  No

If yes, describe, on this form or another sheet of paper, the treatment or blending activities not identified in (c) or (d) above:

\_\_\_\_\_  
\_\_\_\_\_

h. If you answered yes to (e), (f), or (g), 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).

i. 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?  Yes  No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

Complete Section B.7 if sewage sludge from your facility is applied to the land, <u>unless</u> the sewage sludge is covered in:	NA
• Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); <u>or</u>	NA
• Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); <u>or</u>	NA
• Section B.6 (you send it to another facility for treatment or blending).	NA

**B.7. Land Application of Bulk Sewage Sludge.**

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: \_\_\_\_\_ dry metric tons

FACILITY NAME AND PERMIT NUMBER:

THORSBY HCR LAGOON, NPDES PERMIT #AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

**B.7. Land Application of Bulk Sewage Sludge. (con't)**

b. Do you identify all land application sites in Section C of this application?  Yes  No

If no, submit a copy of the land application plan with application (see instructions).

c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge?  Yes  No

If yes, describe, on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

\_\_\_\_\_  
\_\_\_\_\_

Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.

NA

**B.8. Surface Disposal.**

a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: \_\_\_\_\_ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

Yes  No

If no, answer B.8.c through B.8.f for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

c. Site name or number \_\_\_\_\_

d. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Contact is  Site owner  Site operator

e. Mailing address \_\_\_\_\_

f. Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period: \_\_\_\_\_ dry metric tons

Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.

NA

**B.9. Incineration.**

a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: \_\_\_\_\_ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?  Yes  No

If no, complete B.9.c through B.9.f for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: \_\_\_\_\_

d. Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Contact is:  Incinerator owner  Incinerator operator

FACILITY NAME AND PERMIT NUMBER:  
THORSBY HCR LAGOON, NPDES PERMIT #AL0050636

Form Approved 1/14/99  
OMB Number 2040-0086

**B.9. Incineration. (con't)**

e. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

f. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: \_\_\_\_\_ dry metric tons

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

NA

**B.10. Disposal in a Municipal Solid Waste Landfill.** Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

a. Name of landfill \_\_\_\_\_

b. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Contact is \_\_\_\_\_ Landfill owner \_\_\_\_\_ Landfill operator

c. Mailing address \_\_\_\_\_  
\_\_\_\_\_

d. Location of municipal solid waste landfill:

Street or Route # \_\_\_\_\_

County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e. Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:  
\_\_\_\_\_ dry metric tons

f. List, on this form or an attachment, 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
_____	_____
_____	_____
_____	_____

g. Submit, with this 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)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

\_\_\_\_\_ Yes \_\_\_\_\_ No



**Town of Thorsby**

**Sanitary Sewer Overflow  
Response Plan**

**Effective: March 2019**

# Contents

## **Definitions**

### **Section 1 Introduction**

- 1.1 Purpose
- 1.2 Distribution of SSORP
- 1.3 Training of Personnel

### **Section 2 SSO Notification**

- 2.1 Receipt of SSO Information
- 2.2 Notification of Town Personnel
- 2.3 Notification of Regulatory Agencies and the Public

### **Section 3 SSO Determination**

- 3.1 Cause of SSO
- 3.2 Source of SSO
- 3.3 Destination of SSO

### **Section 4 SSO Volume Estimation**

- 4.1 SSO Worksheets
- 4.2 SSO Field Data
- 4.3 SSO Volume Estimating Worksheet for Manholes
- 4.4 SSO Volume Estimating Worksheet for Service Cleanouts
- 4.5 SSO Volume Estimating Worksheet for Pipes or Cleanouts
- 4.6 SSO Volume Estimating by Other Methods

### **Section 5 Mitigation**

### **Section 6 Safety**

# Appendices

- Appendix A**      **SSO Reporting Forms**
- **ADEM Form 415** SSO Event Reporting Form
  - **Town Form RF1-1** Reported Sanitary Sewer Overflow Form
  - **Town Form RF2-1** Sewer Overflow Advisory
  - **Town Form RF3-1** Sanitary Sewer Overflow Sign
- Appendix B**      **SSO Volume Estimating Worksheets**
- **Worksheet WS1-1** SSO Volume Estimating Worksheet for Manholes
  - **Worksheet WS2-1** SSO Volume Estimating Worksheet for Service Cleanouts
  - **Worksheet WS3-1** SSO Volume Estimating Worksheet for Pipes or Cleanouts
- Appendix C**      **SSO Picture Procedure**
- Appendix D**      **Tables for Estimated SSO Flow Out of Manholes**
- Appendix E**      **ADEM eSSO User Guide**

# Town of Thorsby

## Sanitary Sewer Overflow Response Plan (SSORP)

### **Section 1 - Introduction**

#### **1.1 Purpose**

The Thorsby HCR Lagoon is publicly owned by the Town of Thorsby and permitted by the Alabama Department of Environmental Management (ADEM) to discharge treated wastewater to Yellow Leaf Creek via NPDES Permit No. AL0050636. As a public permittee, Thorsby is required to provide immediate notification to ADEM, county public health officials, the public, and any other affected entity as soon as possible upon becoming aware of any notifiable sanitary sewer overflow (SSO) events.

The purpose of the Sanitary Sewer Overflow Response Plan (SSORP) is to provide policies and procedures for the response to and reporting of SSOs in an effort to protect public health and the environment and meet applicable regulatory requirements.

This plan is effective beginning on 03/01/2019  
Date: mm / dd / yyyy

This plan will be reviewed and/or updated annually to incorporate any changes in contact information; system components; and/or personnel.

#### **1.2 Distribution of SSORP**

This SSORP will be made available to all individuals involved in responding to and reporting SSOs within the Town of Thorsby, Alabama (TOWN).

Copies of this program will be distributed to the following TOWN personnel:

- Mayor
- Public Works Director (WWTP Superintendent)
- Sewer System Supervisor (WWTP Operator)

#### **1.3 Training of Personnel**

The TOWN will provide training sessions upon the adoption of this program to all personnel involved in responding to and reporting of SSOs. New personnel will be trained as soon as practicable after hire. All TOWN operations and maintenance personnel listed in Section 1.2 will be provided training sessions annually to refresh them of the adopted procedures. The training sessions and personnel trained will be documented for tracking purposes. As this SSORP is updated, additional training sessions will be conducted to retrain personnel on new and/or changed procedures.

## **Section 2 – SSO Notification**

### **2.1 Receipt of SSO Information**

An SSO may be recognized and reported by TOWN personnel or by others. The TOWN is responsible to act, in a timely manner, to all reports of a possible SSO. Reports may be received via telephone, email, or by other means. Reported Sanitary Sewer Overflow Form (Town form RF1-1) can be found in Appendix A of this document.

Typically reports received from the public will be received at the utility offices. Personnel collecting information regarding a possible SSO need to obtain the following:

- a. Time and date call was received
- b. Specific location
- c. Description of problem
- d. Time possible overflow was noticed
- e. Reporter's name and phone number
- f. Observations of the reporter
- g. Relevant information that will enable TOWN personnel to quickly locate, assess and stop the SSO

Appropriate TOWN personnel will be notified when a possible spill is reported. TOWN personnel must confirm the spill before it will be considered a SSO. Only after confirmation by TOWN personnel will a spill be considered an SSO.

### **2.2 Notification of TOWN Personnel**

TOWN personnel will respond to the call, as appropriate. Crews are manned five days per week from 7:00 AM to 4:00 PM. After hours the on-call supervisor notifies the on-call maintenance crew for response. The supervisor of the responding crew is also notified via two way radio or cell phone. **Table 2-1** below lists these personnel:

<b>Position</b>	<b>Name</b>	<b>Mobile Number</b>	<b>Email Address</b>
<b>Mayor</b>	<b>Robert Hight</b>	<b>205-646-3575</b>	<a href="mailto:rhight@gmail.com">rhight@gmail.com</a>
<b>Public Works Director (WWTP Superintendent)</b>	<b>Terry Jackson</b>	<b>205-646-2739</b>	<a href="mailto:terryljackson@centurylink.net">terryljackson@centurylink.net</a>
<b>Sewer System Supervisor (WWTP Operator)</b>	<b>Daniel Avery</b>	<b>205-288-4705</b>	
<b>Town Clerk</b>	<b>Crystal Smith</b>	<b>205-646-3575 ext. #2</b>	<a href="mailto:crystal11@centurytel.net">crystal11@centurytel.net</a>

***Table 2-1***

### 2.3 Notification of Regulatory Agencies and the Public

The rationale for determining whether an SSO poses a significant danger to the public include, but are not limited to: the volume of the overflow, the size of the receiving stream, weather conditions, upstream and downstream fecal coliform testing results (if available), accessibility of the area near and downstream of the SSO, population density and the presence of sensitive or public facilities such as schools, parks, etc. If it is determined that there is a threat for exposure by a specific individual or group, the TOWN will notify them directly.

- **Within 24 hours of any SSO**
  - Submit SSO Event Report to ADEM via eSSO (see Appendix E)  
*If SSO is repaired within 24 hours, complete form. If not repaired within the first 24 hours, enter all available information into the form.*
  - Submit SSO Event Report (ADEM Form 415, Appendix A) to the Walker County Department of Health (CCHD)
- **Within 5 days of the SSO occurrence**
  - If repair takes longer than 24 hours, complete report within five days
- Each month a report of any SSOs from within the collection system will be submitted to ADEM in accordance with the requirements of their Permit

If an SSO is determined to reach surface waters in accordance with Section 3.3, a *Sewer Overflow Advisory* (TOWN Form RF2-1) is sent to ADEM, the CCHD (Chilton County Health Department), local officials, TOWN employees and media groups (Table 2-2).

Agency	Contact	Number	Email
CCHD – 24 HR Report and 5 Day Report	N/A	205-939-9019(F) 205-755-1287(O)	N/A
WABM	N/A	205-290-2115(F)	N/A
ABC 33/40	N/A	205-982-3942(F)	N/A
CBS 42	N/A	205-320-2722(F)	N/A
FOX 6	N/A	205-583-4356(F)	N/A
NBC 13	N/A	205-323-3314(F)	N/A

**Table 2-2:** Listing of regulatory agencies, officials and media outlets.

O – Office

F – Fax

## **Section 3 – SSO Determination**

### **3.1 Cause of SSO**

The TOWN personnel that either responds to a call or discovers the SSO initially determines the cause of the SSO. Determination of the cause will include the following:

- 1.) If a SSO is occurring, a Supervisor will investigate the SSO to determine the cause.
- 2.) During a rain event, the investigation will include opening manholes and tracing the surcharged sewer flow to the trunk line and washing or rodding in an attempt to remove any potential blockage. Following the rain event, follow up inspections will be performed to determine whether the SSO was due to general surcharge from infiltration and inflow-induced flows or a blockage.
- 3.) During a non-rain event, every attempt should be made to determine the cause of the SSO based on visual inspection. If the SSO is caused by a blockage, the type of blockage should be determined based on the material removed during the cleaning process. If the SSO is caused by Construction Damage, Vandalism, a Line Break or other external cause, a picture should be made of the cause for documentation.
- 4.) If a manhole or cleanout is overflowing due to general surcharge, include “Manhole Overflow – Surcharge” or “Cleanout Overflow – Surcharge” for cause of discharge on the SSO Event Report Form.
- 5.) If a manhole or cleanout is overflowing but not due to a surcharge, include “Manhole Overflow – *cause*” or “Cleanout Overflow – *cause*” for cause of discharge on the SSO Event Report Form.

### **3.2 Source of SSO**

The maintenance crew that responds to the call along with a Supervisor determines the discharge source of the SSO and whether or not the contributing asset (service lateral, pipe, manhole, pump station, etc.) is privately or TOWN maintained. All service laterals are privately maintained and are defined as any connection outside the tee at the TOWN- maintained line. Upon the report of a discharge from a cleanout, purported service lateral or backup within a structure, the TOWN-maintained line shall be inspected and, if the TOWN main is not determined to be obstructed or surcharged, the contributing factor shall be determined to be private.

If the discharge source is maintained by the TOWN and the factors contributing to the SSO are due to the TOWN, the SSO is reported in accordance with Section 2 of the SSORP. If the discharge source is not maintained by the TOWN, but the contributing factors are due to the TOWN, the SSO is reported in accordance with Section 2 of the SSORP. If the discharge source is privately maintained and the factors contributing to the SSO are not due to the TOWN, the SSO is not reported in accordance with Section 2 of the SSORP, but it is documented on a service request form, and the CCHD is notified. Backups that are contained within a structure are also recorded on a service request form. If a backup exits the structure, it is classified as a SSO and is reported in accordance with Section 2 of the SSORP. The table below is used in the decision making process regarding the reporting of an SSO.

Source	Maintained	Contributing factors	Reportable by TOWN in accordance with Section 2 of SSORP
manhole, service lateral, cleanout, pipe, pump station	TOWN	TOWN	Yes
manhole, service lateral, cleanout, pipe, pump station	Privately	TOWN	Yes
manhole, service lateral, cleanout, pipe, pump station	Privately	Private	No. Document on Service Request Form. Notify CCHD.

**Table 3-1: Source of SSO**

### 3.3 Destination of SSO

The Maintenance crew that responds to the call along with a Supervisor determines the destination of the SSO and whether a *Sewer Overflow Advisory* (TOWN Form RF2-1) is to be sent. As previously discussed, the *Sewer Overflow Advisory* is sent when a SSO reaches "surface waters." "Surface waters" for the purposes of this document are generally defined herein as flowing or standing waters of any river, stream, watercourse, pond or lake, natural or artificial. This does not include waters which are entirely confined and retained completely upon a single property and are not readily accessible to the public. The following definitions and table are used to aid in this decision making process.

**Creek or river**

- during wet or dry weather has continuous flowing water

**Drainage ditch or storm drain**

- during wet weather has continuous flowing water
- during dry weather does not have continuous flowing water

**Ground absorbed**

- contained within an area that does not reach a creek, river, drainage ditch or storm drain as described above

EVENT	DESTINATION	ACTION
Any SSO that enters a creek or river	Surface waters	ADEM Form 415 sent to ADEM, CCHD, local officials and media.
Wet Weather SSO that enters a drainage ditch or storm drain	Surface waters	ADEM Form 415 sent to ADEM, CCHD, local officials and media.
Dry weather SSO that is greater than 10,000 <sup>1</sup> gallons and enters a drainage ditch or storm drain	Field determination <sup>2</sup>	ADEM Form 415 sent to ADEM, CCHD, local officials and media.
Dry weather SSO that is less than 10,000 <sup>1</sup> gallons and enters a drainage ditch or storm drain	Field determination <sup>2</sup>	ADEM Form 415 sent to ADEM, CCHD, and Local Officials
Wet weather or Dry weather SSO that is ground absorbed	Non-surface waters	ADEM Form 415 sent to ADEM, CCHD, and Local Officials.

**Table 3-2: Surface Waters**

<sup>1</sup>Based on an equivalent flow rate of 166 gallons per minute (gpm) for 60 minutes. 166 gpm equals an average flow height of 5" from a manhole with the cover in place or an average flow height of 1/2" from a manhole with the cover removed as seen in Appendix D.

<sup>2</sup>In cases of a field determination, the responding Supervisor or Inspector along with the line maintenance crew will visually inspect the surrounding area and trace downstream to determine whether the SSO reaches flowing water. In cases where the destination is indeterminate, it shall be assumed to have reached surface waters.

**NOTE:**

**ADEM Form 415 are sent to ADEM and CCHD for all Dry Weather and Wet Weather Events.**

## **Section 4 – SSO Volume Estimation**

### **4.1 SSO Worksheets**

The TOWN has adopted procedures for estimating SSO volumes based on the type of overflow that has occurred. The TOWN personnel utilize the *SSO Volume Estimating Worksheet for Manholes* (TOWN Worksheet WS1-1), the *SSO Volume Estimating Worksheet for Service Cleanouts* (TOWN Worksheet WS2-1), or the *SSO Volume Estimating Worksheet for Pipes or Cleanouts* (TOWN Worksheet WS3-1). All worksheets require the personnel to record the time the SSO was reported, the time they arrived and the time that the SSO stopped. Following the SSO event, the estimated volume is calculated and inserted into the *SSO Event Reporting Form* (ADEM Form 415) that is completed by the TOWN personnel responding to the SSO. The *SSO Event Reporting Form* is then submitted to the Supervisor.

### **4.2 SSO Field Data**

Whenever possible, digital photographs of the overflow and the surrounding area will be taken in accordance with the *SSO Picture Procedure* (Appendix C) and inserted on the *SSO Picture Form* (Appendix C). If there is not an active SSO upon arrival, pictures may be taken of any evidence that will document the occurrence. Digital photographs aid in identifying the address where the SSO occurred, the correct manhole or cleanout, and provide evidence of the event.

The estimated height of the overflow shall be measured as accurately as possible; however, given the dynamic and transient nature of collection system hydraulics, steady-state height estimates may be difficult. Field personnel should, therefore, record the average, estimated height of the observed flow. In circumstances where personnel cannot safely access the SSO point to take an actual measurement, a visual field estimate will be made.

All relevant field data shall be gathered on-site and recorded on the provided forms. Whenever possible, data should be recorded in the field as soon as possible after the event. Other field information should be provided as necessary as comments on or attached to the provided forms. Field crews are encouraged to gather and record any additional information.

### **4.3 SSO Volume Estimating Worksheet for Manholes**

The *SSO Volume Estimating Worksheet for Manholes* (TOWN Worksheet WS1-1 and Appendix B) and the *Tables for Estimated SSO Flow Out of Manholes* (Appendix D) enable TOWN personnel to estimate the overflow volume. If the manhole is not overflowing when the personnel arrive, a ponding calculation is utilized to estimate the overflow volume.

### **4.4 SSO Volume Estimating Worksheet for Service Cleanouts**

The *SSO Volume Estimating Worksheet for Service Cleanouts* (TOWN Worksheet WS2-1) enables TOWN personnel to estimate the overflow volume from cleanouts. If the cleanout is not overflowing when personnel arrive, a ponding calculation is utilized to estimate the overflow volume and recorded on the *SSO Volume Estimating Worksheet for Pipes or Cleanouts* (TOWN Worksheet WS3-1).

#### **4.5 SSO Volume Estimating Worksheet for Pipes or Cleanouts**

The *SSO Volume Estimating Worksheet for Pipes or Cleanouts* (TOWN Worksheet WS3-1) allows the TOWN personnel to estimate the overflow volume using the number of residential connections upstream of the overflow or the ponding calculation if the pipe is not overflowing upon arrival.

#### **4.6 SSO Volume Estimating by Other Methods**

While the methods provided in Sections 4.3 to 4.5 are to be the primary methods for estimation, there are occasions where other methods may be employed due to: insufficient field data to use standard methods, those standard methods produce results which are not reasonable or consistent with field observations, the nature of the overflow may be non-standard, or a more accurate estimation method may be available. These alternate estimation sources and methods which may be used include: Manning or other hydraulic flow equations, actual run times of a pump station and calculated pumping capacity, and data collected by SCADA or other remote collection devices. Rationale for using non-standard estimation methods shall be based on the Supervisor's judgment and shall be sufficiently reviewed and documented.

### **Section 5 – Mitigation**

Once the first TOWN personnel arrives on-site and determines that there is an SSO, the process begins to identify and eliminate the root cause of the SSO. The TOWN can employ the use of rod turning machines, jet-washer trucks, and combination jet-washer/ vacuum trucks to eliminate blockages in the sanitary sewer. If there is a pipe break, the TOWN maintains a supply of pipe of varying sizes and materials as well as manholes. Portable bypass pumps may be rented to bypass sanitary sewer flow from an upstream manhole to a downstream manhole when a blockage cannot be immediately eliminated or a pipe repaired. If practical, the SSO will be contained with sand bags and/or a berm.

Utilizing the tools available to them, the personnel of the TOWN will make every effort to stop the SSO as expeditiously as possible. In circumstances where, in their judgment, the safety of TOWN personnel currently assigned to the SSO is threatened or a higher priority incident arises, as determined by a TOWN supervisor, TOWN personnel may temporarily suspend mitigation efforts until conditions allow a return to work. In the event an active SSO is left unattended, the site shall be secured by barricades or other means and a warning sign shall be placed at the site.

After the SSO has stopped and the cause remedied, clean-up of the impacted area begins. Hand tools including shovels, rakes, and brooms are carried on the maintenance trucks and are used to collect any solids that remain for proper disposal. Lime may also be applied to the area surrounding the SSO for disinfection. Follow-up visits to the impacted area may be required to return the location to pre-event conditions.

Signs shall be placed around the site to notify the public to avoid the overflow area. Refer to the sample sign located in Appendix A (Town Form RF3-1).

## **Section 6 – Safety**

TOWN personnel are made aware of the potential hazards of contact with untreated wastewater and other, associated safety hazards in responding to a SSO. Among the equipment issued to the personnel are safety glasses, reflective vests, rubber gloves and boots, and rain suits. Hepatitis inoculations are also offered to the TOWN personnel that may come in contact with untreated wastewater.

Supervisors should use sound judgment in deciding when responding to a SSO places TOWN personnel in unreasonable danger or harm. For example, there may be times where a SSO is surrounded by swift flowing or deep water and the personnel are advised not to enter due to the risk of being swept away or drowning. Supervisors should document the unsafe conditions if working conditions prevent the TOWN from responding and remain on-site until further instructions are received.

# Appendix A

## ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) SANITARY SEWER OVERFLOW (SSO) EVENT REPORTING FORM

**Purpose of Form:** All publicly or privately owned wastewater treatment plants holding an NPDES permit are required to provide immediate notification to the Alabama Department of Environmental Management (ADEM), county public health officials, the public, and any other affected entity such as public water systems as soon as possible upon becoming aware of any notifiable sanitary sewer overflow (SSO) events.

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) 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. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (<https://e2.adem.alabama.gov/NPDES>).

Permittee Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Date/Time<sup>1</sup> SSO Began: \_\_\_\_\_ Is the SSO on-going?  Yes  No If no, Date/Time<sup>1</sup> SSO Stopped: \_\_\_\_\_

Did the SSO occur during wet weather?  Yes  No

Was the SSO caused by an extreme weather event (e.g. hurricane)?  Yes  No If yes, describe the nature of the extreme weather event: \_\_\_\_\_

**REPORT ESTIMATED VOLUME DISCHARGED- REQUIRED**

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume Discharged: _____ gallons			
RANGE	<input type="checkbox"/> <1,000 gallons	<input type="checkbox"/> 1,000 ≥ gallons <10,000	<input type="checkbox"/> 10,000 ≥ gallons < 25,000	<input type="checkbox"/> 25,000 ≥ gallons <50,000
	<input type="checkbox"/> 50,000 ≥ gallons <75,000	<input type="checkbox"/> 75,000 ≥ gallons <100,000	<input type="checkbox"/> 100,000 ≥ gallons < 250,000	<input type="checkbox"/> 250,000 ≥ gallons <500,000
	<input type="checkbox"/> 500,000 ≥ gallons <750,000	<input type="checkbox"/> 750,000 ≥ gallons <1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours?  Yes  No Date/Time<sup>1</sup> of Notification: \_\_\_\_\_

Method of notification:  Verbal/Telephone  Electronic via eSSO  Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Indicate source of discharge event:  Manhole  Lift Station  Broken Line  
 Cleanout  Treatment Plant  
 Other (describe): \_\_\_\_\_

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude   .      °      Longitude -   .      °

Location of discharge (street address, etc.):

<sup>1</sup>Time reported is assumed to be Central Time Zone, unless otherwise indicated.

Known or suspected cause of the discharge:

[Empty box for known or suspected cause of the discharge]

Ultimate destination of discharge:  Ground Absorbed  Storm Drain  Drainage Ditch  Backup into Building/Residence  Creek or River (provide name): \_\_\_\_\_  Other (describe): \_\_\_\_\_

Did the discharge reach a designated swimming water?  Yes  No  Unknown

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is:  Complete  Ongoing  Not Performed

Was the affected area: Cleaned?  Yes  No Disinfected?  Yes  No

Are you aware of any other potential health or environmental impacts?  No  Yes If Yes, please describe:

[Empty box for other potential health or environmental impacts]

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

[Empty box for corrective actions and mitigation plans]

Indicate efforts to notify public (check all that apply):  Press Release Date: \_\_\_\_\_  Placement of Signs Date: \_\_\_\_\_  Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_  Notice not required, because: \_\_\_\_\_

Indicate other officials notified (check all that apply):  County Health Department Date: \_\_\_\_\_  State Health Department Date: \_\_\_\_\_  Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_  Notice not required, because: \_\_\_\_\_

Other states notified:  Florida  Georgia  Mississippi  Tennessee

Were any public water supply intake locations affected?  No  Yes If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signature of Responsible Official/Duly Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Responsible Official/Duly Authorized Representative (type or print): \_\_\_\_\_

Title of Responsible Official/Duly Authorized Representative: \_\_\_\_\_

**REPORTED SANITARY SEWER OVERFLOW FORM  
TOWN OF THORSBY, ALABAMA**

**SSO REPORTED BY:** \_\_\_\_\_

**REPORTER'S TELEPHONE NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **A.M. / P.M.**

**SPECIFIC LOCATION:** \_\_\_\_\_

**DESCRIPTION OF PROBLEM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TIME OVERFLOW FIRST SEEN:** \_\_\_\_\_ **A.M. / P.M.**

**OTHER RELEVANT INFORMATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOWN OF THORSBY, ALABAMA**  
**WASTEWATER DISCHARGE REPORTING FORM**  
**SSO - 5 - DAY FOLLOW - UP REPORT**

---

Reported Information Service Request Number: \_\_\_\_\_

Photos Taken:  Yes  No      Number of Photos Taken: \_\_\_\_\_

Date Reported: \_\_\_\_\_      Time SSO Began \_\_\_\_\_      Time SSO Stopped \_\_\_\_\_

Caller Name: \_\_\_\_\_      Caller Phone No.: \_\_\_\_\_

Location from Caller      Street Address: \_\_\_\_\_

Overflow Location      Street Address: \_\_\_\_\_

Collection System Permit # \_\_\_\_\_      Overflowing Manhole Number: \_\_\_\_\_  
*Enter Mini-system number if overflow is from a cleanout*

---

**Field Observation (TOWN Investigated)**

---

**Destination of Discharge:**       Ground absorbed       Creek or River \_\_\_\_\_  
 Drainage Ditch      **Monitoring of the receiving water is:**  
 Storm Drain       Complete       Ongoing

**Estimated Discharge Volume:**       Volume not determinable       Estimated Volume (Gallons) \_\_\_\_\_

**Discharge Source:**       Cleanout       Pipe       Treatment Plant  
 Manhole       Pump Station       Other \_\_\_\_\_

**Known or Suspected Discharge Cause:**       Construction Damage       Grease       Roots  
 Debris       Power outage       Surcharge from rain  
**(Check all that apply)**       Infiltration/Inflow       P.S. Equipment Failure       Vandalism  
 Force Main Break       Rags       Other \_\_\_\_\_  
 Gravity Main Break       Rocks

**Recent Weather**       None      **Rain:**       Light       Mod.       Heavy      **Estimated Duration:** \_\_\_\_\_

**Conditions Contributing to the Discharge:**      **Flooding from rain in overflow area**       Yes       No

**Action Taken (If County Investigated)**

---

Blockage Removed       Manhole Repaired       Additional Rehab Considered       Pump Station Repaired  
 Line Repaired       Power Restored       Project Planned to Replace/Repair Line       Other \_\_\_\_\_

SSO 24-Hour Notice FAXED?       Yes      **Date & Time:** \_\_\_\_\_  
 Health Department       Other (describe) \_\_\_\_\_

**Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_      **Date** \_\_\_\_\_

*I certify that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information.*

# Sewer Overflow Advisory

**Issued By**

Town of Thorsby  
Sewer Department  
21060 U.S. Highway 31  
Thorsby, AL 35171

TOWN OF THORSBY  
Phone: (205) 646-3575

Date Issued \_\_\_\_\_

Time \_\_\_\_\_

Overflow  
Location \_\_\_\_\_

Waterway(s)  
Affected \_\_\_\_\_

Downstream  
Of \_\_\_\_\_

**Advisory**

A Town of Thorsby sanitary sewer line at the location listed above has experienced an overflow. Overflow was due to

Additional advisories will be issued as information becomes available.

# CAUTION



**Water in this area may be contaminated by a temporary overflow of a sanitary sewer.**

**Please avoid physical contact as it may pose a health risk.**

For additional information contact the Town of Thorsby  
at 205-646-3575.

# Appendix B

TOWN OF THORSBY, AL

21060 U.S. Highway 31  
Thorsby, AL 35171

SSO VOLUME ESTIMATING WORKSHEET FOR MANHOLES

Date: \_\_\_\_\_ Sewer Service Request Number: \_\_\_\_\_

If MANHOLE is overflowing or not overflowing at the time the crew arrives at the reported location, pictures will be taken in accordance with the SSO Picture Procedure. The Town of Thorsby SSO Volume Estimating Procedure will be used to determine the estimated flow rate.

Determine Duration

Time SSO Reported: \_\_\_\_\_ Time SSO Stopped: \_\_\_\_\_  
(Dispatcher)  
Time of Arrival: \_\_\_\_\_ \* Duration of SSO: \_\_\_\_\_ Minutes

\* DURATION OF SSO: If the MH is overflowing when crews arrive, then the SSO Start Time will be the Time SSO Reported (dispatcher) shown above. The duration of the SSO will be the difference between Time SSO Reported and Time SSO Stopped (minutes).

Determine Volume

SSO Digital Photo Measurement - to be used when MH is overflowing upon crew arrival.  
Average measured height from measuring stick.  
Cover On or Off \_\_\_\_\_ Table Used \_\_\_\_\_ GPM \_\_\_\_\_  
Volume from Table - \_\_\_\_\_  
Duration of SSO - \_\_\_\_\_ Minutes  
Estimated Volume = \_\_\_\_\_ Gallons (est. rate in GPM X est. duration in minutes)

Ponding Calculation - to be used when SSO originated from MH, is not overflowing upon crew arrival, but is contained in an area  
Volume of Sewage = length (ft) X width (ft) X depth (ft) X 7.48\*  
length (ft) \_\_\_\_\_  
width (ft) \_\_\_\_\_  
depth (ft) \_\_\_\_\_  
\* 7.48 gallons = 1 ft<sup>3</sup>  
Volume = \_\_\_\_\_ ft<sup>3</sup> X 7.48 = \_\_\_\_\_ Gallons

Not Determinable - when an SSO from a MH is not overflowing upon crew arrival and rate can not be determined.  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Crew # : \_\_\_\_\_ Signed: \_\_\_\_\_

I certify that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information.

TOWN OF THORSBY, AL

21060 U.S. Highway 31

Thorsby, AL 35171

Date: \_\_\_\_\_

Sewer Service Request Number: \_\_\_\_\_

**SSO VOLUME ESTIMATING WORKSHEET FOR SERVICE CLEANOUTS**

- 1 Determine diameter (d) of service cleanout. = \_\_\_\_\_ inches
- 2 Estimate height (h) of flow from service cleanout. = \_\_\_\_\_ inches
- 3 Determine estimated flow rate (Q) from charts below. = \_\_\_\_\_ gpm
- 4 Estimate time (t) of discharge. = \_\_\_\_\_ minutes
- 5 Multiply step 3 & 4 to obtain estimated volume. = \_\_\_\_\_ Gallons

4" Diameter Cleanout	
h (in)	Q (gpm)
0.25	6
0.5	14
0.75	24
1	35
1.5	60
2	86
2.5	108
3	128
3.5	145
4	160
4.5	173
5	184
6	205
7	223
8	239
9	254
10	268
11	282
12	295
14	320
16	345
18	367
20	388

6" Diameter Cleanout	
h (in)	Q (gpm)
0.25	9
0.5	23
0.75	40
1	58
1.5	100
2	150
2.5	205
3	250
3.5	293
4	330
4.5	365
5	395
6	445
7	485
8	520
9	550
10	585
11	631
12	650
14	705
16	755
18	800
20	850

Time SSO Reported:  
(Dispatcher)

\_\_\_\_\_

Time of Arrival:

\_\_\_\_\_

Time SSO Stopped

\_\_\_\_\_

\* Duration of SSO

\_\_\_\_\_

Minutes

\*Duration of SSO: If the cleanout is overflowing when crews arrive, then the SSO start time will be the time SSO reported (dispatcher) shown above. The duration of SSO will be the difference between time SSO reported and time SSO stopped (minutes).

Crew #: \_\_\_\_\_

Signed: \_\_\_\_\_

I certify that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information.

Disclaimer:

This table was developed by the TOWN utilizing *Chapter 14-Measurements in Pressure Conduits, Section 13- Trajectory Methods* of the U.S. Department of the Interior Bureau of Reclamation *Water Measurement Manual*. This table is provided as an example. Other Agencies may want to develop their own estimating tables.

**TOWN OF THORSBY, AL**

21060 U.S. Highway 31

Thorsby, AL 35171

**SSO VOLUME ESTIMATING WORKSHEET FOR PIPES OR CLEANOUTS**

Date: \_\_\_\_\_ Sewer Service Request Number: \_\_\_\_\_

If CLEANOUT is overflowing or not overflowing at the time the crew arrives at the reported location, pictures will be taken in accordance with the SSO Picture Procedure. The Town of Thorsby SSO Volume Estimating Procedure will be used to determine the estimated flow rate.

**Determine Duration**

Time SSO Reported: \_\_\_\_\_ Time SSO Stopped: \_\_\_\_\_  
(Dispatcher)

Time of Arrival: \_\_\_\_\_ \* Duration of SSO: \_\_\_\_\_ Minutes

\* DURATION OF SSO: If the PIPE is overflowing when crews arrive, then the SSO Start Time will be the Time SSO Reported (dispatcher) shown above. The duration of the SSO will be the difference between Time SSO Reported and Time SSO Stopped (minutes).

**Determine Volume**

- Determine number of residential connections upstream of overflow. Each residence contributes approximately 250 gal/day-res (100 gal/day-cap X 2.5 cap/res), or 10.5 gal/hr-res (0.175 gal/min-res).

Res. Connections - \_\_\_\_\_ X 0.175 = \_\_\_\_\_ GPM  
Duration of SSO - \_\_\_\_\_ Minutes  
Estimated Volume = \_\_\_\_\_ Gallons (est. rate in GPM X est. duration in minutes)

- Ponding Calculation - to be used when SSO is not overflowing upon crew arrival, but is contained in an area.

Volume of Sewage = length (ft) X width (ft) X depth (ft) X 7.48\* \_\_\_\_\_ length (ft)  
\_\_\_\_\_ width (ft)  
\_\_\_\_\_ depth (ft)  
\* 7.48 gallons = 1 ft<sup>3</sup>  
Volume = \_\_\_\_\_ ft<sup>3</sup> X 7.48 = \_\_\_\_\_ Gallons

- Volume computed by Engineering Staff of TOWN - Attach copy of supporting documentation and Engineer's name.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Crew # : \_\_\_\_\_ Signed: \_\_\_\_\_

I certify that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information.

# Appendix C

## SSO PICTURE PROCEDURE

Please follow all steps to ensure that SSO pictures comply with requirements.

- 1) Verify that camera time and date are correct prior to taking pictures.
- 2) Verify that the time and date stamp is set to be active within the camera.
- 3) First picture should be taken from the side of the manhole or cleanout to show the height of the discharge on the measuring stick.
- 4) Second picture should be taken from a distance and angle so that a landmark (i.e., house, street sign, mailbox) is visible in the picture.
- 5) If the SSO has ceased upon arrival, pictures are to be taken of the area surrounding the overflow.
- 6) The minimum number of pictures taken should be two. Additional pictures should be taken if necessary.
- 7) Please note the address of the closest structure or building to the manhole or cleanout. **(Reported Location)**
- 8) The pictures should be submitted to the Public Works Director or Sewer System Supervisor along with the **Reported Location** the same day.
- 9) The Superintendent will save an electronic copy of the SSO Picture Form with a file name of the Service Request Number.

# Appendix D

## TABLES FOR ESTIMATED SSO FLOW OUT OF MANHOLES

### TABLE 'A'

#### ESTIMATED SSO FLOW OUT OF M/H WITH COVER IN PLACE

#### 24" COVER

Height of spout above M/H rim H in inches	S S O FLOW Q		Min. Sewer size in which these flows are possible
	in gpm	in MGD	
1/4	1	0.001	
1/2	3	0.004	
3/4	6	0.008	
1	9	0.013	
1 1/4	12	0.018	
1 1/2	16	0.024	
1 3/4	21	0.030	
2	25	0.037	
2 1/4	31	0.045	
2 1/2	38	0.054	
2 3/4	45	0.065	
3	54	0.077	
3 1/4	64	0.092	
3 1/2	75	0.107	
3 3/4	87	0.125	
4	100	0.145	
4 1/4	115	0.166	
4 1/2	131	0.189	
4 3/4	148	0.214	
5	166	0.240	
5 1/4	185	0.266	
5 1/2	204	0.294	
5 3/4	224	0.322	6"
6	244	0.352	
6 1/4	265	0.382	
6 1/2	286	0.412	
6 3/4	308	0.444	
7	331	0.476	
7 1/4	354	0.509	
7 1/2	377	0.543	
7 3/4	401	0.578	8"
8	426	0.613	
8 1/4	451	0.649	
8 1/2	476	0.686	
8 3/4	502	0.723	
9	529	0.761	

#### 36" COVER

Height of spout above M/H rim H in inches	S S O FLOW Q		Min. Sewer size in which these flows are possible
	in gpm	in MGD	
1/4	1	0.002	
1/2	4	0.006	
3/4	8	0.012	
1	13	0.019	
1 1/4	18	0.026	
1 1/2	24	0.035	
1 3/4	31	0.044	
2	37	0.054	
2 1/4	45	0.065	
2 1/2	55	0.079	
2 3/4	66	0.095	
3	78	0.113	
3 1/4	93	0.134	
3 1/2	109	0.157	
3 3/4	127	0.183	
4	147	0.211	
4 1/4	169	0.243	
4 1/2	192	0.276	
4 3/4	217	0.312	6"
5	243	0.350	
5 1/4	270	0.389	
5 1/2	299	0.430	
5 3/4	327	0.471	
6	357	0.514	
6 1/4	387	0.558	8"
6 1/2	419	0.603	
6 3/4	451	0.649	
7	483	0.696	
7 1/4	517	0.744	
7 1/2	551	0.794	
7 3/4	587	0.845	10"
8	622	0.896	
8 1/4	659	0.949	
8 1/2	697	1.003	
8 3/4	734	1.057	
9	773	1.113	

**Disclaimer:**

This sanitary sewer overflow table was developed by Ed Euyen, Civil Engineer, P.E. No. 33955, California, for County Sanitation District 1. This table is provided as an example. Other Agencies may want to develop their own estimating tables.

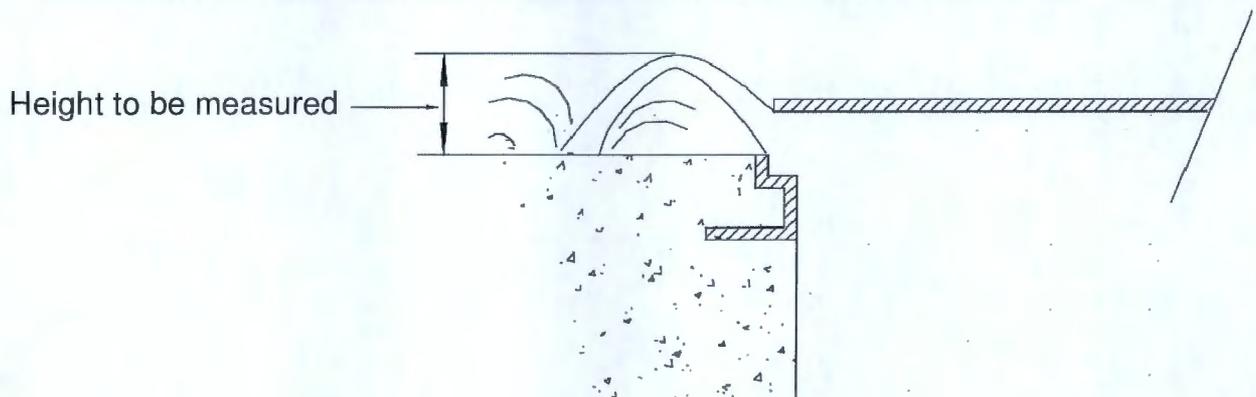
---

The formula used to develop Table A measures the maximum height of the water coming out of the maintenance hole above the rim. The formula was taken from hydraulics and its application by A.H. Gibson (Constable & Co. Limited).

Example Overflow Estimation:

The maintenance hole cover is unseated and slightly elevated on a 24" casting. The maximum height of the discharge above the rim is 5 ¼ inches. According to Table A, these conditions would yield an SSO of 185 gallons per minute.

**FLOW OUT OF M/H WITH COVER IN PLACE**



This sanitary sewer overflow drawing was developed by Debbie Myers, Principal Engineering Technician, for Ed Euyen, Civil Engineer, P.E. No. 33955, California, of County Sanitation District 1.

**TABLE 'B'**  
**ESTIMATED SSO FLOW OUT OF M/H WITH COVER REMOVED**

**24" FRAME**

Water Height above M/H frame H in inches	S S O FLOW Q		Min. Sewer size in which these flows are possible
	in gpm	in MGD	
1/8	28	0.04	
1/4	62	0.09	
3/8	111	0.16	
1/2	160	0.23	
5/8	215	0.31	6"
3/4	354	0.51	8"
7/8	569	0.82	10"
1	799	1.15	12"
1 1/8	1,035	1.49	
1 1/4	1,340	1.93	15"
1 3/8	1,660	2.39	
1 1/2	1,986	2.86	
1 5/8	2,396	3.45	18"
1 3/4	2,799	4.03	
1 7/8	3,132	4.51	
2	3,444	4.96	21"
2 1/8	3,750	5.4	
2 1/4	3,986	5.74	
2 3/8	4,215	6.07	
2 1/2	4,437	6.39	
2 5/8	4,569	6.58	24"
2 3/4	4,687	6.75	
2 7/8	4,799	6.91	
3	4,910	7.07	

**36" FRAME**

Water Height above M/H frame H in inches	S S O FLOW Q		Min. Sewer size in which these flows are possible
	in gpm	in MGD	
1/8	49	0.07	
1/4	111	0.16	
3/8	187	0.27	6"
1/2	271	0.39	
5/8	361	0.52	8"
3/4	458	0.66	
7/8	556	0.8	10"
1	660	0.95	12"
1 1/8	1,035	1.49	
1 1/4	1,486	2.14	15"
1 3/8	1,951	2.81	
1 1/2	2,424	3.49	18"
1 5/8	2,903	4.18	
1 3/4	3,382	4.87	
1 7/8	3,917	5.64	21"
2	4,458	6.42	
2 1/8	5,000	7.2	24"
2 1/4	5,556	8	
2 3/8	6,118	8.81	
2 1/2	6,764	9.74	
2 5/8	7,403	10.66	
2 3/4	7,972	11.48	30"
2 7/8	8,521	12.27	
3	9,062	13.05	
3 1/8	9,604	13.83	
3 1/4	10,139	14.6	
3 3/8	10,625	15.3	36"
3 1/2	11,097	15.98	
3 5/8	11,569	16.66	
3 3/4	12,035	17.33	
3 7/8	12,486	17.98	
4	12,861	18.52	
4 1/8	13,076	18.83	
4 1/4	13,285	19.13	
4 3/8	13,486	19.42	

Disclaimer:

This sanitary sewer overflow table was developed by Ed Euyen, Civil Engineer, P.E. No. 33955, California, for County Sanitation District 1. This table is provided as an example. Other Agencies may want to develop their own estimating tables.

**Collection System Collaborative Benchmarking Group  
Best Practices for Sanitary Sewer Overflow (SSO) Prevention and  
Response Plan**

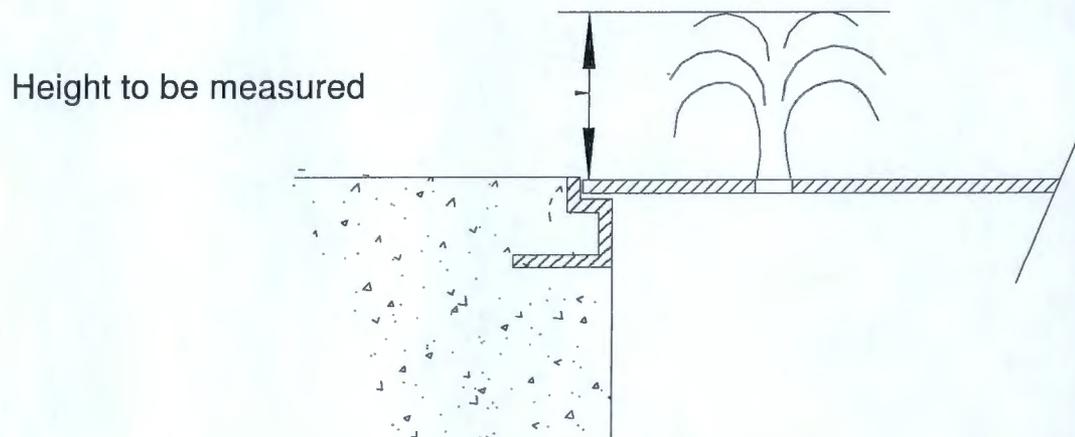
---

The formula used to develop Table C is  $Q=CcVA$ , where Q is equal to the quantity of the flow in gallons per minute, Cc is equal to the coefficient of contraction (.63), V is equal to the velocity of the overflow, and A is equal to the area of the pick hole.<sup>2</sup> If all units are in feet, the quantity will be calculated in cubic feet per second, which when multiplied by 448.8 will give the answer in gallons per minute. (One cubic foot per second is equal to 448.8 gallons per minute, hence this conversion method).

**Example Overflow Estimation:**

The maintenance hole cover is in place and the height of water coming out of the pick hole seven-eighths of an inch in diameter (7/8") is 3 inches (3"). This will produce an SSO flow of approximately 4.7 gallons per minute.

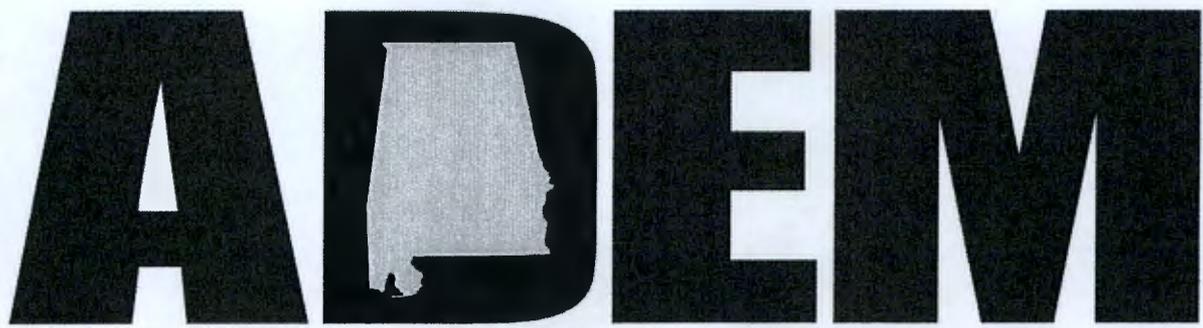
**FLOW OUT OF VENT OR PICK HOLE (TABLE "C")**



This sanitary sewer overflow drawing was developed by Debbie Myers, Principal Engineering Technician, for Ed Euyen, Civil Engineer, P.E. No. 33955, California, of County Sanitation District 1.

<sup>2</sup> Velocity for the purposes of this formula is calculated by using the formula  $h = v^2 / 2G$ , where h is equal to the height of the overflow, v is equal to velocity, and G is equal to the acceleration of gravity.

# Appendix E



**Alabama Department of Environmental Management**  
**[adem.alabama.gov](http://adem.alabama.gov)**

## **eSSO User Guide**

**Alabama Department of Environment Management**  
**P.O. Box 301463**  
**Montgomery, Alabama 36130-1463**  
**Tel: (334) 279-3049**  
**Fax: (334) 271-7950**  
**email: [E2admin@adem.state.al.us](mailto:E2admin@adem.state.al.us)**

## Table of Contents

<b>1</b>	<b>INTRODUCTION .....</b>	<b>4</b>
<b>2</b>	<b>SUBMISSION OF AN SSO REPORT IN E2 BY FACILITY USER.....</b>	<b>5</b>
<b>2.1</b>	<b>SSO REPORTING REQUIREMENTS .....</b>	<b>5</b>
<b>2.2</b>	<b>CREATING A NEW SSO REPORT .....</b>	<b>6</b>
<b>2.3</b>	<b>SSO REPORT ONLINE DATA ENTRY SCREEN .....</b>	<b>8</b>
2.3.1	<i>Facility Name.....</i>	13
2.3.2	<i>Permit Number .....</i>	13
2.3.3	<i>Date / Time SSO Began.....</i>	13
2.3.4	<i>Is SSO currently ongoing? .....</i>	13
2.3.5	<i>Date / Time SSO Stopped.....</i>	13
2.3.6	<i>Did the SSO occur during wet weather? .....</i>	14
2.3.7	<i>Was the SSO caused by an extreme weather event (e.g. hurricane)? .....</i>	14
2.3.8	<i>Reporting Estimated Volume.....</i>	14
2.3.9	<i>Was the Department notified within 24 hours .....</i>	15
2.3.10	<i>Source of Discharge Event.....</i>	15
2.3.11	<i>Location of Discharge.....</i>	16
2.3.12	<i>Lat / Long of Discharge .....</i>	16
2.3.13	<i>Known or Suspected Cause of Discharge .....</i>	17
2.3.14	<i>Ultimate Destination of Discharge .....</i>	18
2.3.15	<i>Did the Discharge Reach Swimming Water? .....</i>	20
2.3.16	<i>Monitoring of the Receiving Water .....</i>	20
2.3.17	<i>Affected Area.....</i>	20
2.3.18	<i>Corrective Actions Taken .....</i>	20
2.3.19	<i>Efforts to Notify Public .....</i>	20
2.3.20	<i>Other Officials Notified .....</i>	22
2.3.21	<i>Were any public water supply intake locations affected.....</i>	23
2.3.22	<i>General Comment .....</i>	24
<b>2.4</b>	<b>SUBMITTING SSO REPORT USING THE SSO XML UPLOAD OPTION .....</b>	<b>25</b>
<b>2.5</b>	<b>ATTACHMENT.....</b>	<b>30</b>
<b>2.6</b>	<b>REVIEW .....</b>	<b>31</b>
<b>2.7</b>	<b>SUBMIT.....</b>	<b>34</b>
<b>2.8</b>	<b>E2 RECEIPT.....</b>	<b>37</b>
<b>2.9</b>	<b>EDITING AN OPEN REPORT .....</b>	<b>39</b>
<b>2.10</b>	<b>COMPLETING AN "INCOMPLETE" REPORT VIA "SUBMITTALS / REVISIONS" SCREEN .....</b>	<b>42</b>
<b>2.11</b>	<b>EMAIL NOTIFICATIONS .....</b>	<b>45</b>

## Listing of Figures

Figure 1: Facility Participation Package Link on E2 System Homepage.....	5
Figure 2: "Create a New Report" menu option in E2 Reporting System.....	6
Figure 3: Create a New SSO Report Screen.....	6
Figure 4: SSO Report Online Data Entry Screen.....	10
Figure 5: SSO Preview Report Screen.....	12
Figure 6: Find Receiving Water Window.....	19
Figure 7: SSO Report Attachment Screen.....	30
Figure 8: SSO Report Summary Screen.....	31
Figure 9: SSO Report View Report Screen.....	33
Figure 10: SSO Report Submit Screen.....	34
Figure 11: Security Question Reset Screen.....	36
Figure 12: SSO Report Receipt Screen.....	37
Figure 13: SSO Report Submission Receipt.....	38
Figure 14: "Edit an Open Report" menu option in E2 Reporting System.....	39
Figure 15: Edit an Open Report: Search Page.....	39
Figure 16: Edit an Open Report: Submission Page.....	41
Figure 17: "Submittals / Revisions" menu option in E2 Reporting System.....	42
Figure 18: Submittals / Revisions: Search Screen.....	42
Figure 19: Submittals / Revisions: SSO Submission Record Summary Tab.....	43
Figure 20: Submittals / Revisions: SSO Submission Record Revision Tab.....	44
Figure 21: Submittals / Revisions: SSO Submission Record Attachment Tab.....	45

## **1 Introduction**

The purpose of this document is to illustrate the use of the SSO (Sanitary Sewer Overflow) Module in the E2 system. This document is written for those with a basic understanding of the E2 system.

## 2 Submission of an SSO Report in E2 by Facility User

### 2.1 SSO Reporting Requirements

In order for a facility user to be eligible to submit an SSO Report, the user must first have been granted permission to have their facility user account set up such they are able to submit SSO Reports for desired facilities. To apply for access to submit SSO Reports, the facility user must submit an application form, which can be found in the "Facility Participation Package." The "Facility Participation Package" can be found by accessing the E2 Reporting System website homepage.

The following image shows the location of the "Facility Participation Package" on this page:

The image shows a screenshot of the E2 System User Login page. At the top, there is a dark header with the text "USER LOGIN". Below the header, there is a message: "To access the E2 System, please enter your username and password." There are two input fields: "Username" and "Password", each with a corresponding text box. Below the input fields is a "login" button. To the right of the login form is a vertical line. Below the login form is a "Help" section with a list of links, each preceded by a question mark icon. The link "Facility Participation Package" is highlighted with a thick black border.

**USER LOGIN**

To access the E2 System, please enter your username and password.

Username

Password

**login**

**Help**

- ② **Forgot Your Password?**
- ② **New to e-DMR/e-SSO?**
- ② **ADEM Form 511-E2 Registration**
- ② **ADEM Form 512-ESA**
- ② **ADEM Form 513-E2 Deactivation**
- ② **Facility Participation Package**
- ② **eSSO User Guide**
- ② **Example SSO XML Instance Document**

Figure 1: Facility Participation Package Link on E2 System Homepage

Clicking the "Facility Participation Package" link opens the "Facility Participation Package" document in a PDF file. The SSO Access Request form is located in the Appendix of "Facility Participation Package" document.

## 2.2 Creating a New SSO Report

Once logged into the E2 Reporting System, the facility user can click the "Create a New Report" option listed under the "Report Management" panel on the left side of the screen.

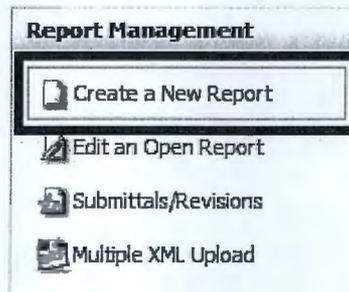


Figure 2: "Create a New Report" menu option in E2 Reporting System

Clicking the "Create a New Report" option displays the following page:

Figure 3: Create a New SSO Report Screen

This "Create a New Report" page has the following fields:

- "Report Type" Report Type **SSO Event Report**
  - The facility user can select the "Report Type" using the drop down combo box provided.
  - The choice "SSO Event Report" should be selected for an SSO Report.
  - If the facility user does not have either "SSO Viewer", "SSO Preparer", or "SSO Certifier" role, the "SSO Event Report" option from the "Report Type" drop down combo box is not available. Thus, a facility user cannot create an SSO Report unless he/she has either "SSO Preparer" or "SSO Certifier" role.



**New SSO Event Report**

When the facility user clicks the "New SSO Event Report" button, the system checks to see if an SSO Report with the same "SSO Begin Date" already exists in the system. If a report does exist with the same "SSO Begin Date," the system prompts: "An SSO Report already exists with the same SSO Begin Date. Do you wish to create another?"

**An SSO Report already exists with the same SSO Begin Date. Do you wish to create another?**

**Continue**

**Cancel**

### 2.3 SSO Report Online Data Entry Screen

After the "New SSO Event Report" button is clicked, the "SSO Report Form" screen is opened, as displayed in the following figure:

**Reporting**

**SSO Report Wizard**

**Fill Sanitary Sewer Overflow Report Form**

Data Entry

\* require for submission     require for completion

**Report Form**

Facility Name: Example Lagoon Facility

Permit Number: AL0000001

\* Date/Time SSO Began: 8/15/2017 1:30 AM

\* Is SSO currently ongoing?  Yes  No

\* Date/Time SSO Stopped: 00:00 AM

Did the SSO occur during wet weather?  Yes  No

Was the SSO caused by an extreme weather event (e.g. hurricane)?  Yes  No

Report Estimated Volume as  Value  Range

Was the Department notified within 24 hours?  Yes  No

Date/Time of Notification: 00:00 AM

Method of notification:  Verbal/Telephone  Electronic via eSSO  Other

Source of Discharge Event:

- manhole
- lift station
- broken line
- cleanout
- treatment plant
- other

\* Location of Discharge(address,etc) (not required if " Lat/Long of Discharge " is reported)

25 E. Main St.

\* Lat/Long of Discharge (not required if " Location of Discharge " is reported)

Latitude:  **Degree/Minute/Second**

Longitude:

Known or Suspected Cause of Discharge

tank 35

Ultimate Destination of Discharge

- ground absorbed
- creek or river (Provide name)
- Find Receiving Water**
- Un-named Tributary

- storm drain
- drainage ditch
- backup into building/residence
- other (describe)

Did the Discharge reach swimming water?

Yes  No

Monitoring of the Receiving Water Is

complete  ongoing  not necessary

Was the affected area

cleaned?  disinfected?

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health

Indicate Efforts to Notify Public

(check all that apply)

press release

\* Date Public Was Notified

placement of signs

other

Indicate Other Officials Notified

(check all that apply)

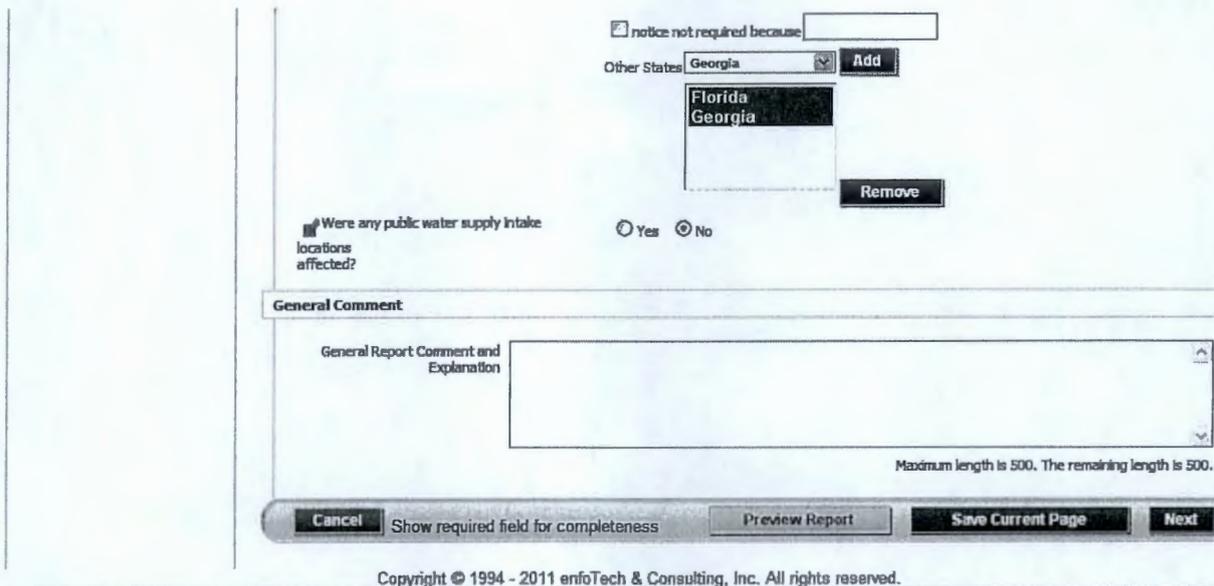
notice not required because

County Health Department

\* Date Other Officials Were Notified

State Health Department

other



notice not required because

Other States: Georgia

Florida  
Georgia

Were any public water supply intake locations affected?  Yes  No

**General Comment**

General Report Comment and Explanation

Maximum length is 500. The remaining length is 500.

Copyright © 1994 - 2011 enfoTech & Consulting, Inc. All rights reserved.

Figure 4: SSO Report Online Data Entry Screen

- Fields on the "SSO Report Form" that are required for submission are indicated by red asterisks:
  - The following fields are required:
    - "Date / Time SSO Began:"
    - "Date / Time SSO Stopped:"
      - "Is SSO currently ongoing?" check box can fulfill this requirement.
    - Either "Location of Discharge (address, etc)" or "Lat/Long of Discharge"
    - Any text box next to a radio button or check box option.
      - For example, if the "other" box is checked for "Source of Discharge Event:" then the text box next to the "other" box is required to be populated.

Source of Discharge Event:

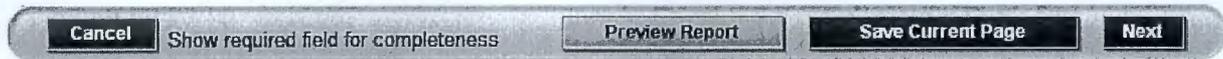
manhole  lift station  broken line

cleanout  treatment plant  other

- Fields on the "SSO Report Form" that are required for the status of the SSO Report to be considered "Complete" are indicated by a "check mark" image: 
  - These fields which are required for completeness can also be viewed in a PDF file by clicking the "Show required field for completeness" link at the bottom of the "SSO Report Form" screen.
 

Show required field for completeness
  - The status of the SSO Report will be "Incomplete" until all of these fields are completed.

The following buttons and links are provided on the "SSO Report Form," at the bottom of the screen:



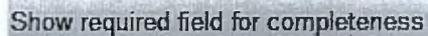
- "Cancel"



- The "Cancel" button will exit the online data entry form and any data shown on the screen will not be saved.
- Pressing the "Cancel" button will prompt the facility user: "All of the unsaved data will be lost?"



- "Show required field for completeness"



- This link, if clicked by the facility user, will open a PDF file which lists the fields required for the SSO Report to be considered "complete."
- These required fields are also indicated on the "SSO Report Form" with a "check mark" image:



- "Preview Report"



- The "Preview Report" button displays a printer-friendly pop-out screen of the SSO Report.

Facility Name:	Example Lagoon Facility
Permit Number:	AL0000001
* Date/Time SSO Began:	mm/dd/yyyy hh mm 6/15/2017 1 3 AM
* Is SSO currently ongoing?	<input type="radio"/> Yes <input type="radio"/> No
* Date/Time SSO Stopped:	mm/dd/yyyy hh mm 0 0 AM
<input checked="" type="checkbox"/> Did the SSO occur during wet weather?	<input type="radio"/> Yes <input type="radio"/> No
<input checked="" type="checkbox"/> Was the SSO caused by an extreme weather event (e.g. hurricane)?	<input type="radio"/> Yes <input type="radio"/> No
<input checked="" type="checkbox"/> Report Estimated Volume as	<input type="radio"/> Value <input type="radio"/> Range
<input checked="" type="checkbox"/> Was the Department notified within 24 hours?	<input checked="" type="radio"/> Yes <input type="radio"/> No
	mm/dd/yyyy hh mm
<input checked="" type="checkbox"/> Date/Time of Notification:	0 0 AM
<input checked="" type="checkbox"/> Method of notification:	<input type="radio"/> Verbal/Telephone <input type="radio"/> Electronic via eSSO <input type="radio"/> Other
<input checked="" type="checkbox"/> Source of Discharge Event:	<input type="checkbox"/> manhole <input type="checkbox"/> lift station <input type="checkbox"/> broken line <input type="checkbox"/> cleanout <input type="checkbox"/> treatment plant <input type="checkbox"/> other

Figure 5: SSO Preview Report Screen

- "Save Current Page"

**Save Current Page**

- The "Save Current Page" button, if clicked, saves any/all data entered on the "SSO Report Form" screen.
- If the "Save" is successful, the message: "Successfully saved SSO report!" appears at the *top* of the "SSO Report Form" screen.

**Successfully saved SSO report!**

- "Next"

**Next**

- The "Next" button advances the facility user to the next screen in succession, the "Attachment" screen.
- If the "Next" button is pressed before all of the required fields are completed on the "SSO Report Form" screen, the system displays a message relaying this information at the *top* of the "SSO Report Form" screen:



- \* 'Date/Time SSO Stopped' is required for submission when 'Is SSO currently ongoing' is No.
- \* Must provide name if 'creek or river' is checked under 'Ultimate Destination of Discharge' section.

The following sections describe, in detail, the various components of the "SSO Report Form" screen in sequence as the facility user moves down the screen.

### 2.3.1 Facility Name

The "Facility Name" field is populated based upon the facility already selected by the facility user on the "Create a New Report" screen. It is a read-only field, and cannot be edited by the facility user.

### 2.3.2 Permit Number

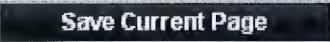
The "Permit Number" field is populated based upon the permit already selected by the facility user on the "Create a New Report" screen. It is a read-only field, and cannot be edited by the facility user.

### 2.3.3 Date / Time SSO Began

The "Date / Time SSO Began" field is automatically populated with the date and time that the facility used entered on the "Create a New Report" screen.

mm/dd/yyyy                      hh    mm

\* **Date/Time SSO Began:**  

- The "Date / Time SSO Began" field can be updated by the facility user.
  - The "mm/dd/yyyy" field can be updated by either clicking the Date Selection Calendar and selecting the desired date, *or* by directly entering the desired date in the "mm/dd/yyyy" text box.
    - If the facility user enters a date in improper format, the message "SSO Start date format is incorrect" appears at the *top* of the screen when the "Save Current Page"  button or the "Next"  button at the bottom of the screen is pressed.
 

SSO Start date format is incorrect
  - The "time" fields consist of three drop down combo boxes: "hh," "mm," and "AM/PM." These three field values can be changed by selecting the appropriate values from the drop down combo boxes provided.

### 2.3.4 Is SSO currently ongoing?

The "Is SSO currently ongoing?" field consists of the radio button options "Yes" and "No."

\* **Is SSO currently ongoing?**                       Yes     No

### 2.3.5 Date / Time SSO Stopped

mm/dd/yyyy                      hh    mm

\* **Date/Time SSO Stopped:**  

- The "Date / Time SSO Stopped" field can be updated by the facility user.
  - The "mm/dd/yyyy" field can be updated by either clicking the Date Selection Calendar and selecting the desired date, *or* by directly entering the desired date in the "mm/dd/yyyy" text box.
    - If the facility user enters a date in improper format, the message "SSO Stopped date format is incorrect" appears at the *top* of the screen when the "Save Current Page"  button or the "Next"  button at the bottom of the screen is pressed.
 

SSO Stopped date format is incorrect

- If the facility user enters a date that is before the "Date / Time SSO Began," the message: "Date/Time SSO Stopped" can't be earlier than 'Date/Time SSO

Began" is displayed at the top of the screen when the "Next"  button at the bottom of the screen is pressed:

**\* 'Date/Time SSO Stopped' can't be earlier than 'Date/Time SSO Began'.**

- The "time" fields consist of three drop down combo boxes: "hh," "mm," and "AM/PM." These three field values can be changed by selecting the appropriate values from the drop down combo boxes provided.
- The "Date / Time SSO Stopped" field is only displayed if the "Is SSO currently ongoing?" field is answered with "No."

**\* Is SSO currently ongoing?**

Yes  No

### 2.3.6 Did the SSO occur during wet weather?

The "Did the SSO occur during wet weather?" field consists of the radio button options "Yes" and "No."

 Did the SSO occur during wet weather?

Yes  No

### 2.3.7 Was the SSO caused by an extreme weather event (e.g. hurricane)?

The "Was the SSO caused by an extreme weather event (e.g. hurricane)?" field consists of the radio button options "Yes" and "No."

If "Yes" is selected, please describe the nature of the extreme weather event.

 Was the SSO caused by an extreme weather event (e.g. hurricane)?

Yes  No

\* If yes, describe of the nature of the extreme weather event:

### 2.3.8 Reporting Estimated Volume

The "Report Estimated Volume as" field has radio buttons with two options which the facility user can choose: "Value" or "Range".

 Report Estimated Volume as

Value  Range

- If the facility user selects the "Value" option, a text box is displayed, where the facility user can enter the "Estimated Volume" in number of gallons discharged.

 Estimated Volume

gallons

- When the "Value" option is selected, the system saves the entered value as both a value and a range.
- If the facility user selects the "Range" option, a field with radio buttons is displayed. The facility user can pick the option that best describes the range of the discharged volume.

 Estimated Volume

<1,000 gal     
  1,000 >= gallons < 10,000     
  10,000 >= gallons < 25,000  
 25,000 >= gallons < 50,000     
  50,000 >= gallons < 75,000     
  75,000 >= gallons < 100,000  
 100,000 >= gallons < 250,000     
  250,000 >= gallons < 500,000     
  500,000 >= gallons < 750,000  
 750,000 >= gallons < 1,000,000

- If "Value" is selected for the "Report Estimated Volume as" field, the "Range" radio buttons are not visible. If "Range" is selected for the "Report Estimated Volume as" field, the "Value" text box is not visible.

### 2.3.9 Was the Department notified within 24 hours

The "Was the Department notified within 24 hours?" field provides radio buttons with "Yes" and "No" options.

Was the Department verbally notified?  Yes  No  
(If report online, verbal notification is not required)

- If the option "Yes" is selected, more fields are displayed for the facility user to enter further details about the notification. These fields are as follows:

- "Date / Time notified:"

Date/Time notified:

- The "mm/dd/yyyy" field can be updated by either clicking the Date Selection Calendar and selecting the desired date, or by directly entering the desired date in the "mm/dd/yyyy" text box.
  - If the facility user enters a date in improper format, the message "Department verbally notified date format is incorrect" appears at the top of the screen when the "Save Current Page" button or the "Next" button at the bottom of the screen is pressed.

**Save Current Page**

**Next**

Department verbally notified date format is incorrect

- The "time" fields consist of three drop down combo boxes: "hh," "mm," and "AM/PM." These three field values can be changed by selecting the appropriate values from the drop down combo boxes provided.

- "Method of Notification:"

Method of notification:  Verbal/Telephone  Electronic via eSSO  Other

If notification was not submitted via eSSO, please provide the "Person that verbally notified" and "Phone Number"

- "Person that verbally notified:"

- Field contains a text box where the facility user can enter the name of the person verbally notified.

Person that verbally notified:

- "Phone Number:"

- Field contains a text box where the facility user can enter a phone number for the person verbally notified.

Phone Number:

### 2.3.10 Source of Discharge Event

The "Source of Discharge Event:" field contains potential entries which can be selected with check boxes.

Source of Discharge Event:  manhole  lift station  broken line  
(check all that apply)  cleanout  treatment plant  other

- Multiple options can be selected.
- If the option "other" is selected, the text box next to the "other" option becomes enabled for the facility user to enter details of the discharge event.
  - If the option "other" is not selected, the text box next to the "other" option remains disabled.
  - If the "other" option is selected, the text box next to the "other" option is required to continue. If the facility user clicked the "Next"  button at the bottom of the screen without populating the text box next to the "other" option, the message: "Should specify the source when 'Other' is checked under the 'Source of Discharge Event' section." is displayed at the *top* of the screen.

**\* Should specify the source when 'Other' is checked under the 'Source of Discharge Event' section.**

### 2.3.11 Location of Discharge

The "Location of Discharge" field provides a text box for the facility user to enter details of the location of the discharge.

Location of Discharge(address,etc)

**Test for Location of Discharge**

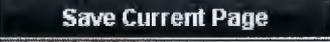

- The "Location of Discharge" is a required field.
  - If the facility user clicked the "Next"  button at the bottom of the screen without populating either the "Location of Discharge" field, the message: "Location of Discharge" is required for submission and completion." is displayed at the *top* of the screen.

### 2.3.12 Lat / Long of Discharge

The "Lat / Long of Discharge" field allows the facility user to enter the Latitude and Longitude coordinates of the discharge event in decimal form. Two text boxes are provided, to enter each of the "Latitude" and "Longitude" coordinates.

\* Lat/Long of Discharge

Latitude:	35.000000	<a href="#">Click Here To Enter Degree/Minute/Second</a>
Longitude:	-84.850000	

- The "Latitude" entered must be between 30.2160 and 35.0000. If it is not within this range, the facility user will not be able to continue with the report by clicking the "Save Current Page"  button or the "Next"  button at the bottom of the screen.
  - If either of these buttons are clicked when the latitude is not within the specified range, the facility user will see the message "latitude format is incorrect (30.2160 ~ 35.0000)" displayed at the *top* of the page.
 

latitude format is incorrect (30.2160 ~ 35.0000)
- The "Longitude" entered must be between -88.4500 and -84.8500. If it is not within this range, the facility user will not be able to continue with the report by clicking the "Save Current Page"  button or the "Next"  button at the bottom of the screen.
  - If either of these buttons are clicked when the longitude is not within the specified range, the facility user will see the message "longitude format is incorrect (-88.4500 ~ -84.8500)" displayed at the *top* of the page.
 

Longitude format is incorrect (-88.4500 ~ -84.8500)

- The facility user can also choose to enter the coordinates in the format "Degree/Minute/Second" by clicking the button: **Degree/Minute/Second**.

- After clicking the "Degree/Minute/Second" button, the "Lat / Long of Discharge" field changes appearance to the following layout:

\*Lat/Long of Discharge<>

Latitude:  Deg  Min  Sec **Enter Decimals**

Longitude:  Deg  Min  Sec

- The facility user can enter the "Degrees," "Minutes," and "Seconds" for the Latitude and the Longitude in the appropriate text boxes provided.
  - The "Latitude" entered must still be between 30.2160 and 35.0000. If it is not within this range, the facility user will not be able to continue with the report by clicking the "Save Current Page" **Save Current Page** button or the "Next" **Next** button at the bottom of the screen.
    - If either of these buttons are clicked when the latitude is not within the specified range, the facility user will see the message "latitude format is incorrect (30.2160 ~ 35.0000)" displayed at the *top* of the page.
 

latitude format is incorrect (30.2160 ~ 35.0000)
  - The "Longitude" entered must still be between -88.4500 and -84.8500. If it is not within this range, the facility user will not be able to continue with the report by clicking the "Save Current Page" **Save Current Page** button or the "Next" **Next** button at the bottom of the screen.
    - If either of these buttons are clicked when the longitude is not within the specified range, the facility user will see the message "longitude format is incorrect (-88.4500 ~ -84.8500)" displayed at the *top* of the page.
 

Longitude format is incorrect (-88.4500 ~ -84.8500)
- The facility user can return to the "Decimal" entry format by clicking the "Enter Decimals" button: **Enter Decimals**.
- Although the facility user is allowed to enter the coordinated as "Degrees," "Minutes," and "Seconds," the data is always saved by the system in Decimal format.

### 2.3.13 Known or Suspected Cause of Discharge

The "Known or Suspected Cause of Discharge" field provides a text box where the facility user can enter information about the cause of the discharge:

Known or Suspected Cause of Discharge

tank 35

### 2.3.14 Ultimate Destination of Discharge

The "Ultimate Destination of Discharge" field provides radio buttons for the facility use to select the destination of the discharge.

Ultimate Destination of Discharge  
 (check all that apply)

ground absorbed

creek or river (Provide name)

Un-named Tributary

storm drain

drainage ditch

backup into building/residence

other (describe)

- Multiple selections is allowed.
- If the option "other (describe)" is not selected, the text box next to the "other (describe)" option remains disabled.
  - If the "other (describe)" option is selected, the text box next to the "other (describe)" option is required to continue. If the facility user clicked the "Next"  button at the bottom of the screen without populating the text box next to the "other (describe)" option, the message: "Need to specify other destination of discharge for report submission when 'other' is checked under 'Ultimate Destination of Discharge' section." is displayed at the *top* of the screen.

**\* Need to specify other destination of discharge for report submission when 'other' is checked under 'Ultimate Destination of Discharge' section.**

- If the option "creek or river (Provide name)" is not selected, the text box next to the "creek or river (Provide name)" option remains disabled. Additionally, the "Find Receiving Water" button and the "Un-named Tributary" check box are disabled unless the option "creek or river (Provide name)" is selected by the facility user.
  - If the "creek or river (Provide name)" option is selected, the text box next to the "creek or river (Provide name)" option is required to continue. If the facility user clicked the "Next"  button at the bottom of the screen without populating the text box next to the "creek or river (Provide name)" option, the message: "Must provide name if 'creek or river' is checked under 'Ultimate Destination of Discharge' section." is displayed at the *top* of the screen.

**\* Must provide name if 'creek or river' is checked under 'Ultimate Destination of Discharge' section.**

- If the "creek or river (Provide name)" option is selected, the text box next to the "creek or river (Provide name)" cannot be populated directly by the facility user. Instead, the facility user must click the "Find Receiving Water"  button. Clicking this button displays the following window:

Find Receiving Water

Receiving Water Name:

Select	ID	Receiving Water Name
	27461	Boles Creek
	28948	Boley Creek
1		2 of 2

Figure 6: Find Receiving Water Window

- From this window, the facility user can search for and select the desired body of water. Searching is possible by typing the search criteria in the text box in the "Receiving Water Name:" field, and then by clicking the "Search" button.

Receiving Water Name:

- Results of a search are displayed in the bottom part of the window.
  - Search results can be sorted by "ID" by clicking on the "ID" heading: **ID**.
  - Search results can be sorted by "Receiving Water Name" by clicking on the "Receiving Water Name" heading: **Receiving Water Name**.
  - The desired body of water can be selected for the SSO Report by clicking on the "Select" icon: .
- The facility user is not able to add a new receiving body of water into the E2 system.
- After a body of water has been selected, it appears on the "SSO Report Form." However, it cannot be edited. The facility user can select a different body of water only by clicking the "Find Receiving Water" button again and selecting a different body of water.

creek or river (Provide name)

Un-named Tributary

- Once the body of water has been selected, the "Un-named Tributary" check box becomes enabled. It can be selected by the facility user to indicate that the discharge destination was actually an unnamed tributary of the selected body of water.  Un-named Tributary

### 2.3.15 Did the Discharge Reach Swimming Water?

The "Did the Discharge reach swimming water?" radio button can be answered "Yes" or "No" by the facility user:

Did the Discharge reach swimming water?  Yes  No

### 2.3.16 Monitoring of the Receiving Water

The "Monitoring of the Receiving Water Is" radio button can be answered "complete," "ongoing," or "not necessary":

Monitoring of the Receiving Water (i.e. visual survey or water quality sampling) is  complete  ongoing  not necessary

### 2.3.17 Affected Area

The "Was the affected area" field contains the check boxes "cleaned?" and "disinfected?" which can be selected by the facility user.

Was the affected area  Cleaned?  Yes  No  Disinfected?  Yes  No

### 2.3.18 Corrective Actions Taken

The "Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health" text box can be used by the facility user to enter details of the corrective actions taken, if any:

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health

### 2.3.19 Efforts to Notify Public

The "Indicate Efforts to Notify Public" field consists of the following check boxes:

- "press release"
- "placement of signs"
- "other"
- "notice not required because"

Indicate Efforts to Notify Public

(check all that apply)

press release

\*Date Public Was Notified  

placement of signs

\*Date Public Was Notified  

other

\*Date Public Was Notified  

notice not required because

Multiple options can be selected using the appropriate check boxes.

- When “press release” is selected, another field, “Date Public Was Notified,” becomes visible directly below the “press release” field.
  - This “mm/dd/yyyy” field can be updated by either clicking the Date Selection Calendar and selecting the desired date, *or* by directly entering the desired date in the “mm/dd/yyyy” text box.
- When “placement of signs” is selected, another field, “Date Public Was Notified,” becomes visible directly below the “placement of signs” field.
  - This “mm/dd/yyyy” field can be updated by either clicking the Date Selection Calendar and selecting the desired date, *or* by directly entering the desired date in the “mm/dd/yyyy” text box.
- When “other” is selected, another field, “Date Public Was Notified,” becomes visible directly below the “other” field.
  - This “mm/dd/yyyy” field can be updated by either clicking the Date Selection Calendar and selecting the desired date, *or* by directly entering the desired date in the “mm/dd/yyyy” text box.
  - Additionally, the text box in the “other” field becomes enabled when the “other” option is selected, so that the facility user can enter this “other” effort.
    - If the “other” option is selected, the text box in the “other” field is required to continue. If the facility user clicked the “Next”  button at the bottom of the screen without populating the text box next to the “other” option, the message: “Must provide reason and noticed date if ‘other’ checkbox is checked under ‘Indicate Efforts to notify Public’ section.” is displayed at the *top* of the screen.

**\* Must provide reason and noticed date if ‘other’ checkbox is checked under ‘Indicate Efforts to notify Public’ section.**

- When “notice not required because” is selected, the text box in the “notice not required because” field becomes enabled when the “notice not required because” option is selected, so that the facility user can enter the reason that the notice was not required.

notice not required because

- If the “notice not required because” option is selected, the text box in the “notice not required because” field is required to continue. If the facility user clicked the “Next”  button at the bottom of the screen without populating the text box next to the “notice not required because” option, the message: “Must

provide reason if 'notice not required because' checkbox is checked under 'Indicate Efforts to notify Public' section." is displayed at the *top* of the screen.

**\* Must provide reason if 'notice not required because' checkbox is checked under 'Indicate Efforts to notify Public' section.**

### 2.3.20 Other Officials Notified

The "Indicate Other Officials Notified" field consists of the following check boxes:

- "County Health Department"
- "State Health Department"
- "other"
- "notice not required because"
- "Other States"

Indicate Other Officials Notified

(check all that apply)

County Health Department

\*Date Other Officials Were Notified  

State Health Department

\*Date Other Officials Were Notified  

other

\*Date Other Officials Were Notified  

notice not required because

Other States  

Multiple options can be selected using the appropriate check boxes.

- When "County Health Department" is selected, another field, "Date Other Officials Were Notified," becomes visible directly below the "County Health Department" field.
  - This "mm/dd/yyyy" field can be updated by either clicking the Date Selection Calendar and selecting the desired date, *or* by directly entering the desired date in the "mm/dd/yyyy" text box.
- When "State Health Department" is selected, another field, "Date Other Officials Were Notified," becomes visible directly below the "State Health Department" field.
  - This "mm/dd/yyyy" field can be updated by either clicking the Date Selection Calendar and selecting the desired date, *or* by directly entering the desired date in the "mm/dd/yyyy" text box.
- When "other" is selected, another field, "Date Other Officials Were Notified," becomes visible directly below the "other" field.

- This “mm/dd/yyyy” field can be updated by either clicking the Date Selection Calendar and selecting the desired date, *or* by directly entering the desired date in the “mm/dd/yyyy” text box.
- Additionally, the text box in the “other” field becomes enabled when the “other” option is selected, so that the facility user can enter this “other” official.
  - If the “other” option is selected, the text box in the “other” field is required to continue. If the facility user clicked the “Next” **Next** button at the bottom of the screen without populating the text box next to the “other” option, the message: “Must provide reason and noticed date if ‘other’ checkbox is checked under ‘Indicate Other Officials Notified’ section.” is displayed at the *top* of the screen.

**\* Must provide reason and noticed date if ‘other’ checkbox is checked under ‘Indicate Other Officials Notified’ section.**

- When “notice not required because” is selected, the text box in the “notice not required because” field becomes enabled when the “notice not required because” option is selected, so that the facility user can enter the reason that the notice was not required.

notice not required because

- If the “notice not required because” option is selected, the text box in the “notice not required because” field is required to continue. If the facility user clicked the “Next” **Next** button at the bottom of the screen without populating the text box next to the “notice not required because” option, the message: “Must provide reason if ‘notice not required because’ checkbox is checked under ‘Indicate Other Officials Notified’ section.” is displayed at the *top* of the screen.

**\* Must provide reason if ‘notice not required because’ checkbox is checked under ‘Indicate Other Officials Notified’ section.**

- The “Other States” drop down combo box allows the facility user to identify other states notified of the discharge.
  - The facility user can select a state from the drop down combo box, and click the “Add” **Add** button to add that state to the list of notified states.
  - A state that has been added to the list can be removed by highlighting the state on the list and clicking the “Remove” **Remove** button. In the following image, the state “Mississippi” is highlighted for removal. “Mississippi” will be removed from the list when the facility user clicks the “Remove” **Remove** button:

Other States  **Add**

**Mississippi**

**Remove**

### 2.3.21 Were any public water supply intake locations affected

The “Were any public water supply intake locations affected?” contains two radio buttons which the facility user can select “Yes,” and “No.”

Were any public water supply intake locations affected?  Yes  No

### 2.3.22 General Comment

A "General Report Comment and Explanation" text box is provided at the bottom of the "SSO Report Form" for the facility user to enter any relevant information about the SSO Report.

#### General Comment

General Report Comment and Explanation

Supporting materials on file in DEM office.

Maximum length is 500. The remaining length is 457

The maximum amount of characters that can be entered in this text box is 500. A message in the bottom right corner of the text box informs the facility user how many characters he / she has remaining:

Maximum length is 500. The remaining length is 457

## 2.4 Submitting SSO Report Using the SSO XML Upload Option

Facility user may download the eSSO User Guide & Example XML Instance Document on the E2 login page. Clicking the "eSSO User Guide" link or "Example SSO XML Instance Document" link opens the applicable document in a PDF file.



**USER LOGIN**

To access the E2 System, please enter your username and password.

Username

Password

**login**

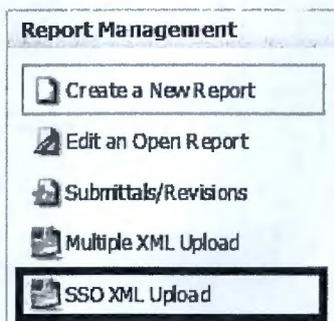
### Help

- [? Forgot Your Password?](#)
- [? New to e-DMR/e-SSO?](#)
- [? ADEM Form 511-E2 Registration](#)
- [? ADEM Form 512-ESA](#)
- [? ADEM Form 513-E2 Deactivation](#)
- [? Facility Participation Package](#)
- [? eSSO User Guide](#)
- [? Example SSO XML Instance Document](#)

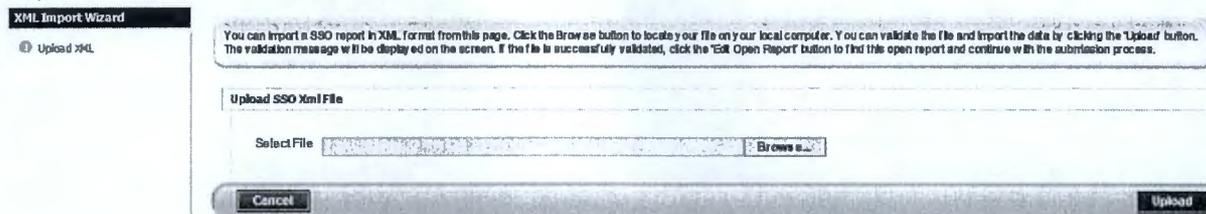
**Step 1:** Downloading an XML template file for SSO report with facility's identifier (optional as needed)

Facility user can go to 'Create a New Report' on the menu, select 'SSO Event Report' as Report Type, and select facility as template identifier, then click 'Download SSO XML Template' bottom to download the XML template file.

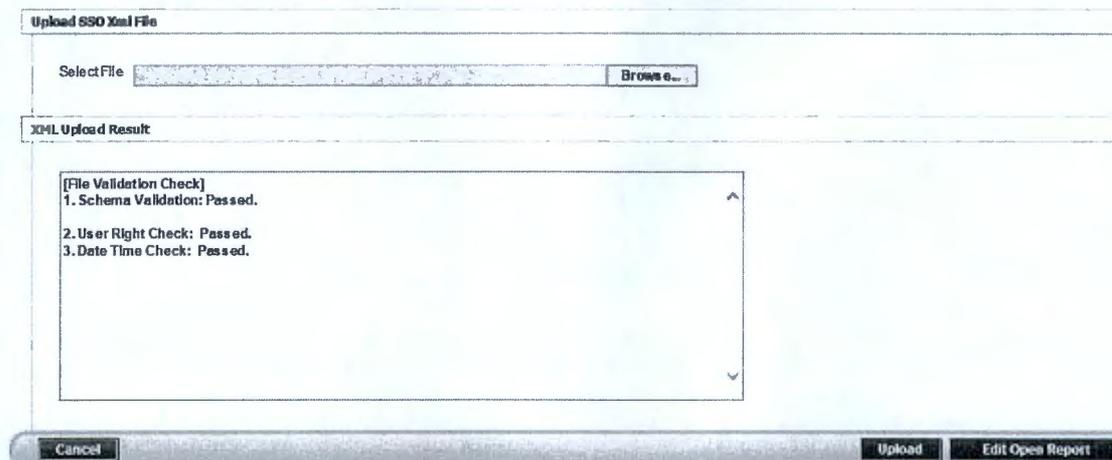




On the “XML Import Wizard” page, the facility user has the option to use the “Browse” button to locate the desired SSO data-filled XML Submission File. After the desired SSO XML is selected, click on the “Upload” button to submit the file to E2.



E2 Reporting System validate the XML file against “defined” SSO Report Schema and verify that submitter has the “Preparer” or “Certifier” role for the facility



The uploaded XML Submission File is parsed into SSO report for each Facility / SSO Begin date. Facility user can click “Edit Open Report” on the bottom left of the page, and the SSO report is available for review under the “Edit Open Report” page.

**Search Options**

Report Type:

Facility:

Permit Number:

Monitoring Start Date From:  To:

Last Update From:  To:

**Search**

---

Select All

Select	Edit	Report ID	Report Type	Permit Number	Facility Name	Last Updated Date	Date/Time SSO Began	Submitter	Completion Status	View Form
<input type="checkbox"/>		599	SSO Event Report	AL0059714	Akron Lagoon	5/31/2017 4:45:23 PM	5/28/2017 12:00:00 AM		Completed	
									1 of 1	

**Delete** **Submit**

In the "Edit Open Report" Page, click 'Edit' for the open report record, facility user can uploads optional attachment(s), add/update SSO reporting data and preview (or print) a "human-readable" SSO report (before online submission)

**SSO Report Wizard**

- 1 Fill Form**
- 2 Attachment
- 3 Review
- 4 Submit

**Fill Sanitary Sewer Overflow Report Form**

Data Entry

\* require for submission  require for completion

**Report Form**

Facility Name: **Akron Lagoon**

Permit Number: **AL0059714**

\* Date/Time SSO Began:

\* Is SSO currently ongoing?  Yes  No

Date/Time SSO Stopped:

Did the SSO occur during wet weather?  Yes  No

Was the SSO caused by an extreme weather event (e.g. hurricane)?  Yes  No

Report Estimated Volume as  Value  Range

**Step 5:** Once the desired SSO report is ready, facility user may select the desired SSO report(s) on "Edit an Open Report" page and clicks on the "Submit" button to submit

**Search Options**

Report Type:

Facility:

Permit Number:

Monitoring Start Date From:  To:

Last Update From:  To:

Select All

Select	Edit	Report ID	Report Type	Permit Number	Facility Name	Last Updated Date	Date/Time SSO Began	Submitter	Completion Status	View Form
<input checked="" type="checkbox"/>		599	SSO Event Report	AL0059714	Akron Lagoon	5/31/2017 4:45:23 PM	5/28/2017 12:00:00 AM		Completed	

1

**Step 6: Enter the PIN and answer to the security question to submit**

Please see Section 2.7 for complete details.

**Pin**

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 acknowledge that I have read the certification statement

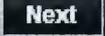
PIN:

**Security Questions**

Security Question 1:  
What is the first and middle name of your oldest sibling?

Answer:

## 2.5 Attachment

After all of the requirements on the "SSO Report Form" have been satisfied and the facility user has successfully clicked the "Next"  button, the next screen to appear is the "Attachment" screen. From this screen, the facility user can attach files associated with the SSO Report to the SSO Report. The following figure shows this "Attachment" screen.

### Upload Attachment

**Attachment Information**

File\*

File name: \*

Description of the file:

	File Type	Description	File Name	Send Method
1		Word doc containing all email correspondences with the DEM.	SSO 186 Correspondence Record	ONLINE
			1 of 1	

Copyright © 1994 - 2011 enfoTech & Consulting, Inc. All rights reserved.

Figure 7: SSO Report Attachment Screen

- To select a file to upload, the facility user first clicks the "Browse"  button.
  - It is not required that the facility user upload any attachments to the SSO Report.
- After the facility user finds the desired file on his or her computer, he / she must next name the file by populating the "File name:" text box. If the facility user attempts to add the file without naming the file, the message "Please specify File Name." will appear.

#### Please specify File Name.

- The "Description of file:" field is optional. It contains a text box where the facility user can describe the file which is being uploaded.
- After selecting a "File" and a "File Name," the facility user can upload the file by clicking the "Add"  button.
  - Once "Add" is pressed, the uploaded file appears in the bottom part of the screen.
  - Any uploaded files can be deleted as an attachment to the SSO Report by clicking the  icon next to the desired attachment.
  - Double-clicking on the "File Name" of an uploaded file will open that file for viewing.
- Clicking the "Cancel"  button brings the facility user to the "Edit an Open Report" screen.

- If the "Cancel" button is clicked, all data thus far for the SSO Report is saved.
- Clicking the "Back"  button returns the facility user to the "SSO Report Form" screen.
- Clicking the "Next"  button advances the facility user to the next screen: the "Review" screen.

## 2.6 Review

Once the facility user has clicked the "Next"  button from the "Attachment" screen, the next screen to appear is the "Review" screen.

Report Summary			
SSO Event Report  <a href="#">View Form</a>			
Facility Name	Sylacauga Ub Fairmont Wwtp		
Permit Number	AL0020010		
Date/Time SSO Began	6/16/2011 10:28:00 AM		
Date/Time SSO Stopped			
Report Completeness Check			
Data Validation	Report has been validated without any error.		
Completeness Check Result:	Incomplete		
Attachment Summary			
File Type	Description	File Name	Send Method
 1	Word doc containing all email correspondences with the DEM.	SSO 186 Correspondence Record 1 of 1	ONLINE
		 	

Figure 8: SSO Report Summary Screen

- For SSO Reports that are "Incomplete," the value of the field "Completeness Check Result:" will be "Incomplete."

### Completeness Check Result: Incomplete

- For SSO Reports that are "Complete," the value of the field "Completeness Check Result:" will be "Complete."

### Completeness Check Result: Complete

- Note that fields on the "SSO Report Form" that are required for the status of the SSO Report to be considered "Complete" are indicated by a "check mark" image: .

- Clicking the "View Form"  **View Form** link displays a printer-friendly version of the SSO Report in a pop-out window, as shown in the following figure:

**\* Date/Time SSO Began:** 6/16/2011 10:28:00 AM

**\* Is SSO currently ongoing?**  Yes  No

**Report Estimated Volume as**  Value  Range

**Estimated Volume** between 0.00 and 1000.00 gal

**Was the Department verbally notified?**  Yes  No  
(If report online, verbal notification is not required)

**Date/Time notified:** 6/17/2011 4:27:00 PM

**Person that verbally notified:** John Smith

**Phone Number:** 123-456-7890

**Source of Discharge Event:**  manhole  lift station  broken line  
 cleanout  treatment plant  other

**\* Location of Discharge(address,etc)**  
(not required if \*Lat/Long of Discharge \* is reported)

**\* Lat/Long of Discharge**  
(not required if \* Location of Discharge \* is reported) Latitude: 35.0000  
Longitude: -87.0173

**Known or Suspected Cause of Discharge** tank 35

**Ultimate Destination of Discharge**  ground absorbed  
 creek or river (Provide name)  Un-named Tributary  
 storm drain  
 drainage ditch  
 backup into building/residence  
 other (describe)

**Did the Discharge reach swimming water?**  Yes  No

**Monitoring of the Receiving Water Is**  complete  ongoing  not necessary

**Was the affected area**  cleaned?  disinfected?

**Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health**

**Indicate Efforts to Notify Public**  
(check all that apply)  press release  
\*  placement of signs

**\* Date Public Was Notified:** 6/17/2011

Indicate Other Officials Notified  
(check all that apply)

other

\* Date Public Was Notified: **6/20/2011**

notice not required because:

County Health Department

State Health Department

\* Date Other Officials Were Notified: **6/20/2011**

other

notice not required because:

Other States:

Were any public water supply intake locations affected?  Yes  No

**General Comment**

General Report Comment and Explanation

Figure 9: SSO Report View Report Screen

- “Data Validation Summary”
  - If the SSO report passes data validation, the “Data Validation Summary” field will read: “Report has been validated without any error.”
 

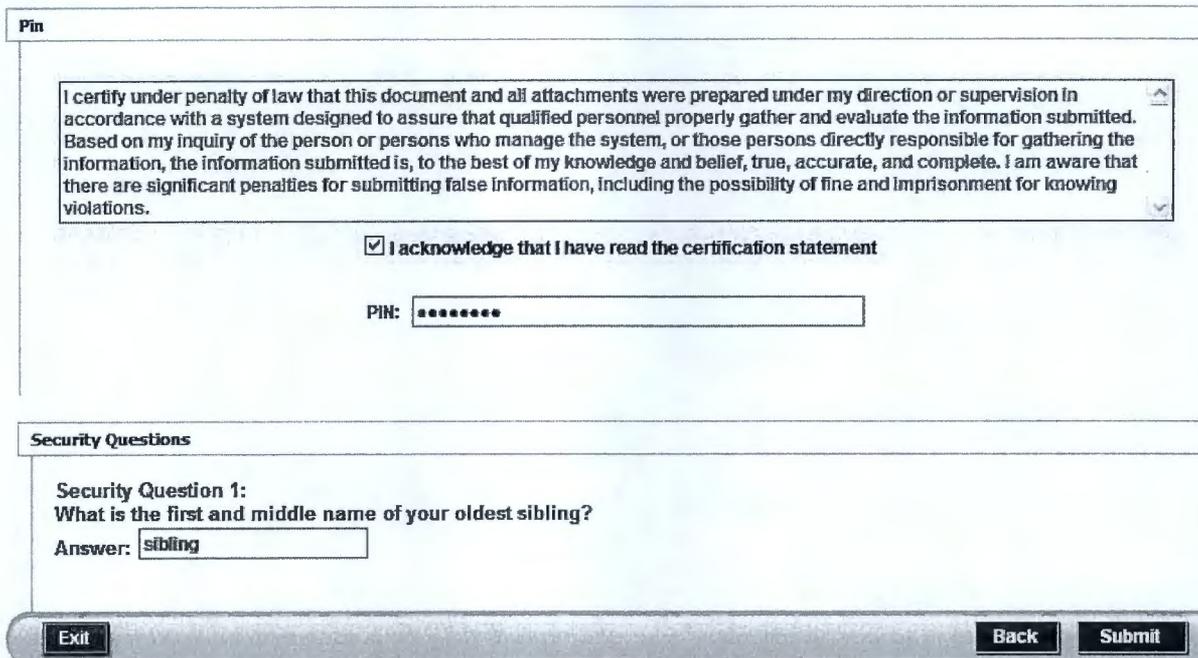
**Report has been validated without any error.**
  - If the SSO Report does not pass data validation the the “Data Validation Summary” field will read: “Click here to correct the errors.”
 

**Click here to correct the errors.**

    - Clicking the word “here” directs the user back to the “SSO Report Form,” where invalid entries can be corrected.
- Double-clicking on the “File Name” of an uploaded file will open that file for viewing.
- Clicking the “Cancel”  button brings the facility user to the “Edit an Open Report” screen.
  - If the “Cancel” button is clicked, all data thus far for the SSO Report is saved.
- Clicking the “Back”  button returns the facility user to the “Attachment” screen.
- Clicking the “Next”  button advances the facility user to the next screen: the “Submit” screen.
  - The “Next” button is disabled unless the SSO Report passes data validation.

## 2.7 Submit

Once the facility user has clicked the "Next"  button from the "Review" screen, the next screen to appear is the "Submit" screen.



**Pin**

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 acknowledge that I have read the certification statement

PIN:

---

**Security Questions**

Security Question 1:  
What is the first and middle name of your oldest sibling?

Answer:

**Exit** **Back** **Submit**

Figure 10: SSO Report Submit Screen

- In order to be able to Submit the SSO Report by clicking the "Submit"  button, the facility user must complete the following fields:
  - Certification Statement Acknowledgement
    - The facility user must check the "I acknowledge that I have read the certification statement" check box.
 

I acknowledge that I have read the certification statement
  - PIN
    - The facility user must enter the correct "PIN" in the "PIN" text box.
 

PIN:
    - Failure to input the PIN prompts the message "Please enter your PIN."
 

 **Please enter your PIN.**
    - Entry of an incorrect PIN prompts the message "The PIN is not correct, input it again."
 

 **The PIN is not correct, input it again.**
- Security Question
  - The facility user must enter the correct answer to the Security Question in the "Answer:" text box.

**Security Question 1:****What is the first and middle name of your oldest sibling?**Answer: 

- Failure to input an answer to the Security Question prompts the message "Answer can't be empty!"

** Answer can't be empty!**

- Entry of an incorrect answer to the Security Question prompts the message "Answer is incorrect! Please answer another question again! Next incorrect answer try will disable the submit function!"

** Answer is incorrect! Please answer another question again! Next incorrect answer try will disable the submit function!**

- Two consecutive incorrect answers to Security Questions prompt the message "You already reached the limit of answer tries! Your Security Question is Reset!"

** You already reach the limit of answer try! Your Security Question is Reset!**

- If this occurs, the "Submit"  button is disabled.
- The facility user's ability to Submit SSO Reports is disabled until it is reset by an administrator. If the facility user attempts to submit an SSO Report while his / her ability to Submit SSO Reports is disabled, he / she will see the following message when arriving at the "Submit" screen: "You don't have Security Question setup! Please contact system administrator!"

** You don't have Security Question setup! Please contact system administrator!**

- After an administrator resets the facility user's security questions, the facility user is presented with the following screen upon his / her next login:

**Security Questions**

**Question 1:**  
 What is the first and middle name of your oldest sibling? ▼  
 Answer:

**Question 2:**  
 Where did you first meet your spouse? ▼  
 Answer:

**Question 3:**  
 What is the name of your home town newspaper? ▼  
 Answer:

**Question 4:**  
 What is your favorite song? ▼  
 Answer:

**Question 5:**  
 Where did you graduate from high school? ▼  
 Answer:

Figure 11: Security Question Reset Screen

- From this screen, the facility user can enter new answers to the security questions listed. Different questions can be selected using the drop down combo boxes provided. Clicking the "Save"  button will save the facility user's new Security Questions and answers.

**NOTE:**

If the facility user is not classified as a "SSO Certifier," he / she will not be able to submit an SSO report.

The "Submit"  button is not visible to facility users who are not SSO Certifiers. Upon arrival to the "Submit" screen, the message: "Your role is SSO Preparer (*Viewer*), and you are not authorized to certify and submit the SSO report." appears for those facility users who are not SSO Certifiers.

**! Your role is SSO Preparer, and you are not authorized to certify and submit the SSO report.**

- Clicking the "Exit"  button brings the facility user to the "Edit an Open Report" screen.
  - If the "Exit" button is clicked, all data thus far for the SSO Report is saved.
- Clicking the "Back"  button returns the facility user to the "Review" screen.
- Clicking the "Submit"  button advances the facility user to the next screen: the "Submission Receipt" screen.
  - When the "Submit" button is clicked, a unique "Submission ID" is created for that submission.

## 2.8 E2 Receipt

Upon successful SSO Report Submission, the facility user is directed to the "E2 Receipt" screen, as depicted in the following image:

**E2 Receipt**

Here is your report submission receipt. [Click here for a printer friendly version.](#)

**Submission ID: 5446**  
Submitted on 6/22/2011 4:56:21 PM, at 192.168.88.111

**Submitted by:** E2 QA Tester 2  
Sylacauga Ub Fairmont Wwtp  
608 Main Street East  
Glencoe, AL 35905  
205-384-2113  
wangy.esf@enfotech.com

**Report Detail**

SSO Event Report  
Facility Name: Example Lagoon Facility  
Permit Number: AL0000001  
Date/Time SSO Began: 6/22/2011 11:27:00 AM  
Date/Time SSO Stopped: 6/23/2011 2:27:00 AM

**Attachment Detail**

**Online Attachments**

- SSO\_Correspondence\_Record.doc

This report is incomplete. Please revise and submit a complete report as soon as possible.

Thank you for using E2 system!

**Close**

Figure 12: SSO Report Receipt Screen

- That SSO Report Submission's unique "Submission ID" is shown on this page:  
**Submission ID: 5446**
- For SSO Report Submissions that have status "Incomplete," the warning message "This report is incomplete. Please revise and submit a complete report as soon as possible" appears at the bottom of the screen:  
**This report is incomplete. Please revise and submit a complete report as soon as possible.**
  - Note that fields on the "SSO Report Form" that are required for the status of the SSO Report to be considered "Complete" are indicated by a "check mark" image: .

- A printer-friendly version of the SSO Report Submission receipt is available by clicking on the "Click *here* for a printer friendly version" link.

**Click here for a printer friendly version.**

A printer-friendly receipt is shown in the following figure:

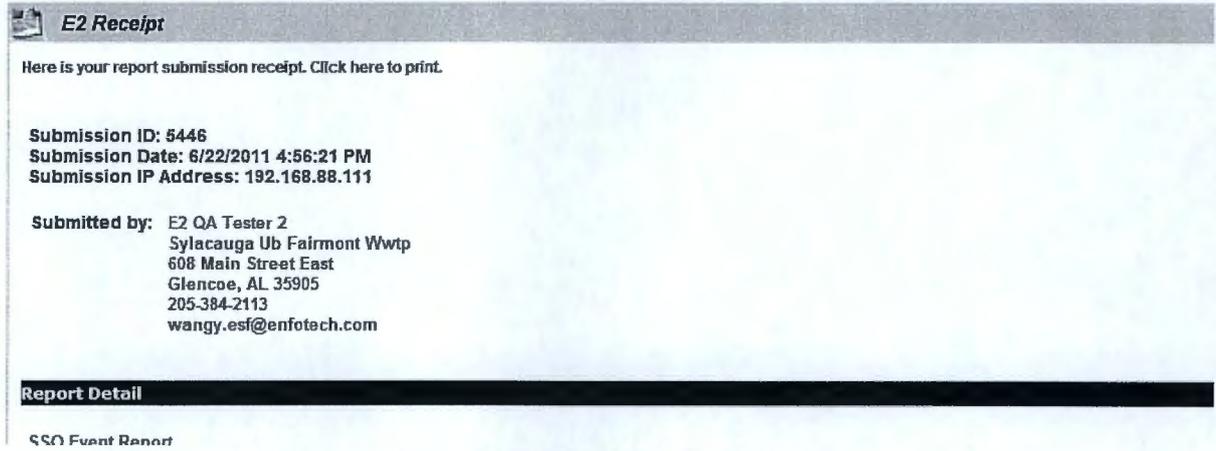
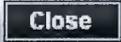


Figure 13: SSO Report Submission Receipt

- The facility user can print the receipt by clicking the "Click *here* to print" link.  
**Click here to print.**
- Clicking the "Close"  button directs the facility user to the "Submittals/Revisions" module.

## 2.9 Editing an Open Report

In the case that the facility user has begun to fill out an "SSO Event Report", but has not submitted the report, such "Open" reports are available under the "Edit an Open Report" screen available via the "Report Management" menu on the left side of the screen.

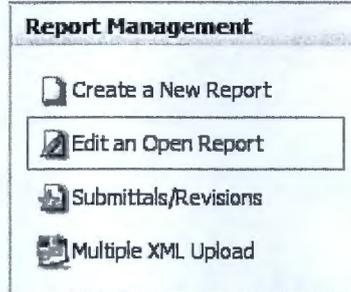


Figure 14: "Edit an Open Report" menu option in E2 Reporting System

After clicking the "Edit an Open Report" link on the "Report Management" menu, the facility user is directed to the "Edit an Open Report Search Page", which is depicted in the following figure:

**Search Options**

Report Type:

Facility:

Permit Number:

Date SSO Began From:  To:

**Search**

Select All

Select	Edit	Report ID	Report Type	Permit Number	Facility Name	Last Updated Date	Date/Time SSO Began	Submitter	Completion Status	View Form
<input type="checkbox"/>		208	SSO Event Report	AL0020010	Sylacauga Ub Fairmont Wwtp	6/22/2011 4:54:45 PM	6/22/2011 11:27:00 AM		Incomplete	
<input type="checkbox"/>		207	SSO Event Report	AL0020010	Sylacauga Ub Fairmont Wwtp	6/22/2011 4:54:40 PM	6/22/2011 11:27:00 AM		Incomplete	
<input type="checkbox"/>		196	SSO Event Report	AL0020010	Sylacauga Ub Fairmont Wwtp	6/20/2011 3:52:29 PM	6/20/2011 11:29:00 AM		Incomplete	
<input type="checkbox"/>		194	SSO Event Report	AL0020010	Sylacauga Ub Fairmont Wwtp	6/17/2011 7:06:29 PM	6/17/2011 10:25:00 AM		Incomplete	
<input type="checkbox"/>		193	SSO Event Report	AL0020010	Sylacauga Ub Fairmont Wwtp	6/17/2011 7:06:18 PM	6/17/2011 10:25:00 AM		Incomplete	
<input type="checkbox"/>		192	SSO Event Report	AL0020010	Sylacauga Ub Fairmont Wwtp	6/17/2011 7:06:12 PM	6/17/2011 10:25:00 AM		Incomplete	
<input type="checkbox"/>		184	SSO Event Report	AL0020010	Sylacauga Ub Fairmont Wwtp	6/17/2011 10:53:16 AM	6/14/2011 11:27:00 AM		Incomplete	

**7 of 7**

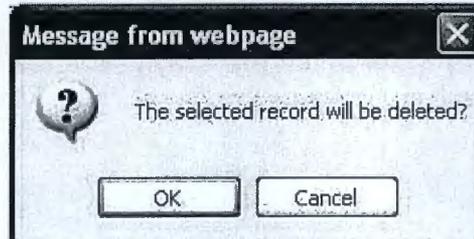
**Delete** **Submit**

Figure 15: Edit an Open Report: Search Page

- The facility user should select the value "SSO Event Report" from the "Report Type" drop down combo box to search for SSO Reports.

Report Type:

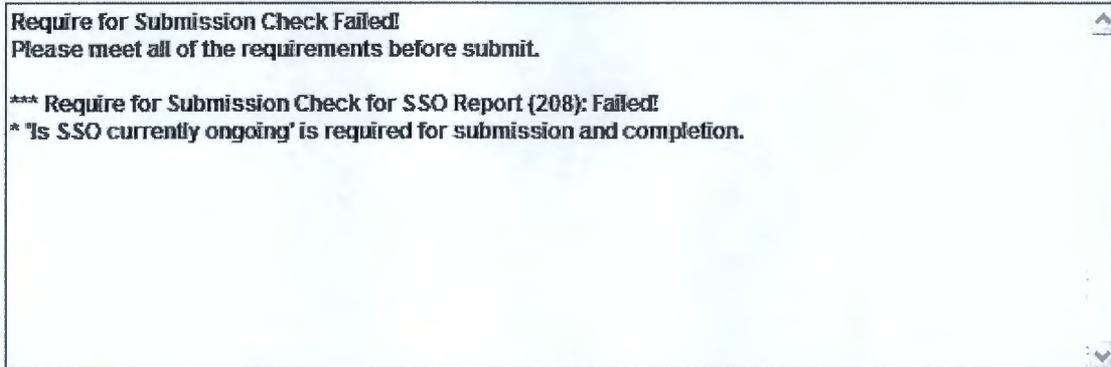
- If the facility user does not have "SSO Viewer," "SSO Preparer," or "SSO Certifier" role, then the "SSO Event Report" is hidden from the drop down combo box.
- Any / all other criteria can be specified by the user before clicking the "Search" **Search** button.
  - After the "Search" button is clicked, the results of the search are displayed in the bottom part of the screen.
- The facility user can select and delete any "Open" (not submitted) SSO Record(s) by placing check(s) in the check box(es) of the record(s) of interest under the "Select" column, and clicking the "Delete" **Delete** button.
  - When the "Delete" button is pressed, the system prompts: "The selected record will be deleted?" The facility user can continue with deletion by clicking the "Yes" button.



- The facility user can select and "Submit" any "Open" (not submitted) SSO Record(s) by placing check(s) in the check box(es) of the record(s) of interest under the "Select" column, and clicking the "Submit" **Submit** button. Multiple selections are allowed.
  - When the "Submit" button is clicked, validation is performed:
    - If validation fails, the message "Validation Failed!", along with a Validation Result" message is displayed on the next page:

### **X** Validation Failed!

#### Validation Result



- If validation is successful, the following screen appears:

**Completion Status for Reports passed 'Require for Submission Check'**

Select All

Select	Report ID	Report Type	Permit Number	Facility Name	Last Updated Date	Date/Time SSO Began	Completion Status	View Form
<input checked="" type="checkbox"/> 1	194	SSO Event Report	AL0020010	Sylacauga Ub Fairmont Wwtp	6/17/2011 7:06:29 PM	6/17/2011 10:25:00 AM	Incomplete <b>1 of 1</b>	

---

**Pin**

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 acknowledge that I have read the certification statement

PIN:

---

**Security Questions**

**Security Question 1:**  
Where did you first meet your spouse?  
Answer:

Figure 16: Edit an Open Report: Submission Page

- The facility user must complete the following fields before clicking the "Submit"  button:
  - Certification Statement Acknowledgement
    - The facility user must check the "I acknowledge that I have read the certification statement" check box.
 

I acknowledge that I have read the certification statement
  - PIN
    - The facility user must enter the correct "PIN" in the "PIN text box."
 

PIN:
  - Security Question
    - The facility user must enter the correct answer to the Security Question in the "Answer:" text box.
 

**Security Question 1:**  
What is the first and middle name of your oldest sibling?  
Answer:
- The facility user can click the "View Form"  icon to view a printer-friendly version of the SSO Report Form.

- Clicking the "Cancel"  button returns the facility user to the "Edit an Open Report" screen.

### 2.10 Completing an "Incomplete" Report via "Submittals / Revisions" Screen

After an SSO Report had been successfully submitted in the E2 system by the facility user, it can be accessed from the "Submittals / Revisions" screen available via the "Report Management" menu on the left side of the screen.

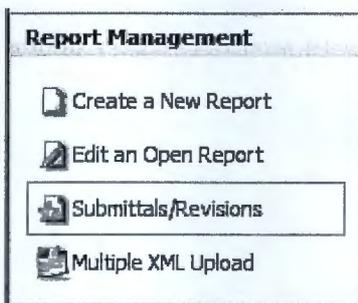


Figure 17: "Submittals / Revisions" menu option in E2 Reporting System

After clicking the "Submittals / Revisions" link on the "Report Management" menu, the facility user is directed to the "Search for Submitted Report(s) and Make Revision(s)" screen, which is depicted in the following figure:

**Search Submitted Report**

Report Type:

Submission ID:

Facility:

Permit Number:

Submission Date: From  To

Date SSO Began From  To

**Search**

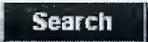
Detail	Submission ID	Submission Status	Submission Date	Permit Number	Facility Name	Submitter	Completion Status
	5442	new submission is received	06/17/2011	AL0020010	Sylacauga Ub Fairmont Wwtp	tester	Incomplete
	5443	new submission is received	06/22/2011	AL0020010	Sylacauga Ub Fairmont Wwtp	tester	Incomplete
	5444	new submission is received	06/22/2011	AL0020010	Sylacauga Ub Fairmont Wwtp	tester	Incomplete
	5446	new submission is received	06/22/2011	AL0020010	Sylacauga Ub Fairmont Wwtp	tester	Incomplete
						<b>4 of 4</b>	

**1**

Figure 18: Submittals / Revisions: Search Screen

- The facility user should select the value "SSO Event Report" from the "Report Type" drop down combo box to search for SSO Reports.

Report Type **SSO Event Report** 

- If the facility user does not have "SSO Viewer," "SSO Preparer," or "SSO Certifier" role, then the "SSO Event Report" is hidden from the drop down combo box.
- Any / all other criteria can be specified by the user before clicking the "Search"  button.
  - After the "Search" button is clicked, the results of the search are displayed in the bottom part of the screen.
- Clicking on the "Detail"  icon for a specific SSO Record will direct the facility user to the selected SSO Submission Record Summary, as shown in the following figure:

**Summary**

 A validation performed now (6/22/2011 6:57:19 PM) using SHA-512 demonstrates that the current file on record with the E2 server is identical to the original submission.

Submitted Report Information	
Submission ID	5442
Submitted Report	 View Report  Download XML  View Receipt
Certifier's name	E2 QA Tester 2
Certifier's IP	192.168.88.111
Submission CRC Number	1366793127
Submission SHA2 Encrypted String	j/SAT1edH7GLjvNnKnokRgOcvtpn01GZ121KgUXhRkN75ymNZPfqLX5IWrowXfhg8CP98x1Omh55YVrphVsfpQ==
Submission Date/Time	6/17/2011 10:47:39 AM
Uploaded File Sent to Server	
Uploaded File Received	6/17/2011 10:47:39 AM
Uploaded File Accepted	6/17/2011 10:47:39 AM
Submission Status	new submission is received (Incomplete)
On-Time Submission Status	
Attachments	

**Submission History**

Detail	Submission ID	SSO Report ID	Status	Submission Date	Permit Number	Facility Name	Date/Time SSO Began	Completion Status
	5442	185	new submission is received	6/17/2011 10:47:39 AM	AL0020010	Sylacauga Ub Fairmont Wwtp	6/15/2011 11:27:00 AM	Incomplete



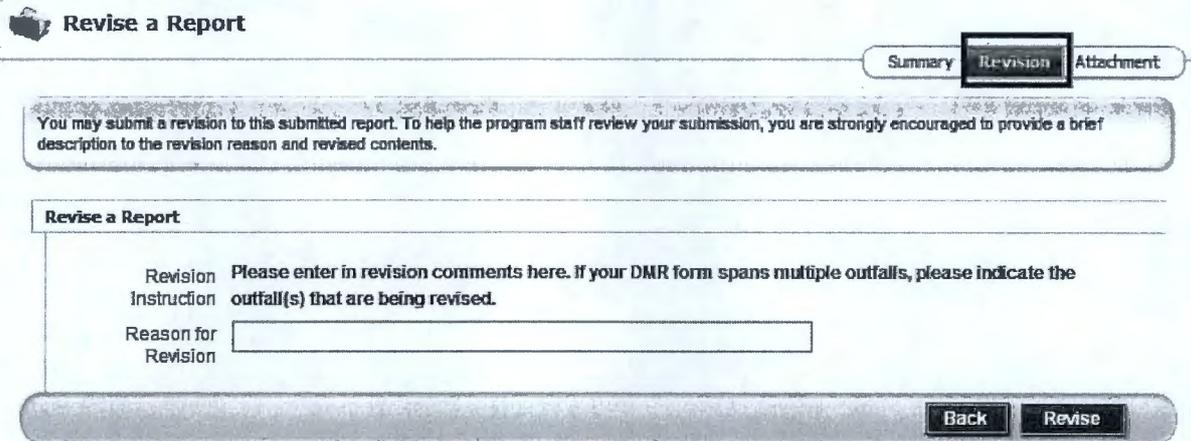
Figure 19: Submittals / Revisions: SSO Submission Record Summary Tab

- The facility user can view / print the Submitted SSO Report by clicking on "View Report"  View Report

- The facility user can download the XML file for the Submitted SSO Report by clicking on the "Download XML" link.  
 Download XML
- The facility user can view / print the Receipt for the Submitted SSO Report by clicking on the "View Receipt" link.  
 View Receipt

The facility user can revise the selected SSO Report Submission by clicking on the "Revision" tab, as shown in the following figure:

eDMR Home > Submitted Reports > Revision



**Revise a Report**

Summary **Revision** Attachment

You may submit a revision to this submitted report. To help the program staff review your submission, you are strongly encouraged to provide a brief description to the revision reason and revised contents.

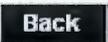
**Revise a Report**

Revision Instruction Please enter in revision comments here. If your DMR form spans multiple outfalls, please indicate the outfall(s) that are being revised.

Reason for Revision

Back Revise

Figure 20: Submittals / Revisions: SSO Submission Record Revision Tab

- The facility user must enter a "Reason for the Revision" in the field provided.  
Reason for Revision
- Clicking the "Revise"  button without populating the "Reason for the Revision" field will result in the message:  
 **Please enter Reason for Revision.**
- Clicking on the "Revise"  button directs the facility user to the "SSO Report Form" screen.
- Clicking the "Back"  button directs the facility user back to the "Submittals / Revisions Search" screen.

The facility user can add an attachment to the selected SSO Report Submission by clicking on the "Attachment" tab, as shown in the following figure:

eDMR Home > Submitted Reports > Revise Attachment

## Attachment(s)

The screenshot shows the 'Attachment(s)' tab selected in the navigation bar. The main content area is titled 'Add an Attachment' and contains a form with the following elements:

- Attachment File:** A text input field followed by a 'Browse...' button.
- File Description:** A large text area with up and down arrow icons on the right side.
- Add Attachment:** A button located below the File Description field.

At the bottom of the form, there is a 'Submitted Attachment(s)' section with a 'Back' button.

Figure 21: Submittals / Revisions: SSO Submission Record Attachment Tab

- The facility user can add an attachment from his/her computer by clicking the "Browse"  button, and locating and selecting the desired file.
  - After uploading the desired file, the user must click the "Add Attachment"  button to add the file to the SSO Report.
  - The "File Description" field is optional
    - File Description 
  - Successful addition of an attachment will result in the message "Attachment file has been added successfully."
    -  **Attachment file has been added successfully.**
- Clicking the "Back"  button directs the facility user back to the "Submittals / Revisions Summary" tab.

## 2.11 Email Notifications

The facility user can receive automatically-generated emails from the E2 system associated with SSO Report submissions.

If you have questions or comments with the e2 system, please contact the e2 Admin at [e2admin@adem.alabama.gov](mailto:e2admin@adem.alabama.gov).