



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

DECEMBER 9, 2022

Stanley L. Graves, Managing Partner
Enviro-Systems, LLC
1200 Corporate Drive
Suite 100
Birmingham, AL 35242

RE: Draft Permit
NPDES Permit No. AL0073351
Enviro-Systems WWTP
Shelby County, Alabama

Dear Mr. Graves:

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 Parts I.C.1.c and I.C.2.e of your permit require participation in the Department's Alabama Environmental Permitting and Compliance System (AEPACS) for submittal of DMRs and SSOs upon issuance of this permit unless valid justification as to why you cannot participate is submitted in writing. SSO hotline notifications and hard copy Form 415 SSO reports may be used only with the written approval from the Department. AEPACS allows ADEM to electronically validate and acknowledge receipt of the data. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. Please note that all AEPACS users can create the electronic DMRs and SSOs; however, only AEPACS users with certifier permissions will be able to submit the electronic DMRs and SSOs to ADEM.

Our records indicate that you have utilized the Department's web-based electronic environmental (E2) reporting system for submittal of discharge monitoring reports (DMRs) and sanitary sewer overflow (SSO) notifications/reports. The Department transitioned from the E2 Reporting System to the Alabama Environmental Permitting and Compliance System (AEPACS) for the submittal of DMRs and SSOs on November 15, 2021. AEPACS is an electronic system that allows facilities to apply for and maintain permits as well as submit other required applications, registrations, and certifications. In addition, the system allows facilities to submit required compliance reports or other information to the Department. The Department has used the E2 User account information to set up a similar User Profile in AEPACS based on the following criteria:

Birmingham Branch
110 Vulcan Road
Birmingham, AL 35209-4702
(205) 942-6168
(205) 941-1603 (FAX)

Decatur Branch
2715 Sandlin Road, S.W.
Decatur, AL 35603-1333
(256) 353-1713
(256) 340-9359 (FAX)



Mobile Branch
2204 Perimeter Road
Mobile, AL 36615-1131
(251) 450-3400
(251) 479-2593 (FAX)

Mobile-Coastal
3664 Dauphin Street, Suite B
Mobile, AL 36608
(251) 304-1176
(251) 304-1189 (FAX)

1. The user has logged in to E2 since October 1, 2019; and
2. The E2 user account is set up using a unique email address.

E2 users that met the above criteria will only need to establish an ADEM Web Portal account (<https://prd.adem.alabama.gov/awp>) under the same email address as their E2 account to have the same permissions in AEPACS as they did in E2. They will also automatically be linked to the same facilities they were in E2.

Due to the facility's proposed expansion from a minor facility (design flow <1 MGD) to a major facility (design flow ≥1MGD), Parts I.E.2 and I.E.3 of this permit require the Permittee to submit to the Department EPA Form 2F "Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity" within 180 days from the completion of the expansion and EPA Form 2A Part D "Supplemental Application Information: Expanded Effluent Testing Data" within 365 days of the completion of the expansion.

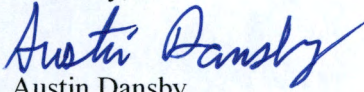
Please be aware that Part III.E.1 of this permit states that the permit for this expansion shall expire eighteen months after the issuance date if construction of the new facility has not begun during the eighteen-month period

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 phone at (334) 271-7812 or by email at austin.dansby@adem.alabama.gov.

Sincerely,



Austin Dansby
Municipal Section
Water Division

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: ENVIRO-SYSTEMS, LLC
1200 CORPORATE DRIVE
SUITE 100
BIRMINGHAM, AL 35242

FACILITY LOCATION: ENVIRO-SYSTEMS WWTP (0.25 MGD – OUTFALL 0021)
T20S R1E SEC.1 (5.0 MGD – OUTFALL 0011)
HARPERSVILLE, ALABAMA
SHELBY COUNTY

PERMIT NUMBER: AL0073351

RECEIVING WATERS: Yellowleaf 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

TABLE OF CONTENTS

PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS	1
A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS.....	1
B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS	6
1. Representative Sampling.....	6
2. Measurement Frequency	6
3. Test Procedures.....	6
4. Recording of Results	7
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. EPA Form 2F	11
3. EPA Form 2A Part D	11
4. Schedule	11
PART II: OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES	12
A. OPERATIONAL AND MANAGEMENT REQUIREMENTS	12
1. Facilities Operation and Maintenance.....	12
2. Best Management Practices	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.....	14
3. Loss or Failure of Treatment Facilities	14
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	15
5. Termination.....	15
6. Suspension	16
7. Stay	16

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION	16
G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS	16
H. PROHIBITIONS	16
PART III: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS	18
A. CIVIL AND CRIMINAL LIABILITY	18
1. Tampering	18
2. False Statements	18
3. Permit Enforcement	18
4. Relief from Liability	18
B. OIL AND HAZARDOUS SUBSTANCE LIABILITY	18
C. PROPERTY AND OTHER RIGHTS	18
D. AVAILABILITY OF REPORTS	19
E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES	19
F. COMPLIANCE WITH WATER QUALITY STANDARDS	19
G. GROUNDWATER	19
H. DEFINITIONS	20
I. SEVERABILITY	22
PART IV: SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS	23
A. SLUDGE MANAGEMENT PRACTICES	23
1. Applicability	23
2. Submitting Information	23
3. Reopener or Modification	23
B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS FOR CHRONIC TOXICITY OUTFALL 0011 (5.0 MGD)	23
C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS	26
D. PLANT CLASSIFICATION	27
E. SANITARY SEWER OVERFLOW RESPONSE PLAN	27
F. POLLUTANT SCANS	29
G. HYDROGRAPH CONTROL RELEASE SPECIAL REQUIREMENTS OUTFALL 0021 (0.25 MGD)	29

PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. OUTFALL 0011 5.0 MGD Facility: Treated Municipal Wastewater

During the period beginning on the date of the facility's expansion to 5.0 MGD and the termination of the Outfall 0021 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	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Oxygen, Dissolved (DO) (00300) Effluent Gross Value	*****	*****	*****	6.5 Minimum Daily	*****	*****	mg/l	3X Weekly test	Grab	Not Seasonal
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	8.5 Maximum Daily	S.U.	3X Weekly test	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	1251 Monthly Average	1876 Weekly Average	lbs/day	*****	30.0 Monthly Average	45.0 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
Solids, Total Suspended (00530) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	20.8 Monthly Average	31.2 Weekly Average	lbs/day	*****	0.5 Monthly Average	0.75 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Continuous	Not Seasonal

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

- (1) Sample Frequency – See also Part I.B.2
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
- (2) S = Summer (April – October)
W = Winter (November - March)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
- (3) 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” on the monthly DMR.
- (4) A measurement of Total Residual Chlorine below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as *B on the discharge monitoring reports.

2. **OUTFALL 0011 5.0 MGD Facility (Continued): Treated Municipal Wastewater**

During the period beginning on the date of the facility's expansion to 5.0 MGD and the termination of the Outfall 0021 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	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Chlorine, Total Residual (50060) See notes (3, 4) Effluent Gross Value	*****	*****	*****	*****	0.012 Monthly Average	0.020 Maximum Daily	mg/l	3X Weekly test	Grab	Not Seasonal
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	126 Monthly Average	235 Maximum Daily	col/100mL	3X Weekly test	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	145 Monthly Average	218 Weekly Average	lbs/day	*****	3.5 Monthly Average	5.2 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091) Percent Removal	*****	*****	*****	85.0 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal
Solids, Suspended Percent Removal (81011) Percent Removal	*****	*****	*****	85.0 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

- (1) Sample Frequency – See also Part I.B.2
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
- (2) S = Summer (April – October)
W = Winter (November - March)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
- (3) 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” on the monthly DMR.
- (4) A measurement of Total Residual Chlorine below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as *B on the discharge monitoring reports.

3. OUTFALL 001T 5.0 MGD: Toxicity

Outfall 001T represents the same physical outfall as Outfall 0011. The Department uses the 001T designation for all samples analyzed for toxicity monitoring. Discharge from this outfall shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2) (3)
Toxicity, Ceriodaphnia Chronic (61426) Effluent Gross Value	*****	0 Single Sample	pass=0;fail=1	*****	*****	*****	*****	See Permit Requirements	24-Hr Composite	Feb, May, Aug, Nov
Toxicity, Pimephales Chronic (61428) Effluent Gross Value	*****	0 Single Sample	pass=0;fail=1	*****	*****	*****	*****	See Permit Requirements	24-Hr Composite	Feb, May, Aug, Nov

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

- (1) Sample Frequency – See also Part I.B.2
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
- (2) S = Summer (April – October)
W = Winter (November - March)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
- (3) Should results from four consecutive testing periods indicate the Outfall 0011 effluent does not exhibit chronic toxicity, the Permittee may request that the toxicity testing be reduced. A reduction in toxicity testing frequency will be allowed only if approved by the Department in writing.

1. OUTFALL 0021 0.25 MGD HCR Lagoon: Treated Municipal Wastewater

During the period beginning on the effective date of this permit and lasting through the completion of the facility upgrade 5.0 MGD, the Permittee is authorized to discharge from Outfall 0021, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Flow Rate (00058) See Notes (5)(6)(7) Instream Monitoring	*****	*****	*****	1.28 Minimum Daily	*****	*****	cfs	Daily	Instantaneous	Not Seasonal
Oxygen, Dissolved (DO) (00300) Effluent Gross Value	*****	*****	*****	5.0 Minimum Daily	*****	*****	mg/l	Monthly	Grab	Not Seasonal
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	9.0 Maximum Daily	S.U.	Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	90.0 Monthly Average	135 Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	20.0 Monthly Average	30.0 Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	S
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	S
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	S

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

(1) Sample Frequency – See also Part I.B.2

See Permit Requirements for Effluent Toxicity Testing in Part IV.B.

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) 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” on the monthly DMR.

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

(5) No discharge is allowed when the stream flow in Yellowleaf Creek is less than 1.28 cfs.

(6) Flow monitoring is only required on days when discharges occur (See Part IV.G). Allowable discharge shall be calculated using the formula:

$$\text{Waste flow (MGD)} = [0.0164 \times \text{Streamflow (cfs)}] - 0.0209$$

(7) The daily stream flow should be recorded for each day's 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

OUTFALL 0021 0.25 MGD HCR Lagoon (Continued): Treated Municipal Wastewater

During the period beginning on the effective date of this permit and lasting through the completion of the facility upgrade 5.0 MGD, the Permittee is authorized to discharge from Outfall 0021, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Flow, In Conduit or Thru Treatment Plant (50050) See Notes (5)(6)(7) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Instantaneous	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Raw Sew/Influent	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Continuous	Not Seasonal
Chlorine, Total Residual (50060) See notes (3, 4) Effluent Gross Value	*****	*****	*****	*****	0.48 Monthly Average	0.83 Maximum Daily	mg/l	Monthly	Grab	Not Seasonal
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	126 Monthly Average	235 Maximum Daily	col/100mL	Monthly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	25.0 Monthly Average	37.5 Weekly Average	mg/l	Monthly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	Not Seasonal
BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091) Percent Removal	*****	*****	*****	85.0 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal
Solids, Suspended Percent Removal (81011) Percent Removal	*****	*****	*****	65.0 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal

See Part II.C.1. for Bypass and Part II.C.2. for Upset conditions.

- (1) Sample Frequency – See also Part I.B.2
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
- (2) S = Summer (April – October)
W = Winter (November - March)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
- (3) 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” on the monthly DMR.
- (4) A measurement of Total Residual Chlorine below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as *B on the discharge monitoring reports.
- (5) No discharge is allowed when the stream flow in Yellowleaf Creek is less than 1.28 cfs.
- (6) Flow monitoring is only required on days when discharges occur (See Part IV.G). Allowable discharge shall be calculated using the formula:
Waste flow (MGD) = [0.0164 X Streamflow (cfs)] – 0.0209
- (7) The daily stream flow should be recorded for each day's 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

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) in accordance with the following schedule:
- (1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the first complete calendar quarter the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. electronically.
- (1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's electronic 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 Department's electronic system is down on the 28th day of the month in which the DMR is due or is down for an extended period of time, as determined by the Department, when a DMR is required to be submitted, the permittee may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the Department's electronic system resuming operation, the permittee shall enter the data into the Department's electronic system, unless an alternate timeframe is approved by the Department. A comment should be included on the electronic 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.
 - (3) 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.

- (4) 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.
 - (5) 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.
 - (6) 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
Office of Water Services
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
Office of Water Services
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
Environmental Data Section, Permits & Services 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 an electronic system for notification and submittal of SSO reports. Except as noted below, the Permittee must submit all SSO reports electronically in the Department's electronic system. If requested, waivers from utilization of the electronic system shall be submitted in accordance with ADEM Admin. Code 335-6-1-.04(6). The Department's electronic reporting system shall be utilized unless a written waiver has been granted. A waiver is not effective until receipt of written approval from the Department. Utilization of verbal notifications and hard copy SSO report submittals is allowed only if approved in writing by the Department. 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 electronic system for SSO reports, an account may be created at <https://aepacs.adem.alabama.gov/nviro/ncore/external/home>. If the electronic 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 electronic system resuming operation, the Permittee shall enter the data into the electronic 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.

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. EPA Form 2F

Within 180 days from the completion of the expansion to the facility, the Permittee shall submit to the Department, a completed copy of EPA Form 2F "Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity." This form is subject to ADEM approval and must designate all storm water outfalls with verified latitude and longitude locations. Discharge information for all storm water outfalls must also be included. A topographic map depicting the facility and storm water outfall locations must be attached with this form.

3. EPA Form 2A Part D

Within 365 days from the completion of the expansion to the facility, the Permittee shall submit to the Department, a completed copy of EPA Form 2A Part D "Supplemental Application Information: Expanded Effluent Testing Data." Samples must be representative of the seasonal variation in the discharge from Outfall 0011.

4. 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

- 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 Best Management Practices (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

- a. 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, 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, 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; or

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.
- 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;
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) That did not commence the discharge of pollutants prior to August 13, 1979, and which is not a new source; and
 - c) Which has never received a final effective NPDES permit for dischargers at that site.
29. **NH3-N** – means the pollutant parameter ammonia, measured as nitrogen.
30. **Notifiable sanitary sewer overflow** - means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:
 - a) Reaches a surface water of the State; or
 - b) May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.
31. **Permit application** - means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.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 (POTW)** – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
36. **Receiving Stream** – means the “waters” receiving a “discharge” from a “point source”.
37. **Severe property damage** - means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
38. **Significant Source** – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work’s capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
39. **TKN** – means the pollutant parameter Total Kjeldahl Nitrogen.
40. **TON** – means the pollutant parameter Total Organic Nitrogen.
41. **TRC** – means Total Residual Chlorine.

42. **TSS** – means the pollutant parameter Total Suspended Solids.
43. **24HC** – means 24-hour composite sample, including any of the following:
- a) The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
 - b) A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected;
 - c) A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
44. **Upset** - means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
45. **Waters** - means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 22 U.S.C. Section 1362(7), which are within the State of Alabama.
46. **Week** - means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.
47. **Weekly (7-day and calendar week) Average** – is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

I. SEVERABILITY

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

PART IV: SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. SLUDGE MANAGEMENT PRACTICES

1. Applicability

- a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural and non-agricultural land, or that is otherwise distributed, marketed, incinerated, or disposed in landfills or surface disposal sites.
- b. Provisions of Provision IV.A. do not apply to:
 - (1) Sewage sludge generated or treated in a privately owned treatment works operated in conjunction with industrial manufacturing and processing facilities and which receive no domestic wastewater.
 - (2) Sewage sludge that is stored in surface impoundments located at the treatment works prior to ultimate disposal.

2. Submitting Information

- a. If applicable, the Permittee must submit annually with its Municipal Water Pollution Prevention (MWPP) report the following:
 - (1) Type of sludge stabilization/digestion method;
 - (2) Daily or annual sludge production (dry weight basis);
 - (3) Ultimate sludge disposal practice(s).
- b. The Permittee shall provide sludge inventory data to the Director as requested. These data may include, but are not limited to, sludge quantity and quality reported in Provision IV.A.2.a as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
- c. The Permittee shall give prior notice to the Director of at least 30 days of any change planned in the Permittee's sludge disposal practices.

3. Reopener or Modification

- a. Upon review of information provided by the Permittee as required by Provision IV.A.2. or, based on the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate requirements.
- b. If an applicable "acceptable management practice" or if a numerical limitation for a pollutant in sewage sludge promulgated under Section 405 of FWPCA is more stringent than the sludge pollutant limit or acceptable management practice in this permit. This permit shall be modified or revoked or reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS FOR CHRONIC TOXICITY OUTFALL 0011 (5.0 MGD)

1. Chronic Toxicity Test

- a. The permittee shall perform short-term chronic toxicity tests on the wastewater at **Outfall 0011**.
- b. The samples shall be diluted using appropriate control water to the Instream Waste Concentration (IWC) which is **95 percent effluent**. The IWC is the actual concentration of effluent, after mixing, in the receiving stream during a 7-day, 10-year low flow period.
- c. Any test result that shows a statistically significant reduction in survival, growth, or reproduction between the control and test samples at the 95% confidence level indicates chronic toxicity and shall constitute noncompliance with this permit.

2. General Test Requirements

- a. A minimum of three (3) 24-hour composite samples shall be obtained for use in the above biomonitoring tests. Samples shall be collected every other day so that the laboratory receives water samples on the first, third, and fifth day of the seven-day test period. The holding time for each composite sample shall not exceed 36 hours. The control water shall be a water prepared in the laboratory in accordance with the EPA procedure described in EPA

821-R-02-013 (most current edition) or another control water selected by the Permittee and approved by the Department.

- b. Test results shall be deemed unacceptable and the Permittee shall rerun the tests as soon as practical within the monitoring period for the following:
 - (1) For testing with *P. promelas*: effluent toxicity tests with control survival of less than 80% or if dry weight per surviving control organism is less than 0.25 mg;
 - (2) For testing with *C. dubia*: if the number of young per surviving control organism is less than 15 or if less than 60% of surviving control females produce three broods; or
 - (3) If the other requirements of the EPA Test Procedure are not met.
- c. In the event of an invalid test, upon subsequent completion of a valid test, the results of all tests, valid and invalid, are to be reported to the Department along with an explanation of the tests performed and the test results.
- d. Toxicity tests shall be conducted for the duration of this permit in the month of FEBRUARY, MAY, AUGUST, and NOVEMBER. Should results from the Annual Toxicity test indicate that **Outfall 0011** exhibits chronic toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. Should results from four consecutive testing periods indicate that Outfall 0011 effluent does not exhibit chronic toxicity, the Permittee may request that the toxicity testing be reduced. A reduction in toxicity testing frequency will be allowed only if approved by the Department in writing.

3. Reporting Requirements

- a. The Permittee shall notify the Department in writing within 48 hours after toxicity has been demonstrated by the scheduled test(s).
- b. Biomonitoring test results obtained during each monitoring period shall be summarized and reported using the appropriate Discharge Monitoring Report (DMR) form approved by the Department. In accordance with Section 2 of this part, an effluent toxicity report containing the information in Sections 2 and 6 shall be included with the DMR. The test results must be submitted to the Department no later than 28 days after the month that tests were performed.

4. Additional Testing Requirements

- a. If chronic toxicity is indicated (i.e., noncompliance with permit limit), then the Permittee must perform two additional valid chronic toxicity tests in accordance with these procedures to determine the extent and duration of the toxic condition. The toxicity tests shall run consecutively beginning on the first calendar week following the date that the Permittee became aware of the permit noncompliance. The results of these follow-up tests shall be submitted to the Department no later than 28 days following the month the tests were performed.
- b. After evaluation of the results of the follow-up tests, the Department will determine if additional action is appropriate and may require additional testing and/or toxicity reduction measures. The permittee may be required to perform a Toxicity Identification Evaluation (TIE) and/or a Toxicity Reduction Evaluation (TRE). The TIE/TRE shall be performed in accordance with the most recent protocols and guidance outlined by EPA (e.g., EPA/600/2-88/062, EPA/600/R-92/080, EPA/600/R-91-003, EPA/600/R-92/081, EPA/833/B-99/022, and/or EPA/600/6-91/005F)

5. Test Methods

The tests shall be performed in accordance with the latest edition of the "EPA Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms." The Larval Survival and Growth Test, Method 1000.0, shall be used for the fathead minnow (*Pimephales promelas*) test and the Survival and Reproduction Test, Method 1002.0, shall be used for the cladoceran (*Ceriodaphnia dubia*) test.

6. Effluent Toxicity Testing Reports

The following information shall be submitted with each DMR unless otherwise directed by the Department. The Department may at any times suspend or reinstate this requirement or may decrease or increase the frequency of submittals.

a. Introduction

- (1) Facility name, location and county

- (2) Permit number
- (3) Toxicity testing requirements of permit
- (4) Name of receiving water body
- (5) Contract laboratory information (if tests are performed under contract)
 - (i) Name of firm
 - (ii) Telephone number
 - (iii) Address
- (6) Objective of test
- b. Plant Operations
 - (1) Discharge Operating schedule (if other than continuous)
 - (2) Volume of discharge during sample collection to include Mean daily discharge on sample collection dates (MGD, CFS, GPM)
 - (3) Design flow of treatment facility at time of sampling
- c. Source of Effluent and Dilution Water
 - (1) Effluent samples
 - (2) Sampling point
 - (3) Sample collection dates and times (to include composite sample start and finish times)
 - (4) Sample collection method
 - (5) Physical and chemical data of undiluted effluent samples (water temperature, pH, alkalinity, hardness, specific conductance, total residual chlorine (if applicable), etc.)
 - (6) Lapsed time from sample collection to delivery
 - (7) Lapsed time from sample collection to test initiation
 - (8) Sample temperature when received at the laboratory
 - (9) Dilution Water
 - (10) Source
 - (11) Collection/preparation date(s) and time(s)
 - (12) Pretreatment (if applicable)
 - (13) Physical and chemical characteristics (water temperature, pH, alkalinity, hardness, specific conductance, etc.)
- d. Test Conditions
 - (1) Toxicity test method utilized
 - (2) End point(s) of test
 - (3) Deviations from referenced method, if any, and reason(s)
 - (4) Date and time test started
 - (5) Date and time test terminated
 - (6) Type and volume of test chambers
 - (7) Volume of solution per chamber
 - (8) Number of organisms per test chamber
 - (9) Number of replicate test chambers per treatment
 - (10) Test temperature, pH, and dissolved oxygen as recommended by the method (to include ranges)

- (11) Specify if aeration was needed
- (12) Feeding frequency, amount, and type of food
- (13) Specify if (and how) pH control measures were implemented
- (14) Light intensity (mean)
- e. Test Organisms
 - (1) Scientific name
 - (2) Life stage and age
 - (3) Source
 - (4) Disease(s) treatment (if applicable)
- f. Quality Assurance
 - (1) Reference toxicant utilized and source
 - (2) Date and time of most recent chronic reference toxicant test(s), raw data, and current control chart(s). (The most recent chronic reference toxicant test shall be conducted within 30 days of the routine.)
 - (3) Dilution water utilized in reference toxicant test
 - (4) Results of reference toxicant test(s) (NOEC, IC25, etc.); report concentration-response relationship and evaluate test sensitivity
 - (5) Physical and chemical methods utilized
- g. Results
 - (1) Provide raw toxicity data in tabular form, including daily records of affected organisms in each concentration (including controls) and replicate
 - (2) Provide table of endpoints: NOECs, IC25s, PASS/FAIL, etc. (as required in the applicable NPDES permit)
 - (3) Indicate statistical methods used to calculate endpoints
 - (4) Provide all physical and chemical data required by method
 - (5) Results of test(s) (NOEC, IC25, PASS/FAIL, etc.), report concentration-response relationship (definitive test only), report percent minimum significant difference (PMSD) calculated for sublethal endpoints determined by hypothesis testing.
- h. Conclusions and Recommendations
 - (1) Relationship between test endpoints and permit limits
 - (2) Actions to be taken

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

C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

1. If chlorine is not utilized for disinfection purposes, TRC monitoring under Part I of this Permit is not required. If TRC monitoring is not required (conditional monitoring), "*"9" 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" 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. 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 the following: <http://adem.alabama.gov/alEnviroRegLaws/files/Division6Vol1.pdf> and http://gis.adem.alabama.gov/ADEM_Dash/use_class/index.html
- (4) Identification of surface waterbodies within the collection system area which are not classified as Swimming as indicated in paragraph c above, but are known locally as areas where swimming occurs or as areas that are heavily recreated

d. Public Reporting of SSOs

- (1) Contact information for the public to report an SSO to the Permittee, during both normal and outside of normal business hours (e.g., telephone number, website, email address, etc.)

- (2) Information requested from the person reporting an SSO to assist the Permittee in identifying the SSO (e.g., date, time, location, contact information)
 - (3) Procedures for communication of the SSO report to the appropriate positions for follow-up investigation and response, if necessary
 - e. Procedures to immediately notify the Department, the county health department, and other affected entities (such as public water systems) upon becoming aware of notifiable SSOs
 - f. Public Notification Methods for SSOs
 - (1) A listing of methods that are feasible, as determined by the Permittee, for public notifications (e.g., flyers distributed to nearby residents; signs posted at the location of the SSO, where the SSO enters a water of the state, and/or at a central public location; signs posted at fishing piers, boat launches, parks, swimming waterbodies, etc.; website and/or social media notifications; local print or radio and broadcast media notifications; "opt in" email, text message, or automated phone message notifications)
 - (i) 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.

F. POLLUTANT SCANS

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

G. HYDROGRAPH CONTROL RELEASE SPECIAL REQUIREMENTS OUTFALL 0021 (0.25 MGD)

1. Monitoring Frequency

- a. The monitoring frequency for effluent samples, except as otherwise noted, shall be once per discharge incidence, not required to exceed once 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 once 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 **Yellowleaf Creek** when the stream flow is less than **1.28** cubic feet per second.
- b. The allowable waste discharge shall be calculated using the following formula:

$$\text{Waste flow (MGD)} = [0.0164 \times \text{Streamflow (cfs)}] - 0.0209$$
- c. Effluent flow to **Yellowleaf 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. A United States Geological Survey (USGS) stream gauge shall be maintained to determine stream flow. The Permittee shall contract with the USGS for calibration and maintenance of the USGS stream gauge, unless another entity is providing funding for the USGS gauge.
- e. A copy of the contract with the USGS, which includes calibration and maintenance of the gauge, and verification of payment shall be submitted to the Department so that they are received no later than January 31st of each year for the prior year. If another entity is providing funding for the USGS gauge, a statement verifying that the gauge has been calibrated and maintained by the USGS and the name of the entity that provided funding for the USGS gauge shall be submitted no later than January 31st of each year for the prior year.
- f. The daily stream flow, as measured by the USGS stream gauge, 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.

Alabama Department of Environmental Management Daily Discharge Monitoring Report (DMR)

Permittee Name: Enviro-Systems, LLC.
 Mailing Address: 1200 Corporate Drive, Suite 100
 Birmingham, AL 35242

Permit Number: AL0073351 (Minor)

County: Shelby

Monitoring Point: 0021

Facility Name: Enviro-Systems WWTP

Month: _____

Facility Location: T20S R1E Sec. 1

No Discharges During this Month: _____

Receiving Stream: Yellowleaf Creek

HCR Equation: Waste flow (MGD) = [Stream flow (cfs)*0.0164]-0.0209

PARAMETER	Stream Flow	Flow Rate Discharge to Receiving Stream	Calculated Discharge Flow Rate
Parameter Code	00058 Instream	50050 Effluent	
MIN	10	-----	
MAX	-----	Report	See HCR eqn.
FREQ	daily for each discharge incidence	daily for each discharge incidence	
UNITS	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 _____

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

Date Prepared: October 3, 2022

By: Austin Dansby

NPDES Permit No. AL0073351

1. Name and Address of Applicant:

Enviro-Systems, LLC
1200 Corporate Drive
Suite 100
Birmingham, AL 35242

2. Name and Address of Facility:

Enviro-Systems WWTP
T20S R1E Sec.1
Harpersville, AL 35078

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

Feature ID 001
Discharge Type(s): Continuous
Treatment Method(s): Mechanical Wastewater Treatment Plant

Feature ID 002
Discharge Type(s): Hydrograph Controlled Release (HCR)
Treatment Method(s): Lagoon

4. Applicant's Receiving Waters

Feature ID	Receiving Water	Classification
001	Yellowleaf Creek	Swimming and Other Whole Body Water-Contact Sports (S), Fish and Wildlife (F&W)
002	Yellow Leaf Creek	Swimming and Other Whole Body Water-Contact Sports (S), Fish and Wildlife (F&W)

For the Outfall latitude and longitude see the permit application.

5. Permit Conditions:

See attached Rationale and Draft Permit.

6. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

a. Comment Period

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

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

Jeffery W. Kitchens, Chief
ADEM-Water Division
1400 Coliseum Blvd
[Mailing Address: Post Office Box 301463; Zip 36130-1463]
Montgomery, Alabama 36110-2400
(334) 271-7823
water-permits@adem.alabama.gov

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

b. Public Hearing

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

Jeffery W. Kitchens, Chief
ADEM-Water Division
1400 Coliseum Blvd
[Mailing Address: Post Office Box 301463; Zip 36130-1463]
Montgomery, Alabama 36110-2400
(334) 271-7823
water-permits@adem.alabama.gov

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

c. Issuance of the Permit

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

review the record may be made by writing the Permits and Services Division at the above address.

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

d. Appeal Procedures

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

**Alabama Environmental Management Commission
1400 Coliseum Blvd
[Mailing Address: Post Office Box 301463; Zip 36130-1463]
Montgomery, Alabama 36110-2400**

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

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0073351**

Date: October 3, 2022

Permit Applicant: Enviro-Systems, LLC
1200 Corporate Drive Suite 100
Birmingham, AL 35242

Location: **Enviro-Systems WWTP**
T20S R1E Sec.1
Harpersville, AL 35078

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

Basis for Limitations: Water Quality Model: 0011 - DO, NH₃-N, CBOD₅
0022 - DO, NH₃-N, CBOD₅, Stream Flow
Reissuance with no modification: 0011 - DO, pH, TSS, NH₃-N, E. Coli,
CBOD₅, TSS % Removal, CBOD₅ %
Removal
0021 - DO, pH, TSS, NH₃-N, E. Coli,
CBOD₅, TSS % Removal, and CBOD₅ %
Removal, TRC, Stream Flow
Instream calculation at 7Q10: 0011 - 95%
0021 - 3%
Toxicity based: 0011 & 0021 - TRC
Secondary Treatment Levels: 0011 - TSS, TSS % Removal, CBOD₅ %
Removal
0021 - CBOD₅, CBOD₅ % Removal
Other (described below): 0011 - E. Coli, pH
0021 - TSS, TSS % Removal, E. Coli, pH

Design Flow in Million Gallons per Day: 5.0 MGD (Outfall 0011)
0.25 MGD (Outfall 0021)

Major: Not until the expansion to 5.0 MGD is
completed

Description of Discharge:

Feature ID	Description	Receiving Water	WBC	303(d)	TMDL
001	Treated Municipal Wastewater	Yellow Leaf Creek	Swimming and Other Whole Body Water-Contact Sports (S), Fish and Wildlife (F&W)	No	No
002	Treated Municipal Wastewater	Yellow Leaf Creek	Swimming and Other Whole Body Water-Contact Sports (S), Fish and Wildlife (F&W)	No	No

Discussion:

This is a permit reissuance due to expiration. The current facility is operated as a Hydrograph Controlled Release (HCR) lagoon, with design flow of 0.25 MGD. This permit also contains requirements and limitations for a future expansion to 5.0 MGD facility with continuous discharge. In the permit, Outfall 0011 corresponds to the future 5.0 MGD continuous discharge facility, while Outfall 0021 corresponds to the current 0.25 MGD HCR lagoon discharge.

Due to the facility's proposed expansion from a minor facility (design flow <1 MGD) to a major facility (design flow ≥ 1 MGD), Permit Conditions I.E.2 and I.E.3 of this permit require the Permittee to submit to the Department EPA Form 2F "Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity" within 180 days from the completion of the expansion and EPA Form 2A Part D "Supplemental Application Information: Expanded Effluent Testing Data" within 365 days of the completion of the expansion. Please be aware that Part III.E.1 of this permit states that the permit for this expansion shall expire eighteen months after the issuance date if construction of the new facility has not begun during the eighteen-month period.

For Outfall 0011, the limits for Dissolved Oxygen (DO), Total Ammonia – Nitrogen ($\text{NH}_3\text{-N}$) and five-day Carbonaceous Biochemical Oxygen Demand (CBOD_5) were developed based on a Waste Load Allocation (WLA) model that was completed by the Department's Water Quality Branch (WQB) on November 22, 2021. The monthly average limits for CBOD_5 and $\text{NH}_3\text{-N}$ are 3.5 mg/L and 0.5 mg/L, respectively. The daily minimum DO limit is 6.5 mg/L.

For Outfall 0021, the limits for Dissolved Oxygen (DO), Total Ammonia – Nitrogen ($\text{NH}_3\text{-N}$) and five-day Carbonaceous Biochemical Oxygen Demand (CBOD_5) were developed based on a Waste Load Allocation (WLA) model that was completed by the Department's Water Quality Branch (WQB) on June 16, 2016. The monthly average limits for CBOD_5 and $\text{NH}_3\text{-N}$ are 25 mg/L and 20 mg/L, respectively. The daily minimum DO limit is 5 mg/L.

The 0.25 MGD facility is an HCR lagoon, therefore the allowable discharge flow to the creek is limited by the stream flow. The allowable discharge flow to the stream is given by the following equation developed by the Department's Water Quality Branch

$$\text{Waste flow (MGD)} = [\text{streamflow (cfs)} \times 0.0164] - 0.0209$$

No discharge is allowed when the stream flow in Yellowleaf Creek is less than 1.28 cfs.

The pH daily minimum and daily maximum limits were developed to be supportive of the water-use classification of the receiving stream. For Outfall 0011 the daily minimum and daily maximum pH limits are 6.0 S.U. and 8.5 S.U., respectively. For Outfall 0021 the daily minimum and daily maximum pH limits are 6.0 S.U. and 9.0 S.U., respectively.

The Total Residual Chlorine (TRC) are based on EPA's recommended water quality values and on the current Toxicity Rationale, which considers the available dilution in the receiving stream. The TRC limits for Outfall 0011 are 0.012 mg/L (monthly average) and 0.020 mg/L (daily maximum). Since Outfall 0021 is an HCR discharge, the TRC limits for this outfall were calculated based on the receiving stream flow that is required for the discharge of the facility's design flow of 0.25 MGD. The Outfall 0021 limits for TRC are 0.48 mg/L (monthly average) and 0.83 mg/L (daily maximum).

The imposed E. coli limits were determined based on the water-use classification of the receiving stream. Since Yellowleaf Creek is classified as Swimming/Fish & Wildlife, for both Outfall 0011 and Outfall 0021, the most stringent limits of 126 col/100mL (monthly average) and 235 col/100mL (daily maximum) for the swimming classification are applicable year round.

For Outfall 0011, the Total Suspended Solids (TSS) and TSS % removal limits of 30.0 mg/L monthly average and 85.0%, respectively, are based on the requirements of 40 CFR part 133.102 regarding Secondary Treatment. For Outfall 0021, The TSS and TSS % removal limits of 90 mg/L monthly average and 65.0%, respectively, are based on the requirements of 40 CFR part 133.105 regarding equivalent to Secondary Treatment. For both Outfall 0011 and

Outfall 0021 a minimum percent removal limit of 85.0% is imposed for CBOD₅ also in accordance with 40 CFR 133.102 regarding Secondary Treatment.

For Outfall 0011, this permit requires the Permittee to monitor and report the nutrient-related parameters of Total Kjeldahl Nitrogen (TKN), Nitrate plus Nitrite Nitrogen (NO₂+NO₃-N) and Total Phosphorus (TP) year round. For Outfall 0021, this permit requires the Permittee to monitor and report during the summer (April-October) the nutrient-related parameters of Total Kjeldahl Nitrogen (TKN), Nitrate plus Nitrite Nitrogen (NO₂+NO₃-N) and Total Phosphorus (TP). 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.

Once the expansion to the 5 MGD facility is complete and Outfall 0011 is initiated, the Permittee will be required to conduct chronic toxicity testing with two species (Ceriodaphnia and Pimephales). Toxicity testing is imposed for both survival and life-cycle impairment (i.e., growth and reproduction). Chronic toxicity testing is required at the IWC of 95 percent. Toxicity testing is to be conducted during the months of February, May, August and November. A reduction in toxicity testing frequency may be allowed if no toxicity is demonstrated for four consecutive testing periods and if approved by the Department in writing.

For Outfall 0011, the monitoring frequency for most parameters is three days per week. The monitoring frequency for TKN, TP, NO₂+NO₃-N is once per month. Flow is to be monitored continuously, seven days per week. CBOD₅ and TSS Percent Removals are to be calculated monthly.

For Outfall 0021, the monitoring frequency for most parameters is monthly. The monitoring frequency for TKN, TP, NO₂+NO₃-N is once per month during the summer season. Flow into the lagoon is to be monitored continuously, seven days per week. Effluent flow monitoring is only required on days when discharges occur. CBOD₅ and TSS Percent Removals are to be calculated monthly.

The section of Yellowleaf Creek that contains this discharge is a Tier I stream and is not listed on the most recent 303 (d) list. There are no TMDLs affecting this discharge.

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

Prepared by: Austin Dansby

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Enviro-Systems WWTP Outfall 0011	
NPDES Permit Number:	AL0073351	
Receiving Stream:	Yellowleaf Creek	
Facility Design Flow (Q _w):	5.000 MGD	
Receiving Stream 7Q ₁₀ :	0.410 cfs	
Receiving Stream 1Q ₁₀ :	0.040 cfs	
Winter Headwater Flow (WHF):	2.25 cfs	
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	30 deg. Celsius	
Headwater Background NH ₃ -N Level:	0.11 mg/l	
Receiving Stream pH:	7.0 s.u.	
Headwater Background FC Level (summer):	N/A.	(Only applicable for facilities with diffusers.)
(winter)	N/A.	

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

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 94.97\%$$

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.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 94.97\% \quad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

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

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

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 2.3 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

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

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 NH₃-N limit</u>	<u>Toxicity-based NH₃-N limit</u>
Summer	0.50 mg/l NH ₃ -N	2.30 mg/l NH ₃ -N
Winter	N/A.	N/A

Summer: The DO based limit of 0.50 mg/l NH₃-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.

Chronic toxicity testing is required

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 94.97\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

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: **Swimming, Fish & Wildlife**

Disinfection Type: **Chlorination**

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

	Stream Standard (colonies/100ml)	Effluent Limit (colonies/100ml)
<u>E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)</u>		
Monthly limit as monthly average (November through April):	126	126
Monthly limit as monthly average (May through October):	126	126
Daily Max (November through April):	235	235
Daily Max (May through October):	235	235
<u>Enterococci (applies to Coastal)</u>		
Monthly limit as geometric mean (November through April):	Not applicable	Not applicable
Monthly limit as geometric mean (May through October):	Not applicable	Not applicable
Daily Max (November through April):	Not applicable	Not applicable
Daily Max (May through October):	Not applicable	Not applicable

MAXIMUM ALLOWABLE CHLORINATION LIMITS

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

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

Maximum allowable TRC in effluent:	0.012 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.020 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:

Austin Dansby

Date:

3/28/2022

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Enviro-Systems WWTP Outfall 0021	
NPDES Permit Number:	AL0073351	
Receiving Stream:	Yellowleaf Creek	
Facility Design Flow (Q _w):	0.250 MGD	
Receiving Stream 7Q ₁₀ :	16.518 cfs	Minimum Stream Flow Required for Discharge
Receiving Stream 1Q ₁₀ :	16.518 cfs	Minimum Stream Flow Required for Discharge
Winter Headwater Flow (WHF):	16.52 cfs	Minimum Stream Flow Required for Discharge
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	30 deg. Celsius	
Headwater Background NH ₃ -N Level:	0.11 mg/l	
Receiving Stream pH:	7.0 s.u.	
Headwater Background FC Level (summer):	N/A.	(Only applicable for facilities with diffusers.)
(winter)	N/A.	

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

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 2.29\%$$

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.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 2.29\% \quad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

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

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

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 90.5 \text{ mg/l NH}_3\text{-N at } 7Q_{10} \end{aligned}$$

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

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 NH₃-N limit</u>	<u>Toxicity-based NH₃-N limit</u>
Summer	20.00 mg/l NH ₃ -N	90.50 mg/l NH ₃ -N
Winter	N/A.	N/A.

Summer: The DO based limit of 20.00 mg/l NH₃-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 ($Q_w < 1.0$ MGD) with no SID permits. No toxicity testing is required.

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 2.29\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

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: **Swimming, Fish & Wildlife**

Disinfection Type: **Chlorination**

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

	<u>Stream Standard</u> (colonies/100ml)	<u>Effluent Limit</u> (colonies/100ml)
<u>E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)</u>		
Monthly limit as monthly average (November through April):	126	126
Monthly limit as monthly average (May through October):	126	126
Daily Max (November through April):	235	235
Daily Max (May through October):	235	235
<u>Enterococci (applies to Coastal)</u>		
Monthly limit as geometric mean (November through April):	Not applicable	Not applicable
Monthly limit as geometric mean (May through October):	Not applicable	Not applicable
Daily Max (November through April):	Not applicable	Not applicable
Daily Max (May through October):	Not applicable	Not applicable

MAXIMUM ALLOWABLE CHLORINATION LIMITS

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

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

Maximum allowable TRC in effluent:	0.48 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.83 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:

Austin Dansby

Date:

12/6/2022

Waste Load Allocation Summary

Page 1

REQUEST INFORMATION

Request Number: 3833

From:	Austin Dansby	In Branch/Section	Municipal
Date Submitted	11/1/2021	Date Required	12/1/2021
FUND Code		605	
Date Permit application received by NPDES program		5/28/2021	
Receiving Waterbody	Yellowleaf Creek		
Previous Stream Name			
Facility Name	Enviro-Systems WWTP	(Name of Discharger-WQ will use to file)	
		Previous Discharger Name	
River Basin	Coosa	Outfall Latitude	33.320329 (decimal degrees)
*County	Shelby	Outfall Longitude	-86.494763 (decimal degrees)
Permit Number	AL0073351	Permit Type	Permit Reissuance
		Permit Status	Active
		Type of Discharger	MUNICIPAL
Do other discharges exist that may impact the model?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, impacting dischargers names.

Pine Mountain CWF

Impacting dischargers permit numbers.

AL0084387

Existing Discharge Design Flow	5	MGD	Note: The flow rates given should be those requested for modeling.
Proposed Discharge Design Flow		MGD	

Comments included

☐ Yes ☒ No

Information Verified By

Year File Was Created

Response ID Number 1864

Lat/Long Method GPS

12 Digit HUC Code 031501070205

Use Classification S / F&W

Site Visit Completed? ☒ Yes ☐ No

Date of Site Visit 11/17/2021

Waterbody Impaired? ☐ Yes ☒ No

Date of WLA Response 11/22/2021

Antidegradation ☐ Yes ☒ No

Approved TMDL?

☐ Yes ☒ No

Waterbody Tier Level Tier I

Approval Date of TMDL

Use Support Category 1

Waste Load Allocation Information

Modeled Reach Length 5.88

Miles

Date of Allocation 11/18/2021

Name of Model Used SWQM

Allocation Type Annual

Model Completed by Matthew Revel

Type of Model Used Desk-top

Waste Load Allocation Summary

Page 2

Annual Effluent Limits	Conventional Parameters				Other Parameters					
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD		
Season			Season				Season			
From			From				From			
Through			Through				Through			
CBOD5 3.5 mg/L			CBOD5				TP			
NH3-N 0.5 mg/L			NH3-N				TN			
TKN			TKN				TSS			
D.O. 6.5 mg/L			D.O.							

"Monitor Only" Parameters for Effluent:

Parameter	Frequency	Parameter	Frequency
TP	Monthly		
NO2+NO3-N	Monthly		
TKN	Monthly		

Water Quality Characteristics Immediately Upstream of Discharge

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

Hydrology at Discharge Location

Drainage Area Qualifier

Exact

Drainage Area	142	sq mi
Stream 7Q10	0.41	cfs
Stream 1Q10	0.04	cfs
Stream 7Q2	2.25	cfs
Annual Average	226.23	cfs

Method Used to Calculate

ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data

Comments
and/or
Notations

Waste Load Allocation Summary

Page 1

REQUEST INFORMATION

Request Number: 3326

From: Nic Caraway In Branch/Section: Municipal
Date Submitted: 4/7/2016 Date Required: 5/7/2016 FUND Code: 605

Receiving Waterbody: Yellowleaf Creek

Date Permit application received by NPDES program

Previous Stream Name

Facility Name: Enviro-Systems WWTP

(Name of Discharger-WQ will use to file)

Previous Discharger Name

River Basin: Coosa

Outfall Latitude: 33.32017 (decimal degrees)

County: Shelby

Outfall Longitude: -86.49453 (decimal degrees)

Permit Number: AL0073351

Permit Type: CONVERSION

Permit Status: Active

Type of Discharger: SEMIPUBLIC/PRIVATE

Do other discharges exist that may impact the model?

☐ Yes ☒ No

If yes, impacting dischargers names.

Impacting dischargers permit numbers.

Existing Discharge Design Flow: 0.25

MGD

Proposed Discharge Design Flow: 0.25

MGD

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

Comments included

☒ Yes ☐ No

Information Verified By: TCG

Year File Was Created: 2000

Response ID Number: 1547

Lat/Long Method: GPS

12 Digit HUC Code: 031501070205

Use Classification: S / F&W

Site Visit Completed? ☒ Yes ☐ No

Date of Site Visit: 6/2/2016

Waterbody Impaired? ☐ Yes ☒ No

Date of WLA Response: 6/16/2016

Antidegradation ☐ Yes ☒ No

Approved TMDL?

☐ Yes ☒ No

Waterbody Tier Level: Tier II

Use Support Category: 3

Approval Date of TMDL

Waste Load Allocation Information

Modeled Reach Length: 8.43

Miles

Date of Allocation: 6/6/2016

Name of Model Used: SWQM

Allocation Type: HCR

Model Completed by: Taylor Griswell

Type of Model Used: Desk-top

Allocation Developed by: Water Quality Branch

Waste Load Allocation Summary

Page 2

Annual Effluent Limits	Conventional Parameters				Other Parameters			
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD
Season			Season			Season		
From			From			From		
Through			Through			Through		
CBOD5 25 mg/L			CBOD5			TP		
NH3-N 20 mg/L			NH3-N			TN		
TKN			TKN			TSS		
D.O. 5 mg/L			D.O.					

"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	mg/l
NH3-N	0.11 mg/l	mg/l
Temperature	28 °C	°C
pH	7 su	su

Hydrology at Discharge Location

Drainage Area Qualifier	Drainage Area	141.6 sq mi	Method Used to Calculate
Exact	Stream 7Q10	0.84 cfs	ADEM Estimate w/USGS Gage Data
	Stream 1Q10	0.68 cfs	ADEM Estimate w/USGS Gage Data
	Stream 7Q2	2.69 cfs	ADEM Estimate w/USGS Gage Data
	Annual Average	227.73 cfs	ADEM Estimate w/USGS Gage Data

Comments and/or Notations The facility currently has an HCR system. The facility also has a permit for a continuous discharge of 5.0 MGD. The analysis completed for this WLA was for the HCR system. Updated allowable wasteflow equation is as follows:

Allowable wasteflow (MGD) = [0.0164 X Streamflow (cfs)] - 0.0209
 No discharge when streamflow is less than 1.28 cfs,

EPA Identification Number 110010068283		NPDES Permit Number AL0073351		Facility Name Enviro-Systems WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2A NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS					
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))							
Facility Information	1.1	Facility name Enviro-Systems WWTP					
		Mailing address (street or P.O. box) 1200 Corporate Drive, Suite 100					
		City or town Birmingham			State Alabama		ZIP code 35242
		Contact name (first and last) Stanley Graves		Title Managing Partner		Phone number (205) 437-3779	Email address Stan@gracoresourcesinc.com
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address Township 20S, Range 1E, Section 1					
		City or town Shelby County			State Alabama		ZIP code 35078
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No					
Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.					
		Applicant name					
		Applicant address (street or P.O. box)					
		City or town			State		ZIP code
		Contact name (first and last)		Title		Phone number	Email address
	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both					
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)					
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)					
		Existing Environmental Permits					
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) AL0073351		<input type="checkbox"/> RCRA (hazardous waste)		<input type="checkbox"/> UIC (underground injection control)	
		<input type="checkbox"/> PSD (air emissions)		<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)	
		<input type="checkbox"/> Ocean dumping (MPRSA)		<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input type="checkbox"/> Other (specify)	

RECEIVED

NOV 01 2021

MUNICIPAL SECTION

EPA Identification Number 110010068283		NPDES Permit Number AL0073351		Facility Name Enviro-Systems WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.					
		Municipality Served	Population Served	Collection System Type (Indicate percentage)		Ownership Status	
		Highway 280 Corridor, NE Shelby Co.		100	% separate sanitary sewer	<input checked="" type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain
					% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/> Unknown		<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
					% separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
					% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/> Unknown		<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
					% separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
					% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			<input type="checkbox"/> Unknown		<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
	Total Population Served						
			Separate Sanitary Sewer System		Combined Storm and Sanitary Sewer		
	Total percentage of each type of sewer line (in miles)		100 %		%		
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.				Design Flow Rate	
						0.25 mgd	
		Annual Average Flow Rates (Actual)					
		Two Years Ago		Last Year		This Year	
		0.001 mgd		0.001 mgd		0.000 mgd	
		Maximum Daily Flow Rates (Actual)					
		Two Years Ago		Last Year		This Year	
	0.250 mgd		0.250 mgd		0.000 mgd		
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.					
		Total Number of Effluent Discharge Points by Type					
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows	
	1						

EPA Identification Number 110010068283		NPDES Permit Number AL0073351		Facility Name Enviro-Systems WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
-------------------------------------------	--	----------------------------------	--	--------------------------------------	--	---------------------------------------------	--

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.					
		Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status	
		Highway 280 Corridor, NE Shelby Co.		100	% separate sanitary sewer	<input checked="" type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain
				—	% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/>	Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				—	% separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				—	% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/>	Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				—	% separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				—	% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/>	Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain		
		Total Population Served					
		Separate Sanitary Sewer System		Combined Storm and Sanitary Sewer			
		Total percentage of each type of sewer line (in miles)		100 %	%		

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

Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.			Design Flow Rate
		FUTURE 5MGD WWTP			5.0 mgd
		Annual Average Flow Rates (Actual)			
		Two Years Ago	Last Year	This Year	
		0.001 mgd	0.001 mgd	0.000 mgd	
		Maximum Daily Flow Rates (Actual)			
		Two Years Ago	Last Year	This Year	
		0.250 mgd	0.250 mgd	0.000 mgd	

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

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
-------------------------------------------	----------------------------------	--------------------------------------	---------------------------------------------

Outfalls and Other Discharge or Disposal Methods

Outfalls Other Than to Waters of the United States

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?
☐ Yes ☒ No → SKIP to Item 1.14.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

Surface Impoundment Location and Discharge Data		
Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?
☐ Yes ☒ No → SKIP to Item 1.16.

1.15 Provide the land application site and discharge data requested below.

Land Application Site and Discharge Data			
Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?
☐ Yes ☒ No → SKIP to Item 1.21.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).

1.18 Is the effluent transported by a party other than the applicant?
☐ Yes ☐ No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data		
Entity name	Mailing address (street or P.O. box)	
City or town	State	ZIP code
Contact name (first and last)	Title	
Phone number	Email address	

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
-------------------------------------------	----------------------------------	--------------------------------------	---------------------------------------------

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

Variance Requests	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable
--------------------------	------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Contractor Information	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 2.		
	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.		
	Contractor Information			
		Contractor 1	Contractor 2	Contractor 3
	Contractor name (company name)	Harris H2O Services (James Harris)		
	Mailing address (street or P.O. box)	2331 Bon Air Road		
	City, state, and ZIP code	Sylacauga, AL 35150		
	Contact name (first and last)	James Harris		
	Phone number	(205) 966-7103		
	Email address	jharris197@gmail.com		
Operational and maintenance responsibilities of contractor	Operations/Maintenance of the WWTP			

SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))

Design Flow	Outfalls to Waters of the United States						
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.			Average Daily Volume of Inflow and Infiltration		
					>1,000 gpd		
		Indicate the steps the facility is taking to minimize inflow and infiltration. Collection system is comprised entirely of low pressure force mains					
Topographic Map	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Scheduled Improvements and Schedules of Implementation	2.5	Are improvements to the facility scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
		Briefly list and describe the scheduled improvements.					
		1. FUTURE 5MGD WWTP PLANNED					
		2. Headworks - Aeration Basin - Settling Basin - Filtration and UV Disinfection - Cascade Aerator					
		3.					
	2.6	Provide scheduled or actual dates of completion for improvements.					
		Scheduled or Actual Dates of Completion for Improvements					
		Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
		1.	021	Unknown	Unknown	Unknown	Unknown
		2.					
3.							
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None required or applicable						
	Explanation:						
	Future WWTP will be constructed once warranted by development in the area.						

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))			
Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)	
		Outfall Number <u>021</u>	Outfall Number <u>011</u>
	State	Alabama	Alabama
	County	Shelby	Shelby
	City or town	T20S-R1E-SEC1	T20S-R1E-SEC1
	Distance from shore	N/A ft.	N/A ft.
	Depth below surface	N/A ft.	N/A ft.
	Average daily flow rate	0.001 mgd	N/A (FUTURE) mgd
	Latitude	33° 19' 21.99" N	33° 19' 21.99" N
	Longitude	86° 29' 35.19" W	86° 29' 35.19" W
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.4.	
	3.3	If so, provide the following information for each applicable outfall.	
		Outfall Number <u>021</u>	Outfall Number <u>011</u>
	Number of times per year discharge occurs	Discharge stops when stream flow is below permitted level.	N/A (FUTURE)
	Average duration of each discharge (specify units)		N/A (FUTURE)
	Average flow of each discharge		N/A (FUTURE) 5MGD WWTP mgd
Months in which discharge occurs	N/A (FUTURE)		
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.	
	3.5	Briefly describe the diffuser type at each applicable outfall.	
		Outfall Number _____	Outfall Number _____
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.	

EPA Identification Number 110010068283		NPDES Permit Number AL0073351		Facility Name Enviro-Systems WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.					
			Outfall Number <u>021</u>	Outfall Number <u>011</u>	Outfall Number _____		
	Receiving water name	Yellowleaf Creek		Yellowleaf Creek			
	Name of watershed, river, or stream system	Lower Yellowleaf Creek		Lower Yellowleaf Creek			
	U.S. Soil Conservation Service 14-digit watershed code	031501070205100		031501070205100			
	Name of state management/river basin	Coosa River Basin		Coosa River Basin			
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	03150107		03150107			
	Critical low flow (acute)	cfs		cfs		cfs	
	Critical low flow (chronic)	cfs		cfs		cfs	
	Total hardness at critical low flow	mg/L of CaCO ₃		mg/L of CaCO ₃		mg/L of CaCO ₃	
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.					
			Outfall Number <u>021</u>	Outfall Number <u>011</u>	Outfall Number _____		
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)			
	Design Removal Rates by Outfall		FUTURE				
	BOD ₅ or CBOD ₅	98.00 %	%	%			
	TSS	99.00 %	%	%			
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %			
	Nitrogen	<input type="checkbox"/> Not applicable 98.00 %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %			
	Other (specify)	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %			
			%	%	%		

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
-------------------------------------------	----------------------------------	--------------------------------------	---------------------------------------------

Effluent Testing Data Continued	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.				
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width: 50%; text-align: center;">Summary of Results</th> </tr> <tr> <td style="height: 80px;"></td> <td></td> </tr> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
	3.23	Describe the cause(s) of the toxicity: <div style="height: 60px;"></div>				
	3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
3.25	Provide details of any toxicity reduction evaluations conducted. <div style="height: 60px;"></div>					
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.					

SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))

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

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

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

EPA Identification Number 110010068283		NPDES Permit Number AL0073351		Facility Name Enviro-Systems WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
-------------------------------------------	--	----------------------------------	--	--------------------------------------	--	---------------------------------------------	--

CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)					
			CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____		
		City or town					
		State and ZIP code					
		County					
		Latitude	° ' "	° ' "	° ' "		
		Longitude	° ' "	° ' "	° ' "		
		Distance from shore	ft.	ft.	ft.		
		Depth below surface	ft.	ft.	ft.		

CSO Monitoring	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?					
			CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____		
		Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CSO Events in Past Year	5.6	Provide the following information for each of your CSO outfalls.					
			CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____		
		Number of CSO events in the past year	events	events	events		
		Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		
		Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		
		Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		

CSO Receiving Waters	5.7	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Receiving water name			
	Name of watershed/ stream system			
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/river basin			
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
	<input checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	6.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
		Name (print or type first and last name) Stanley Graves	Official title Managing Partner
	Signature 	Date signed 10-28-21	

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Outfall Number 021
-------------------------------------------	----------------------------------	--------------------------------------	-----------------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input checked="" type="checkbox"/> CBOD ₅ (report one)	6.0	mg/L	2.50	mg/L	4		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform E. Coli	120	col/100 mL	33	col/100 mL	4		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	0.25	MGD	0.25	MGD	4		
pH (minimum)	6.90	S.U.					
pH (maximum)	7.35	S.U.					
Temperature (winter)					4		
Temperature (summer)					4		
Total suspended solids (TSS)	2	mg/L	1	mg/L	4		

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

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Outfall Number 021
-------------------------------------------	----------------------------------	--------------------------------------	-----------------------

Form Approved 03/05/19
OMB No. 2040-0004

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

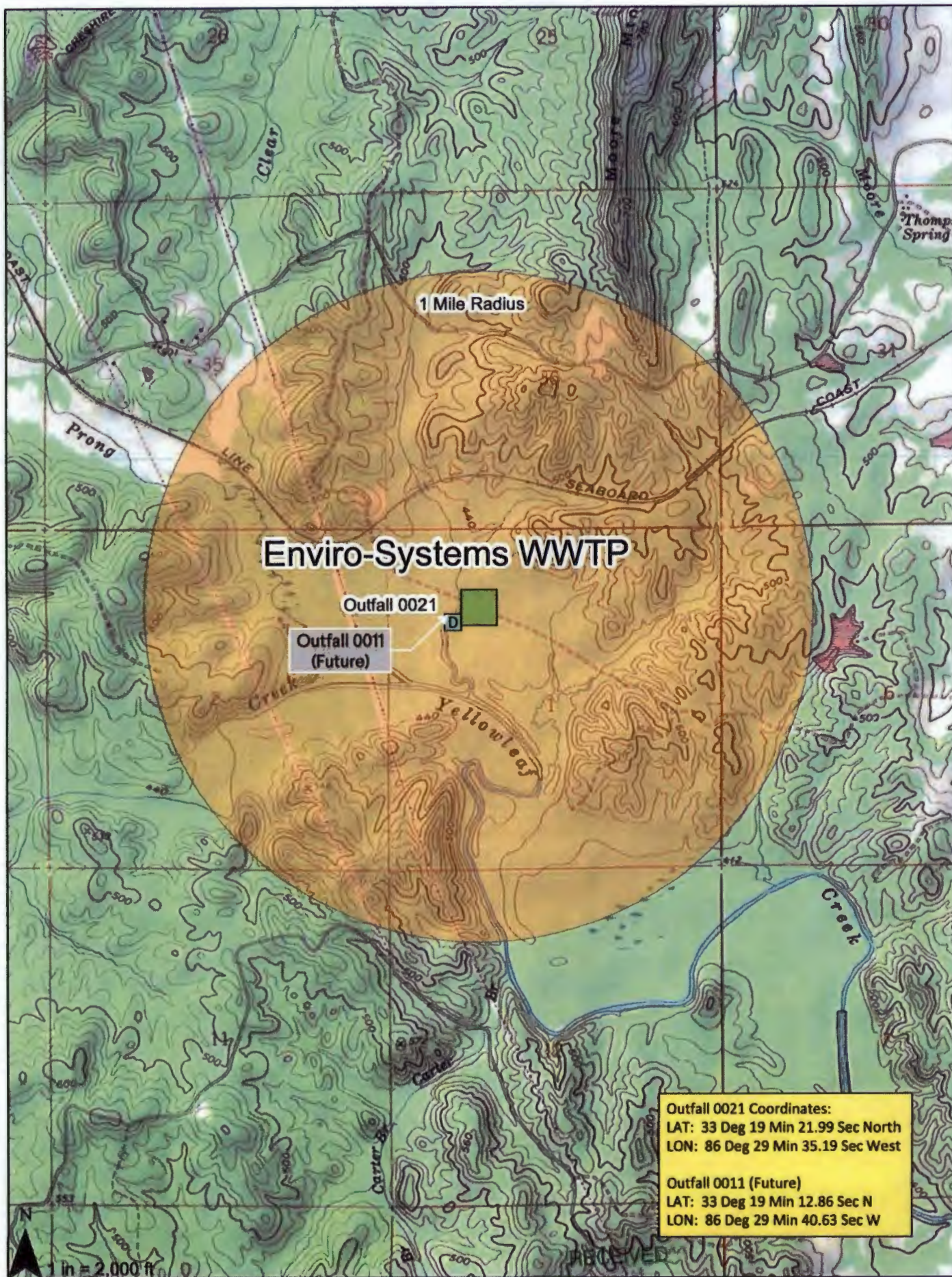
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	5.80	mg/L	2.20	mg/L	4	350.2	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen (Min.)	11.6	mg/L	9.11	mg/L	4	360.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	*DNT	mg/L				4500 N03E	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	1.40	mg/L	1.40	mg/L	1	351.3	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	*DNT	mg/L				8190	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	Not Required						<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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

*DNT - Did not test (No Results). NCF Form to be filed regarding this for April, 2019, and May, 2021.

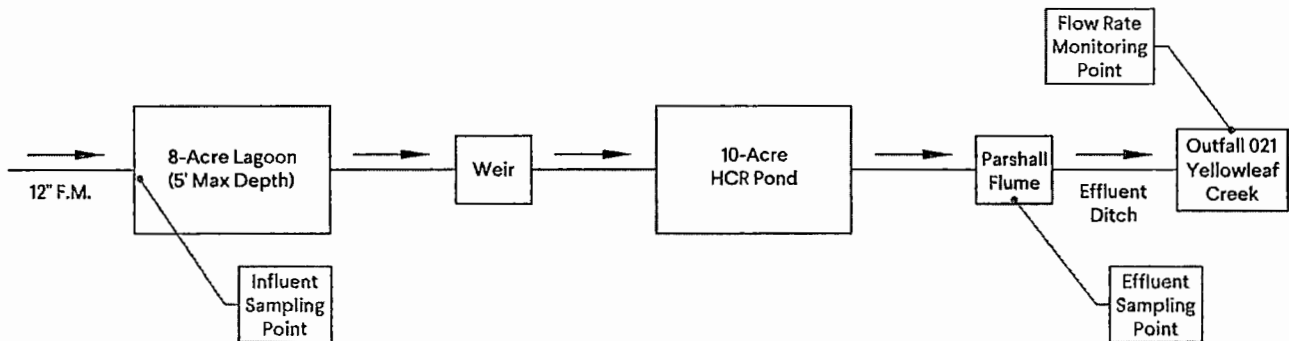
RECEIVED
DEC 17 2021
MUNICIPAL SECTION



DEC 17 2021

MUNICIPAL SECTION

Enviro-Systems WWTP Flow Schematic



RECEIVED
DEC 17 2021
MUNICIPAL SECTION

ENVIRO-SYSTEMS, LLC.
WWTP FLOW SCHEMATIC
SHELBY COUNTY, ALABAMA

NPDES PERMIT NO.: AL0073351
2021 PERMIT RENEWAL APPLICATION

S1.01

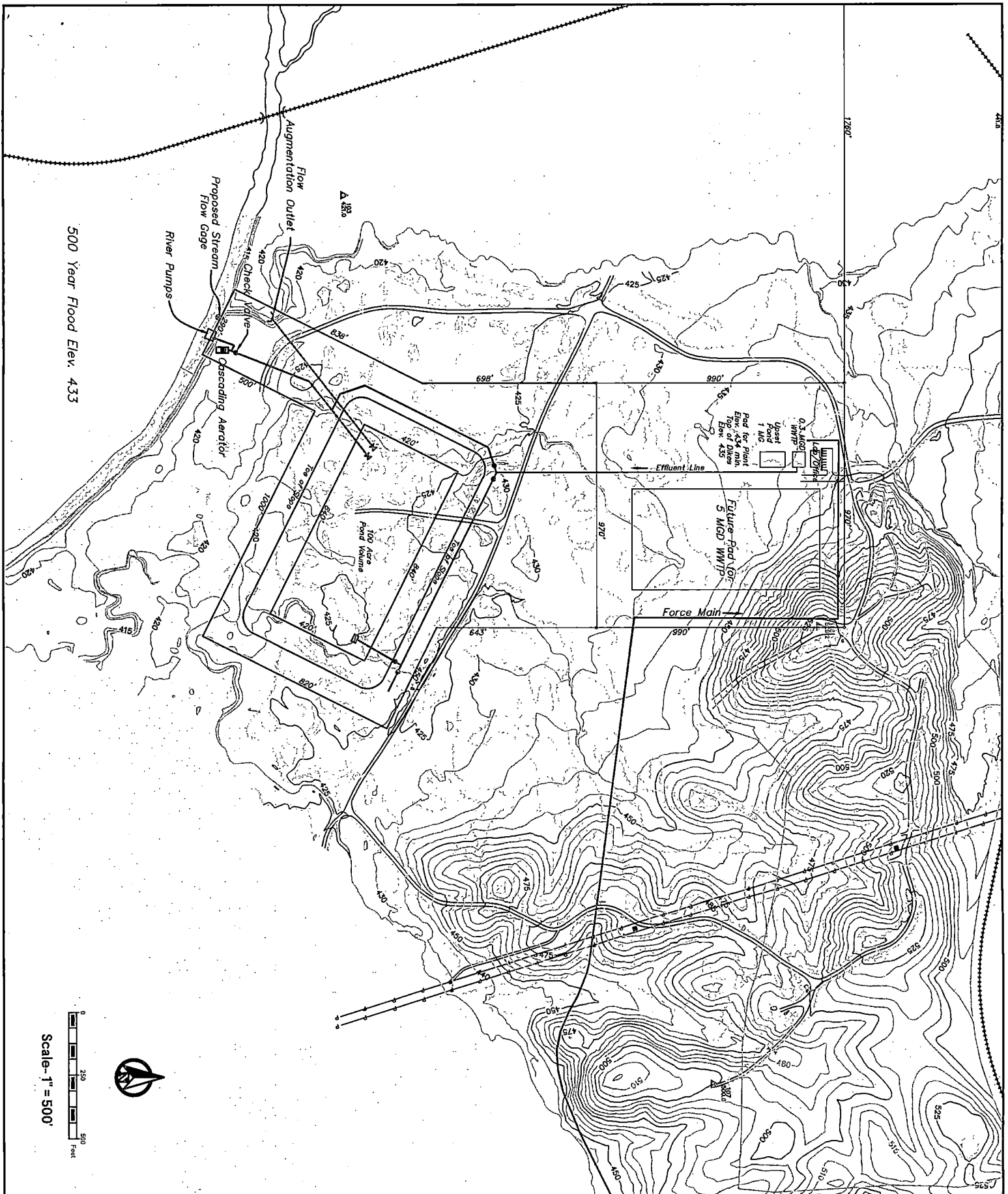
SUPPLEMENTAL DRAWING

GMC # N/A
12/07/2021

DRAWN BY: PRR

2701 1st Avenue S
Birmingham, AL 35233
T 205.879.4462
GMCNETWORK.COM

GMC



ENVIRO-SYSTEMS, LLC.
PROPOSED FUTURE 5MGD WWTP
SHELBY COUNTY, ALABAMA

2021 NPDES PERMIT RENEWAL APPLICATION

S2.01

SUPPLEMENTAL DRAWING

GMC # N/A

10/18/2021

DRAWN BY: PRR

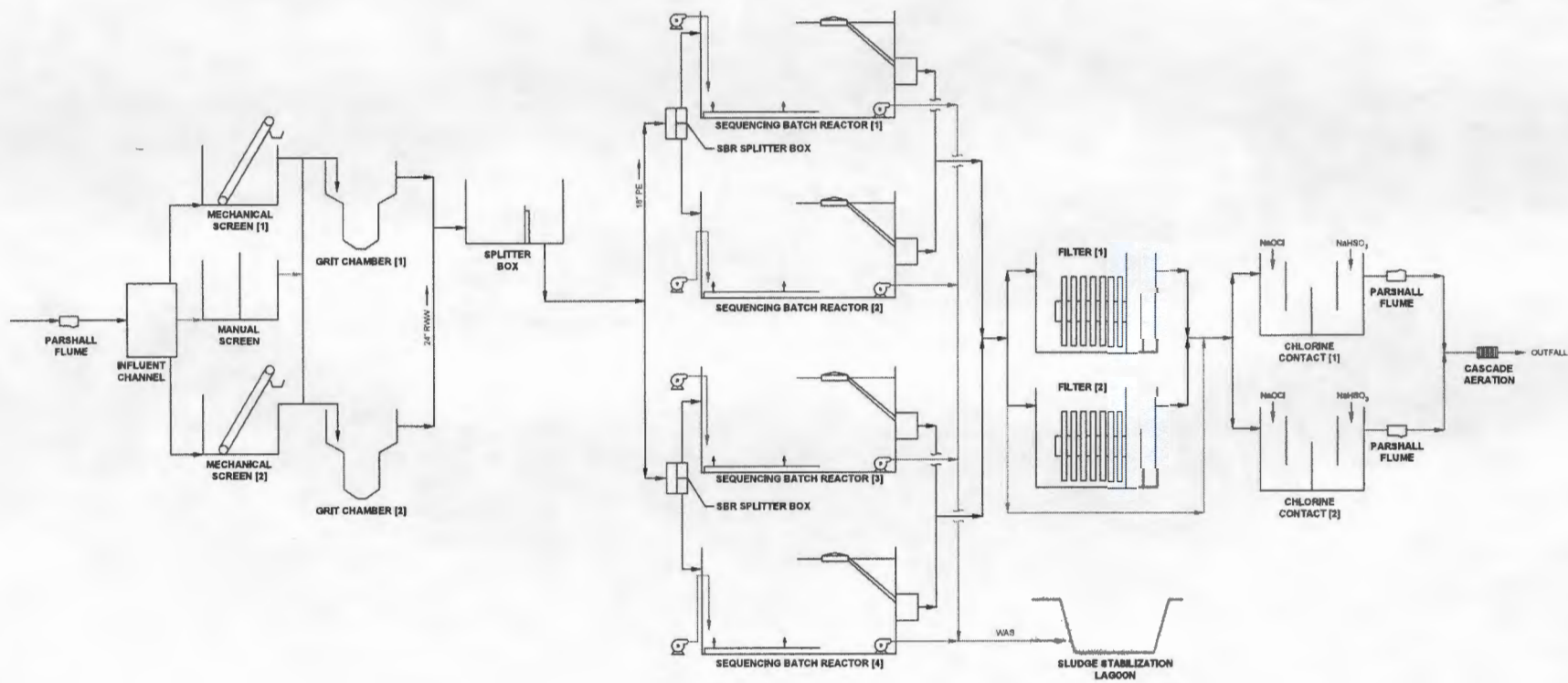
2660 East Chase Lane, Suite 200

Montgomery, AL 36117

T 334.271.3200

GMCNETWORK.COM

GMC



IDENTIFICATION	SCREENS	GRIT	PARSHALL FLUME (1)	FLOW SPLITTER BOXES	SEQUENCING BATCH REACTOR	FILTERS	CHLORINE CONTACT (1)	CHLORINE CONTACT (2)
DESIGN FLOWRATE - MGD	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
PEAK FLOW/DESIGN FLOWRATE - MGD	15	15	>15	15	15	15	7.5	7.5

Rosie Holman

From: Rosie Holman
Sent: Thursday, October 28, 2021 10:55 AM
To: Russ Roberts
Subject: RE: Enviro-Systems - Application for NPDES Permit AL0073351

RECEIVED

NOV 01 2021

MUNICIPAL SECTION

Thanks, Russ!

I will send to his attention.

Rosie

From: Russ Roberts [mailto:rroberts@bridgewoodeng.com]
Sent: Thursday, October 28, 2021 10:54 AM
To: Rosie Holman <rosie@enviro-systemsllc.com>
Subject: Re: Enviro-Systems - Application for NPDES Permit AL0073351

Hi Rosie,

Those forms would need to be sent to **Austin Dansby at ADEM** at the same address. I think Dustin has moved to a different division within ADEM.

Sent from my iPhone

On Oct 28, 2021, at 10:35 AM, Rosie Holman <rosie@enviro-systemsllc.com> wrote:

Good morning, Russ!

We received the above application and Stan has signed the Form 2A and Form 2S.

We mailed the earlier application to Dustin Stokes at ADEM, 1400 Coliseum Blvd., Montgomery 36110.

Do we mail these to him?

Any further instructions?

Thanks!

Rosie Holman

Enviro-Systems, LLC
1200 Corporate Drive – Suite 100
Birmingham, AL 35242
205/437-3779 (ofc)
205/437-9930 (fax)
Rosie@enviro-systemsllc.com

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

RECEIVED
MAY 28 2021
MUNICIPAL SECTION

PURPOSE OF THIS APPLICATION

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initial Permit Application for New Facility*
<input type="checkbox"/> Modification of Existing Permit
<input type="checkbox"/> Revocation & Reissuance of Existing Permit | <input type="checkbox"/> Initial Permit Application for Existing Facility*
<input checked="" type="checkbox"/> Reissuance of Existing Permit

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

SECTION A – GENERAL INFORMATION

1. Facility Name: Enviro-Systems WWTP Facility County: Shelby

a. Operator Name: Harris H2O Services (James Harris)

b. Is the operator identified in A.1.a, the owner of the facility? ☐ Yes ☒ No

If No, provide the following information:

Operator Name: James Harris

Operator Address (Street or PO Box): 2331 Bon Air Road

City: Sylacauga Alabama Zip: 35150

Phone Number: (205) 966-7103 Email Address: jharris197@gmail.com

Operator Status:

- ☐ Public-federal ☐ Public-state ☐ Public-other (please specify): _____
☒ Private ☐ Other (please specify): _____

Describe the operator's scope of responsibility for the facility:

Operations/Maintenance of the WWTP

c. Name of Permittee* if different than Operator: Enviro-Systems, LLC.

*Permittee will be responsible for compliance with the conditions of the permit

2. NPDES Permit Number: AL0073351 (Not applicable if initial permit application)

3. Facility Location (Front Gate): Latitude: 33° 19' 21.16" Longitude: 86° 29' 25.73"

4. Responsible Official (as described on last page of this application):

Name and Title: Stanley Graves, Managing Partner

Address: 1200 Corporate Drive, Suite 100

City: Birmingham State: Alabama Zip: 35242

Phone Number: (205) 437-3779 Email Address: Stan@gracoresourcesinc.com

5. Designated Facility/DMR Contact:

Name: Stanley Graves Title: Managing Partner

Phone Number: (205) 437-3779 Email Address: Stan@gracoresourcesinc.com

6. Designated Emergency Contact:

Name: James Harris Title: Operator

Phone Number: (205) 966-7103 Email Address: jharris197@gmail.com

7. 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.4.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

8. 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>
Enviro-Systems WWTP	AL0073351	NCF	3/28/2018
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION B – WASTEWATER DISCHARGE INFORMATION

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

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

For each shared outfall, provide the following:

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

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

Current: Flow Metering ☒ Yes ☐ No ☐ N/A
Sampling Equipment ☐ Yes ☒ No ☐ N/A
Planned: Flow Metering ☐ Yes ☐ No ☒ N/A
Sampling Equipment ☐ Yes ☐ No ☒ 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:

4. 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

If Yes, 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
Lagoon Effluent	10-Acre HCR Pond

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

SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS

1. 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?
N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

2. 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:

	<u>Yes</u>	<u>No</u>
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?

The Enviro-Systems Wastewater Treatment Facility (WWTF) is currently permitted for a discharge flow limit of 0.25 MGD and a future discharge flow limit of 5.0 MGD. The WWTF and associated collection infrastructure was constructed to address the growth along the Highway 280 corridor in Shelby County.

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

An expansion to the WWTF would require an increase in operations and maintenance personnel for both the treatment facility and the associated collection system that the facility accommodates. In addition, growth within the service area will likely result in an increase in business and industry, thus increasing the number of jobs.

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

Employment reductions are unlikely with an expansion of the WWTF as more equipment for monitoring and testing would be required. Thus, an increase in operations and maintenance personnel would be required. An overall increase in employment would be expected.

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

The discharger will collect sewer connection fees from customers connecting to the system for the first time along with monthly service fees from existing customers. An increase in discharge capacity would result in more revenue potential for the discharger, thus more government tax revenue.

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

The expanded facility would increase the potential for commercial and industrial development in the area by treating increased sanitary sewer flows created by such growth

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

The increased discharge flow will allow for new commercial and industrial development in the area of the associated collection system. The increase in development would be expected to increase the overall standard of living in the area. In addition, the expansion would allow a single point discharge of sewage effluent away from development, resulting in the protection of public health.

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. 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. If the facility design capacity is equal to or greater than 1 MGD, Form 2F is also required.
2. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and Form 2F.
3. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 1 and Form 2C.
4. 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

See ADEM 335-6-6-.08(i) & (j).

SECTION I – RECEIVING WATERS

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

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

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

SECTION J – APPLICATION CERTIFICATION

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

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

Signature of Responsible Official: 

Date Signed: 5/25/21

Name: Stanley Graves

Title: Managing Partner

If the Responsible Official signing this application is not identified in Section A.4 or A.7, provide the following information:


Mailing Address: 1200 Corporate Drive, Suite 100

City: Birmingham State: Alabama Zip: 35242

Phone Number: (205) 437-3779 Email Address: Stan@gracoresourcesinc.com

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.

EPA Identification Number 110010068283		NPDES Permit Number AL0073351		Facility Name Enviro-Systems WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2S NPDES				U.S. Environmental Protection Agency Application for NPDES Permit for Sewage Sludge Management NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE			
PRELIMINARY INFORMATION							
Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application?							
<input checked="" type="checkbox"/> Yes → Complete Part 2 of application package (begins p. 7). <input type="checkbox"/> No → Complete Part 1 of application package (below).							
PART 1		LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))					
Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).							
PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))							
Facility Information	1.1	Facility name					
		Mailing address (street or P.O. box)					
		City or town				State	ZIP code
		Contact name (first and last)		Title	Phone number	Email address	
		Location address (street, route number, or other specific identifier)					
		<input type="checkbox"/> Same as mailing address					
	City or town		State		ZIP code		
1.2	Ownership Status						
	<input type="checkbox"/> Public—federal		<input type="checkbox"/> Public—state		<input type="checkbox"/> Other public (specify) _____		
	<input type="checkbox"/> Private		<input type="checkbox"/> Other (specify) _____				
PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))							
Applicant Information	2.1	Is applicant different from entity listed under Item 1.1 above?					
	<input type="checkbox"/> Yes						<input type="checkbox"/> No → SKIP to Item 2.3 (Part 1, Section 2).
	2.2	Applicant name					
		Applicant address (street or P.O. box)					
		City or town				State	ZIP code
		Contact name (first and last)		Title	Phone number	Email address	
	2.3	Is the applicant the facility's owner, operator, or both? (Check only one response.)					
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Both			
2.4	To which entity should the NPDES permitting authority send correspondence? (Check only one response.)						
<input type="checkbox"/> Facility		<input type="checkbox"/> Applicant		<input type="checkbox"/> Facility and applicant (they are one and the same)			
PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))							
Sewage Sludge Amount	3.1	Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:					
		Practice					Dry Metric Tons per 365-Day Period
		Amount generated at the facility					
		Amount treated at the facility					
		Amount used (i.e., received from off site) at the facility					
		Amount disposed of at the facility					

RECEIVED

EPA Identification Number
110010068283

NPDES Permit Number
AL0073351

Facility Name
Enviro-Systems WWTP

Form Approved 03/05/19
OMB No. 2040-0004

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

Pollutant Concentrations

4.1

Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than 4.5 years old.

☐ Check here if you have provided a separate attachment with this information.

Pollutant	Concentration (mg/kg dry weight)	Analytical Method	Detection Level for Analysis
Arsenic			
Cadmium			
Chromium			
Copper			
Lead			
Mercury			
Molybdenum			
Nickel			
Selenium			
Zinc			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
-------------------------------------------	----------------------------------	--------------------------------------	---------------------------------------------

PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(c)(2)(iii)(C))

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

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

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

EPA Identification Number 110010068283		NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
Checklist and Certification Statement Continued	8.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
		Name (print or type first and last name)	Official title	Phone number
		Signature		Date signed

PART 1 APPLICANTS STOP HERE.

Submit completed application package to your NPDES permitting authority.

This page intentionally left blank.

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

PART 2	PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))
---------------	----------------------------------------------------------

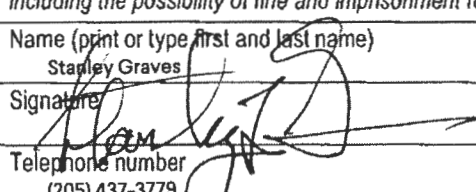
Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit.
Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.

PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1-7) AND (q)(13))				
All Part 2 applicants must complete this section.				
General Information	Facility Information			
	1.1	Facility name Enviro-Systems WWTP		
		Mailing address (street or P.O. box) 1200 Corporate Drive, Suite 100		
		City or town Birmingham	State Alabama	ZIP code 35242
		Phone number (205) 437-3779		
		Contact name (first and last) Stanley Graves	Title Managing Partner	Email address Stan@gracoresourcesinc.com
		Location address (street, route number, or other specific identifier) Township 20S, Range 1E, Section 1		
		<input type="checkbox"/> Same as mailing address		
		City or town	State Alabama	ZIP code 35078
	1.2	Is this facility a Class I sludge management facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	1.3	Facility Design Flow Rate	0.250 million gallons per day (mgd)	
	1.4	Total Population Served	1,000	
	1.5	Ownership Status		
		<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____		
	Applicant Information			
1.6	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1).			
1.7	Applicant name			
	Applicant mailing address (street or P.O. box)			
	City or town	State	ZIP code	
	Contact name (first and last)	Title	Phone number	
	Email address			
1.8	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Both			
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)			

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

1.10	Facility's NPDES permit number <input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.	AL0073351
1.11	Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.	
	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> Nonattainment program (CAA)
	<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Dredge or fill (CWA Section 404)
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> UIC (underground injection of fluids)
	<input type="checkbox"/> NESHAPs (CAA)	
	<input type="checkbox"/> Other (specify) _____	
Indian Country		
1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below.	
1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs. All sludge generated is contained within the facility's 10-acre HCR Lagoon.	
Topographic Map		
1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Line Drawing		
1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Contractor Information		
1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1) below.	
1.17	Provide the following information for each contractor. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.	
	Contractor 1	Contractor 2
Contractor company name	Harris H2O Services (James Harris)	
Mailing address (street or P.O. box)	2331 Bon Air Road	
City, state, and ZIP code	Sylacauga, AL 35150	
Contact name (first and last)	James Harris	
Telephone number	(205) 966-7103	
Email address	jharris197@gmail.com	

EPA Identification Number 110010068283		NPDES Permit Number AL0073351		Facility Name Enviro-Systems WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
--------------------------------------------------	--	-----------------------------------------	--	---------------------------------------------	--	---------------------------------------------	--

General Information Continued	1.17 cont.	Responsibilities of contractor	Contractor 1 Operations/Maintenance of the WWTP	Contractor 2	Contractor 3
	Pollutant Concentrations				
	Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.				
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.				
	1.18	Pollutant	Average Monthly Concentration (mg/kg dry weight)	Analytical Method	Detection Level
		Arsenic	N/A		
		Cadmium	N/A		
		Chromium	N/A		
		Copper	N/A		
		Lead	N/A		
	Mercury	N/A			
	Molybdenum	N/A			
	Nickel	N/A			
	Selenium	N/A			
	Zinc	N/A			
Checklist and Certification Statement					
	1.19	In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.			
		Column 1	Column 2		
		<input checked="" type="checkbox"/> Section 1 (General Information)	<input type="checkbox"/> w/ attachments		
		<input checked="" type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)	<input checked="" type="checkbox"/> w/ attachments		
		<input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)	<input type="checkbox"/> w/ attachments		
		<input type="checkbox"/> Section 4 (Surface Disposal)	<input type="checkbox"/> w/ attachments		
		<input type="checkbox"/> Section 5 (Incineration)	<input type="checkbox"/> w/ attachments		
	1.20	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>			
		Name (print or type first and last name) Stanley Graves		Official title Managing Partner	
		Signature 		Date signed 12/16/21	
		Telephone number (205) 437-3779			
Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements.					

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004																																								
PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(q)(8) THROUGH (12))																																											
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge	2.1	Does your facility generate sewage sludge or derive a material from sewage sludge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3.																																									
	Amount Generated Onsite																																										
	2.2	Total dry metric tons per 365-day period generated at your facility:		Sludge retained in Lagoon.																																							
	Amount Received from Off Site Facility																																										
	2.3	Does your facility receive sewage sludge from another facility for treatment use or disposal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.7 (Part 2, Section 2) below.																																									
	2.4	Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:																																									
	Provide the following information for each of the facilities from which you receive sewage sludge. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.																																										
	2.5	Name of facility Mailing address (street or P.O. box) City or town State ZIP code Contact name (first and last) Title Phone number Email address Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address City or town State ZIP code County County code <input type="checkbox"/> Not available																																									
	2.6	Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:33%;">Amount (dry metric tons)</th> <th style="width:33%;">Pathogen Class and Reduction Alternative</th> <th style="width:33%;">Vector Attraction Reduction Option</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/> Not applicable</td> <td><input type="checkbox"/> Not applicable</td> </tr> <tr><td></td><td><input type="checkbox"/> Class A, Alternative 1</td><td><input type="checkbox"/> Option 1</td></tr> <tr><td></td><td><input type="checkbox"/> Class A, Alternative 2</td><td><input type="checkbox"/> Option 2</td></tr> <tr><td></td><td><input type="checkbox"/> Class A, Alternative 3</td><td><input type="checkbox"/> Option 3</td></tr> <tr><td></td><td><input type="checkbox"/> Class A, Alternative 4</td><td><input type="checkbox"/> Option 4</td></tr> <tr><td></td><td><input type="checkbox"/> Class A, Alternative 5</td><td><input type="checkbox"/> Option 5</td></tr> <tr><td></td><td><input type="checkbox"/> Class A, Alternative 6</td><td><input type="checkbox"/> Option 6</td></tr> <tr><td></td><td><input type="checkbox"/> Class B, Alternative 1</td><td><input type="checkbox"/> Option 7</td></tr> <tr><td></td><td><input type="checkbox"/> Class B, Alternative 2</td><td><input type="checkbox"/> Option 8</td></tr> <tr><td></td><td><input type="checkbox"/> Class B, Alternative 3</td><td><input type="checkbox"/> Option 9</td></tr> <tr><td></td><td><input type="checkbox"/> Class B, Alternative 4</td><td><input type="checkbox"/> Option 10</td></tr> <tr><td></td><td><input type="checkbox"/> Domestic septage, pH adjustment</td><td><input type="checkbox"/> Option 11</td></tr> </tbody> </table>			Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option		<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable		<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1		<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2		<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3		<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4		<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5		<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6		<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7		<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8		<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9		<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10		<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11
	Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option																																								
		<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable																																								
		<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1																																								
		<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2																																								
		<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3																																								
		<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4																																								
	<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5																																									
	<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6																																									
	<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7																																									
	<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8																																									
	<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9																																									
	<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10																																									
	<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11																																									
2.7	Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.) <table style="width:100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)</td> <td><input type="checkbox"/> Thickening (concentration)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Stabilization</td> <td><input type="checkbox"/> Anaerobic digestion</td> </tr> <tr> <td><input type="checkbox"/> Composting</td> <td><input type="checkbox"/> Conditioning</td> </tr> <tr> <td><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)</td> <td><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)</td> </tr> <tr> <td><input type="checkbox"/> Heat drying</td> <td><input type="checkbox"/> Thermal reduction</td> </tr> <tr> <td><input type="checkbox"/> Methane or biogas capture and recovery</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>			<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input type="checkbox"/> Thickening (concentration)	<input checked="" type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion	<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning	<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)	<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction	<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____																												
<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input type="checkbox"/> Thickening (concentration)																																										
<input checked="" type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion																																										
<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning																																										
<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)																																										
<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction																																										
<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____																																										

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	Treatment Provided at Your Facility			
	2.8	For each sewage sludge use or disposal practice, indicate the applicable pathogen class and reduction alternative and the applicable vector attraction reduction option provided at your facility. Attach additional pages, as necessary.		
		Use or Disposal Practice (check one)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
		<input type="checkbox"/> Land application of bulk sewage	<input checked="" type="checkbox"/> Not applicable	<input checked="" type="checkbox"/> Not applicable
		<input type="checkbox"/> Land application of biosolids (bulk)	<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1
		<input type="checkbox"/> Land application of biosolids (bags)	<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2
		<input type="checkbox"/> Surface disposal in a landfill	<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3
		<input type="checkbox"/> Other surface disposal	<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4
		<input type="checkbox"/> Incineration	<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5
		N/A	<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6
		<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7	
		<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8	
		<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9	
		<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10	
		<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11	
2.9	Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge? (Check all that apply.)			
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input type="checkbox"/> Thickening (concentration)		
	<input checked="" type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion		
	<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning		
	<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)		
	<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction		
	<input type="checkbox"/> Methane or biogas capture and recovery			
2.10	Describe any other sewage sludge treatment or blending activities not identified in Items 2.8 and 2.9 (Part 2, Section 2) above. <input type="checkbox"/> Check here if you have attached the description to the application package. <div style="text-align: center; margin-top: 20px;">Sewage Sludge is stored within the existing 8.0 acre Wastewater Treatment Lagoon.</div>			
Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1 to 8				
2.11	Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8) and is it land applied? <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No → SKIP to Item 2.14 (Part 2, Section 2) below.</div>			
2.12	Total dry metric tons per 365-day period of sewage sludge subject to this subsection that is applied to the land:			
2.13	Is sewage sludge subject to this subsection placed in bags or other containers for sale or give-away for application to the land? <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div>			
<input type="checkbox"/> Check here once you have completed Items 2.11 to 2.13, then → SKIP to Item 2.32 (Part 2, Section 2) below.				

EPA Identification Number 110010068283	NPOES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

Sale or Give-Away in a Bag or Other Container for Application to the Land

2.14 Do you place sewage sludge in a bag or other container for sale or give-away for land application?
☐ Yes ☒ No → SKIP to Item 2.17 (Part 2, Section 2) below.

2.15 Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:

2.16 Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.
☐ Check here to indicate that you have attached all labels or notices to this application package.

☐ Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.

Shipment Off Site for Treatment or Blending

2.17 Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.)
☐ Yes ☒ No → SKIP to Item 2.32 (Part 2, Section 2) below.

2.18 Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility.
☐ Check here if you have attached additional sheets to the application package.

2.19 Name of receiving facility

Mailing address (street or P.O. box)

City or town	State	ZIP code
Contact name (first and last)	Title	Phone number
Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
City or town	State	ZIP code

2.20 Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

2.21 Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility?
☐ Yes ☐ No → SKIP to Item 2.24 (Part 2, Section 2) below.

2.22 Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.

Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1
<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2
<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3
<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4
<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5
<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6
<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7
<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8
<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9
<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10
<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11

EPA Identification Number 110010068283		NPDES Permit Number AL0073351		Facility Name Enviro-Systems WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.23	Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)					
		<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)			<input type="checkbox"/> Thickening (concentration)		
		<input type="checkbox"/> Stabilization			<input type="checkbox"/> Anaerobic digestion		
		<input type="checkbox"/> Composting			<input type="checkbox"/> Conditioning		
		<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)			<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)		
		<input type="checkbox"/> Heat drying			<input type="checkbox"/> Thermal reduction		
		<input type="checkbox"/> Methane or biogas capture and recovery			<input type="checkbox"/> Other (specify) _____		
	2.24	Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g). <input type="checkbox"/> Check here to indicate that you have attached material.					
	2.25	Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.					
	2.26	Attach a copy of all labels or notices that accompany the product being sold or given away. <input type="checkbox"/> Check here to indicate that you have attached material.					
	<input type="checkbox"/> Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then → SKIP to Item 2.32 (Part 2, Section 2) below.						
	Land Application of Bulk Sewage Sludge						
	2.27	Is sewage sludge from your facility applied to the land? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.					
	2.28	Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:					
2.29	Did you identify all land application sites in Part 2, Section 3 of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No → Submit a copy of the land application plan with your application.						
2.30	Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.						
2.31	Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification. <input type="checkbox"/> Check here if you have attached the explanation to the application package. <input type="checkbox"/> Check here if you have attached the notification to the application package.						
Surface Disposal							
2.32	Is sewage sludge from your facility placed on a surface disposal site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.39 (Part 2, Section 2) below.						
2.33	Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:						
2.34	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? <input type="checkbox"/> Yes → SKIP to Item 2.39 (Part 2, Section 2) below. <input type="checkbox"/> No						
2.35	Indicate the total number of surface disposal sites to which you send your sewage sludge. (Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package.						

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

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

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued </div>	2.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Name of landfill</td> </tr> <tr> <td colspan="4">Mailing address (street or P.O. box)</td> </tr> <tr> <td colspan="2">City or town</td> <td>State</td> <td>ZIP code</td> </tr> <tr> <td>Contact name (first and last)</td> <td>Title</td> <td>Phone number</td> <td>Email address</td> </tr> <tr> <td colspan="3">Location address (street, route number, or other specific identifier)</td> <td><input type="checkbox"/> Same as mailing address</td> </tr> <tr> <td>County</td> <td colspan="2">County code</td> <td><input type="checkbox"/> Not available</td> </tr> <tr> <td>City or town</td> <td>State</td> <td colspan="2">ZIP code</td> </tr> </table>	Name of landfill				Mailing address (street or P.O. box)				City or town		State	ZIP code	Contact name (first and last)	Title	Phone number	Email address	Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address	County	County code		<input type="checkbox"/> Not available	City or town	State	ZIP code	
Name of landfill																														
Mailing address (street or P.O. box)																														
City or town		State	ZIP code																											
Contact name (first and last)	Title	Phone number	Email address																											
Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address																											
County	County code		<input type="checkbox"/> Not available																											
City or town	State	ZIP code																												
	2.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:</td> <td></td> </tr> </table>		Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:																										
Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:																														
	2.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.</td> </tr> <tr> <td style="width: 20%; text-align: center;">Permit Number</td> <td style="text-align: center;">Type of Permit</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.		Permit Number	Type of Permit																							
List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.																														
Permit Number	Type of Permit																													
	2.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input type="checkbox"/> Check here to indicate you have attached the requested information. </td> </tr> </table>		Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input type="checkbox"/> Check here to indicate you have attached the requested information.																										
Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input type="checkbox"/> Check here to indicate you have attached the requested information.																														
	2.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>		Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input type="checkbox"/> Yes <input type="checkbox"/> No																														

Land Application of Bulk Sewage Sludge

3.1	Does your facility apply sewage sludge to land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 4.												
3.2	Do any of the following conditions apply? <ul style="list-style-type: none"> The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8); The sewage sludge is sold or given away in a bag or other container for application to the land; or You provide the sewage sludge to another facility for treatment or blending. <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <input type="checkbox"/> No												
3.3	Complete Section 3 for every site on which the sewage sludge is applied. <input type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites.												
Identification of Land Application Site													
3.4	Site name or number Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">County</td> <td style="border: none; width: 50%;">County code <input type="checkbox"/> Not available</td> </tr> <tr> <td style="border: none;">City or town</td> <td style="border: none;">State</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">ZIP code</td> </tr> </table> Latitude/Longitude of Land Application Site (see instructions) <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; text-align: center;">Latitude</td> <td style="border: none; width: 50%; text-align: center;">Longitude</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table> Method of Determination <input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____			County	County code <input type="checkbox"/> Not available	City or town	State		ZIP code	Latitude	Longitude		
County	County code <input type="checkbox"/> Not available												
City or town	State												
	ZIP code												
Latitude	Longitude												
3.5	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate you have attached a topographic map for this site.												
Owner Information													
3.6	Are you the owner of this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <input type="checkbox"/> No												
3.7	Owner name Mailing address (street or P.O. box) <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">City or town</td> <td style="border: none; width: 20%;">State</td> <td style="border: none; width: 30%;">ZIP code</td> </tr> <tr> <td style="border: none;">Contact name (first and last)</td> <td style="border: none;">Title</td> <td style="border: none;">Phone number</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">Email address</td> </tr> </table>			City or town	State	ZIP code	Contact name (first and last)	Title	Phone number			Email address	
City or town	State	ZIP code											
Contact name (first and last)	Title	Phone number											
		Email address											
Applier Information													
3.8	Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <input type="checkbox"/> No												
3.9	Applier's name Mailing address (street or P.O. box) <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">City or town</td> <td style="border: none; width: 20%;">State</td> <td style="border: none; width: 30%;">ZIP code</td> </tr> <tr> <td style="border: none;">Contact name (first and last)</td> <td style="border: none;">Title</td> <td style="border: none;">Phone number</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">Email address</td> </tr> </table>			City or town	State	ZIP code	Contact name (first and last)	Title	Phone number			Email address	
City or town	State	ZIP code											
Contact name (first and last)	Title	Phone number											
		Email address											

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
-------------------------------------------	----------------------------------	--------------------------------------	---------------------------------------------

Land Application of Bulk Sewage Sludge Continued

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

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

PART 2, SECTION 4 - SURFACE DISPOSAL (40 CFR 122.21(q)(10))

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

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

Surface Disposal Continued	4.11	Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.13 (Part 2, Section 4) below.		
	4.12	Provide the actual distance in meters:		meters
	4.13	Remaining capacity of active sewage sludge unit in dry metric tons:		dry metric tons
	4.14	Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY):		
	4.15	Attach a copy of any closure plan that has been developed for this active sewage sludge unit. <input type="checkbox"/> Check here to indicate that you have attached a copy of the closure plan to the application package.		
	Sewage Sludge from Other Facilities			
	4.16	Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.21 (Part 2, Section 4) below.		
	4.17	Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.)		
	<input type="checkbox"/> Check here to indicate that you have attached responses for each facility to the application package.			
4.18	Facility name			
	Mailing address (street or P.O. box)			
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
4.19	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility.			
	Pathogen Class and Reduction Alternative		Vector Attraction Reduction Option	
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment		<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11	
4.20	Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.)			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery </div> <div style="width: 48%;"> <input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____ </div> </div>			

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
-------------------------------------------	----------------------------------	--------------------------------------	---------------------------------------------

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

Incinerator Information

5.1	Do you fire sewage sludge in a sewage sludge incinerator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to END.	
5.2	Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.) <input type="checkbox"/> Check here to indicate that you have attached information for one or more incinerators.	
5.3	Incinerator name or number	
	Location address (street, route number, or other specific identifier)	
	County	County code <input type="checkbox"/> Not available
	City or town	State ZIP code
	Latitude/Longitude of Incinerator (see instructions)	
	Latitude	Longitude
	Method of Determination	
	<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____	
Amount Fired		
5.4	Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator:	
Beryllium NESHAP		
5.5	Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such. <input type="checkbox"/> Check here to indicate that you have attached this material to the application package.	
5.6	Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.8 (Part 2, Section 5) below.	
5.7	Submit with this application a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met. <input type="checkbox"/> Check here to indicate that you have attached this information.	
Mercury NESHAP		
5.8	Is compliance with the mercury NESHAP being demonstrated via stack testing? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.11 (Part 2, Section 5) below.	
5.9	Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information.	
5.10	Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted. <input type="checkbox"/> Check here to indicate that you have attached this information.	
5.11	Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.13 (Part 2, Section 5) below.	
5.12	Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information.	

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

Incineration Continued

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

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
--------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------

Incineration Continued	Performance Test Operating Parameters		
	5.29	Maximum performance test combustion temperature:	
	5.30	Performance test sewage sludge feed rate, in dry metric tons/day	
	5.31	Indicate whether value submitted in Item 5.30 is (check only one response): <input type="checkbox"/> Average use <input type="checkbox"/> Maximum design	
	5.32	Attach supporting documents describing how the feed rate was calculated. <input type="checkbox"/> Check here to indicate that you have attached this information.	
	5.33	Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator. <input type="checkbox"/> Check here to indicate that you have attached this information.	
	Monitoring Equipment		
	5.34	List the equipment in place to monitor the listed parameters.	
		Parameter	Equipment in Place for Monitoring
		Total hydrocarbons or carbon monoxide	
		Percent oxygen	
		Percent moisture	
		Combustion temperature	
		Other (describe)	
	Air Pollution Control Equipment		
5.35	List all air pollution control equipment used with this sewage sludge incinerator. <input type="checkbox"/> Check here if you have attached the list to the application package for the noted incinerator.		

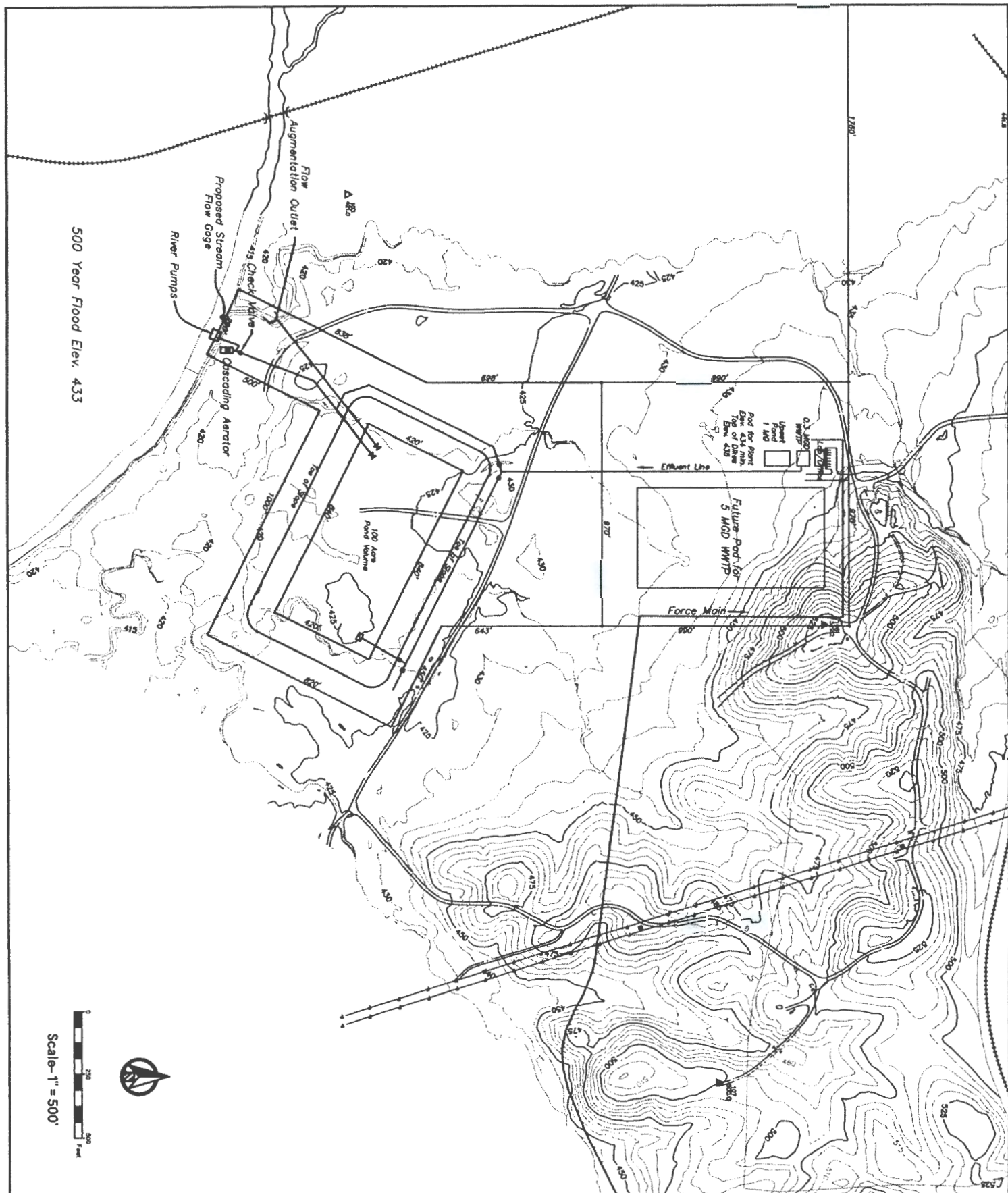
END of PART 2

Submit completed application package to your NPDES permitting authority.



Outfall 0021 Coordinates:
LAT: 33 Deg 19 Min 21.99 Sec North
LON: 86 Deg 29 Min 35.19 Sec West

Outfall 0011 (Future)
LAT: 33 Deg 19 Min 12.86 Sec N
LON: 86 Deg 29 Min 40.63 Sec W



ENVIRO-SYSTEMS, LLC.
PROPOSED FUTURE SMGD WWTP
SHELBY COUNTY, ALABAMA

2021 NPDES PERMIT RENEWAL APPLICATION

S2.01

SUPPLEMENTAL DRAWING

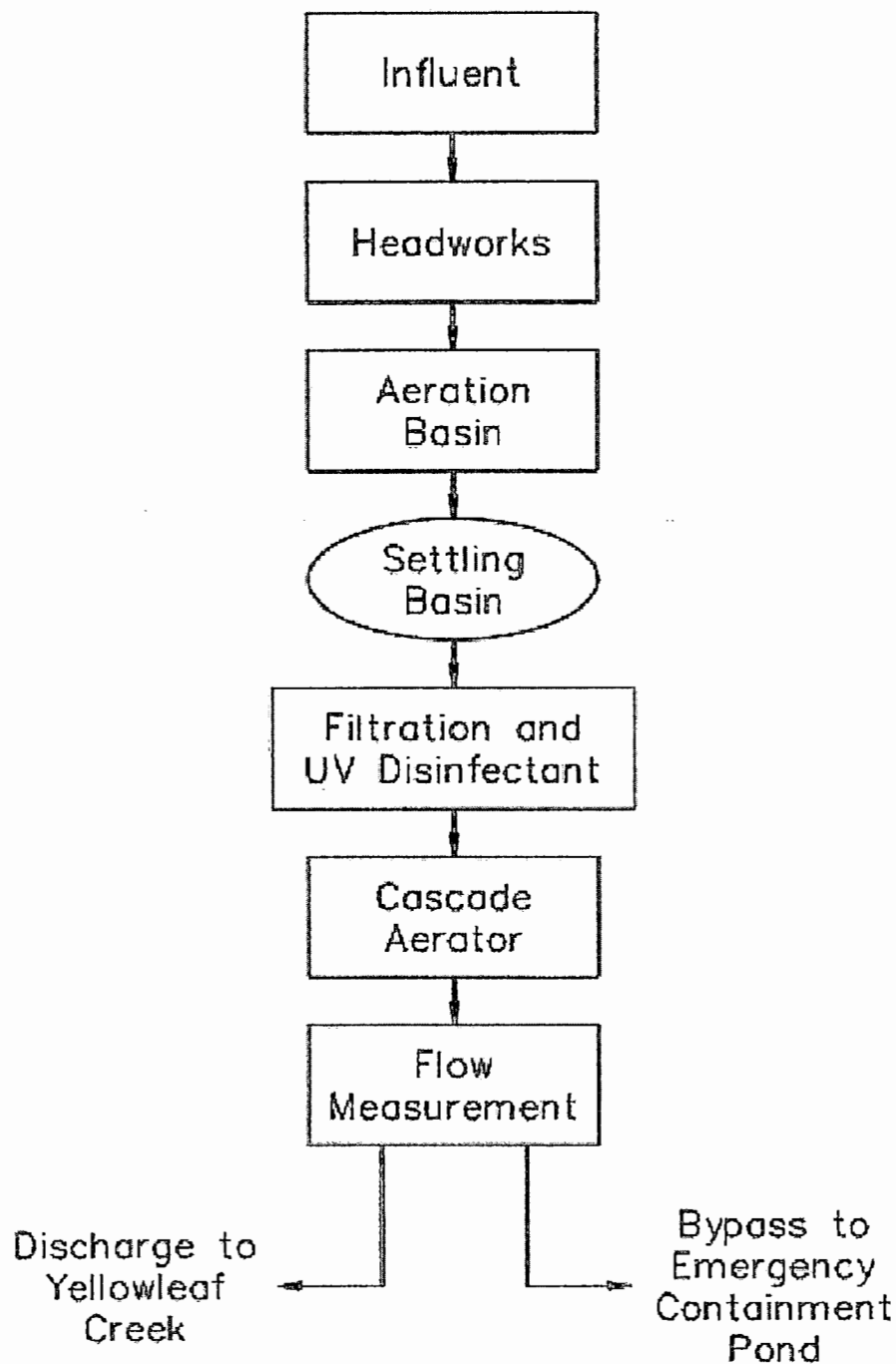
GMC # N/A

10/18/2021

DRAWN BY: PRR

2660 East Chase Lane, Suite 200
Montgomery, AL 36117
T 334.271.3200
GMCNETWORK.COM

GMC



ENVIRO-SYSTEMS, LLC.
FLOW SCHEMATIC - FUTURE 5MGD WWTP
SHELBY COUNTY, ALABAMA

2021 NPDES PERMIT APPLICATION

S2.02

SUPPLEMENTAL DRAWING

GMC # N/A
10/19/2021

DRAWN BY: PRR

2660 East Chase Lane, Suite 200
Montgomery, AL 36117
T 334.271.3200
GMCNETWORK.COM

GMC

Attachment 1 to Supplementary Form ADEM Form 311

Alternatives Analysis

Applicant/Project: Enviro-Systems 5.0 MGD WWTF (AL0073351)

All new or expanded discharges (except discharges eligible for coverage under general permits) covered by the NPDES permitting program are subject to the provisions of ADEM's antidegradation policy. Applicants for such discharges to Tier 2 waters are required to demonstrate "... that the proposed discharge is necessary for important economic or social development." As a part of this demonstration, the applicant must complete an evaluation of the discharge alternatives listed below, including a calculation of the total annualized project costs for each technically feasible alternative (using ADEM Form 312 for public-sector projects and ADEM Form 313 for private-sector projects). Alternatives with total annualized project costs that are less than 110% of the total annualized project costs for the Tier 2 discharge proposal are considered viable alternatives.

Alternative	Viable	Non-Viable	Comment
1 Land Application		X	
2 Pretreatment/Discharge to POTW		X	
3 Relocation of Discharge		X	
4 Reuse/Recycle		X	
5 Process/Treatment Alternatives	X		
6 On-site/Sub-surface Disposal		X	
<i>(other project-specific alternatives considered by the applicant; attach additional sheets if necessary)</i>			
7			
8			
9			

Pursuant to ADEM Administrative Code Rule 335-6-3-.04, I certify on behalf of the applicant that I have completed an evaluation of the discharge alternatives identified above, and reached the conclusions indicated.

Signature: _____

James J. Smith
(Professional Engineer)

Date: _____

05/17/2021

(Supporting documentation to be attached, referenced, or otherwise handled as appropriate.)

Calculation of Total Annualized Project Costs for Private-Sector Projects

Alternative: Land Application

Capital Costs to be Financed (Supplied by applicant) \$ 34,600,000 (1)

Interest Rate for Financing (Expressed as a decimal) 3.25% (i)

Time Period of Financing (Assume 10 Years*) 10 years (n)

Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$ 0.1187 (2)

Annualized Capital Cost [Calculate: (1) x (2)] \$ 4,107,020 (3)

Annual Cost of Operation and Maintenance
(including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)** \$ 150,000 (4)

Total Annual Cost of Pollution Control Project [(3) + (4)] \$ 4,257,020 (5)

*While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

**For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

Calculation of Total Annualized Project Costs for Private-Sector Projects

Alternative: Pretreat/Discharge to POTW

Capital Costs to be Financed (Supplied by applicant) \$ 34,800,000 (1)

Interest Rate for Financing (Expressed as a decimal) 3.25% (i)

Time Period of Financing (Assume 10 Years*) 10 years (n)

Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$ 0.1187 (2)

Annualized Capital Cost [Calculate: (1) x (2)] \$ 4,130,760 (3)

Annual Cost of Operation and Maintenance
(including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)** \$ 100,000 (4)

Total Annual Cost of Pollution Control Project [(3) + (4)] \$ 4,230,760 (5)

*While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

**For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

Calculation of Total Annualized Project Costs for Private-Sector Projects

Alternative: Relocate Effluent Discharge

Capital Costs to be Financed (Supplied by applicant) \$ 29,300,000 (1)

Interest Rate for Financing (Expressed as a decimal) 3.25% (i)

Time Period of Financing (Assume 10 Years*) 10 years (n)

Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$ 0.1187 (2)

Annualized Capital Cost [Calculate: (1) x (2)] \$ 3,477,910 (3)

Annual Cost of Operation and Maintenance
(including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)** \$ 200,000 (4)

Total Annual Cost of Pollution Control Project [(3) + (4)] \$ 3,677,910 (5)

*While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

**For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

Calculation of Total Annualized Project Costs for Private-Sector Projects

Alternative: Reuse/Recycle

Capital Costs to be Financed (Supplied by applicant)	\$ <u>31,900,000</u>	(1)
Interest Rate for Financing (Expressed as a decimal)	<u>3.25%</u>	(i)
Time Period of Financing (Assume 10 Years*)	<u>10 years</u>	(n)
Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$	<u>0.1187</u>	(2)
Annualized Capital Cost [Calculate: (1) x (2)]	\$ <u>3,786,530</u>	(3)
Annual Cost of Operation and Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)**	\$ <u>250,000</u>	(4)
Total Annual Cost of Pollution Control Project [(3) + (4)]	<div style="border: 3px double black; padding: 2px;">\$ 4,036,530</div>	(5)

*While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

**For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

**Calculation of Total Annualized Project Costs
for Private-Sector Projects**

Alternative: New 5.0 MGD WWTP

Capital Costs to be Financed (Supplied by applicant) \$ 21,100,000 (1)

Interest Rate for Financing (Expressed as a decimal) 3.25% (i)

Time Period of Financing (Assume 10 Years*) 10 years (n)

Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$ 0.1187 (2)

Annualized Capital Cost [Calculate: (1) x (2)] \$ 2,504,570 (3)

Annual Cost of Operation and Maintenance
(including but not limited to monitoring, inspection, permitting fees, waste
disposal charges, repair, administration and replacement)** \$ 200,000 (4)

Total Annual Cost of Pollution Control Project [(3) + (4)]

\$ 2,704,570

 (5)

*While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

**For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

Calculation of Total Annualized Project Costs for Private-Sector Projects


Alternative: On-Site/Subsurface Disposal

Capital Costs to be Financed (Supplied by applicant)	\$ <u>35,600,000</u>	(1)
Interest Rate for Financing (Expressed as a decimal)	<u>0.035</u>	(i)
Time Period of Financing (Assume 10 Years*)	<u>10 years</u>	(n)
Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$	<u>0.1187</u>	(2)
Annualized Capital Cost [Calculate: (1) x (2)]	\$ <u>4,225,720</u>	(3)
Annual Cost of Operation and Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)**	\$ <u>280,000</u>	(4)
Total Annual Cost of Pollution Control Project [(3) + (4)]	<div style="border: 1px solid black; padding: 2px;">\$ 4,505,720</div>	(5)

*While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

**For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

RECEIVED
MAR 07 2022
MUNICIPAL SECTION

EPA Identification Number 110010068283		NPDES Permit Number AL0073351		Facility Name Enviro-Systems WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Form 1 NPDES			U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION				
SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))							
Activities Requiring an NPDES Permit	1.1 Applicants Not Required to Submit Form 1						
	1.1.1 Is the facility a new or existing publicly owned treatment works ? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. <input checked="" type="checkbox"/> No		1.1.2 Is the facility a new or existing treatment works treating domestic sewage ? If yes, STOP. Do NOT complete Form 1. Complete Form 2S. <input type="checkbox"/> No				
	1.2 Applicants Required to Submit Form 1						
	1.2.1 Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input checked="" type="checkbox"/> No		1.2.2 Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input checked="" type="checkbox"/> No				
	1.2.3 Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2D. <input checked="" type="checkbox"/> No		1.2.4 Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E. <input checked="" type="checkbox"/> No				
	1.2.5 Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). <input checked="" type="checkbox"/> No						
	SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))						
Name, Mailing Address, and Location	2.1 Facility Name Enviro-Systems WWTP						
	2.2 EPA Identification Number 110010068283						
	2.3 Facility Contact						
	Name (first and last) Stanley Graves		Title Managing Partner			Phone number (205) 437-3779	
	Email address Stan@gracoresourcesinc.com						
	2.4 Facility Mailing Address						
	Street or P.O. box 1200 Corporate Drive, Suite 100						
City or town Birmingham		State Alabama			ZIP code 35242		

EPA Identification Number 110010068283		NPDES Permit Number AL0073351		Facility Name Enviro-Systems WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
-------------------------------------------	--	----------------------------------	--	--------------------------------------	--	---------------------------------------------	--

Name, Mailing Address, and Location Continued	2.5	Facility Location						
		Street, route number, or other specific identifier Township 20S, Range 1E, Section 1						
		County name Shelby			County code (if known) 59			
		City or town		State Alabama		ZIP code 35078		

SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))

SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)	
	3.2	NAICS Code(s)		Description (optional)	

SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))

Operator Information	4.1	Name of Operator				
	Harris H2O Services, LLC. (James Harris)					
	4.2	Is the name you listed in Item 4.1 also the owner?				
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Operator Information Continued	4.3	Operator Status				
	<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____					
	4.4	Phone Number of Operator				
	(205) 966-7103					
Operator Information Continued	4.5	Operator Address				
	Street or P.O. Box 2331 Bon Air Road					
	City or town Sylacauga		State Alabama		ZIP code 35150	
	Email address of operator jharris197@gmail.com					

SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))

Indian Land	5.1	Is the facility located on Indian Land?				
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP	Form Approved 03/05/19 OMB No. 2040-0004
-------------------------------------------	----------------------------------	--------------------------------------	---------------------------------------------

SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)		
		<input checked="" type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> UIC (underground injection of fluids)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)

SECTION 7. MAP (40 CFR 122.21(f)(7))

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)
------------	-----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business. The Wastewater Treatment Facility receives wastewater from residential and commercial customers along the Highway 280 corridor in Northeast Shelby County, Alabama. All wastewater is transmitted via low pressure sanitary sewer force mains.
---------------------------	-----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

Cooling Water Intake Structures	9.1	Does your facility use cooling water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)

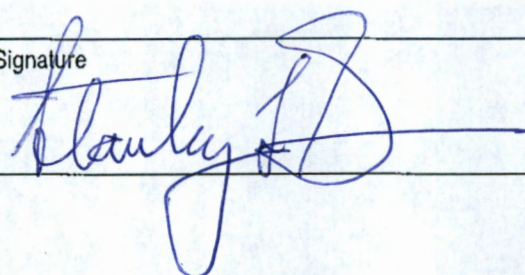
SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))

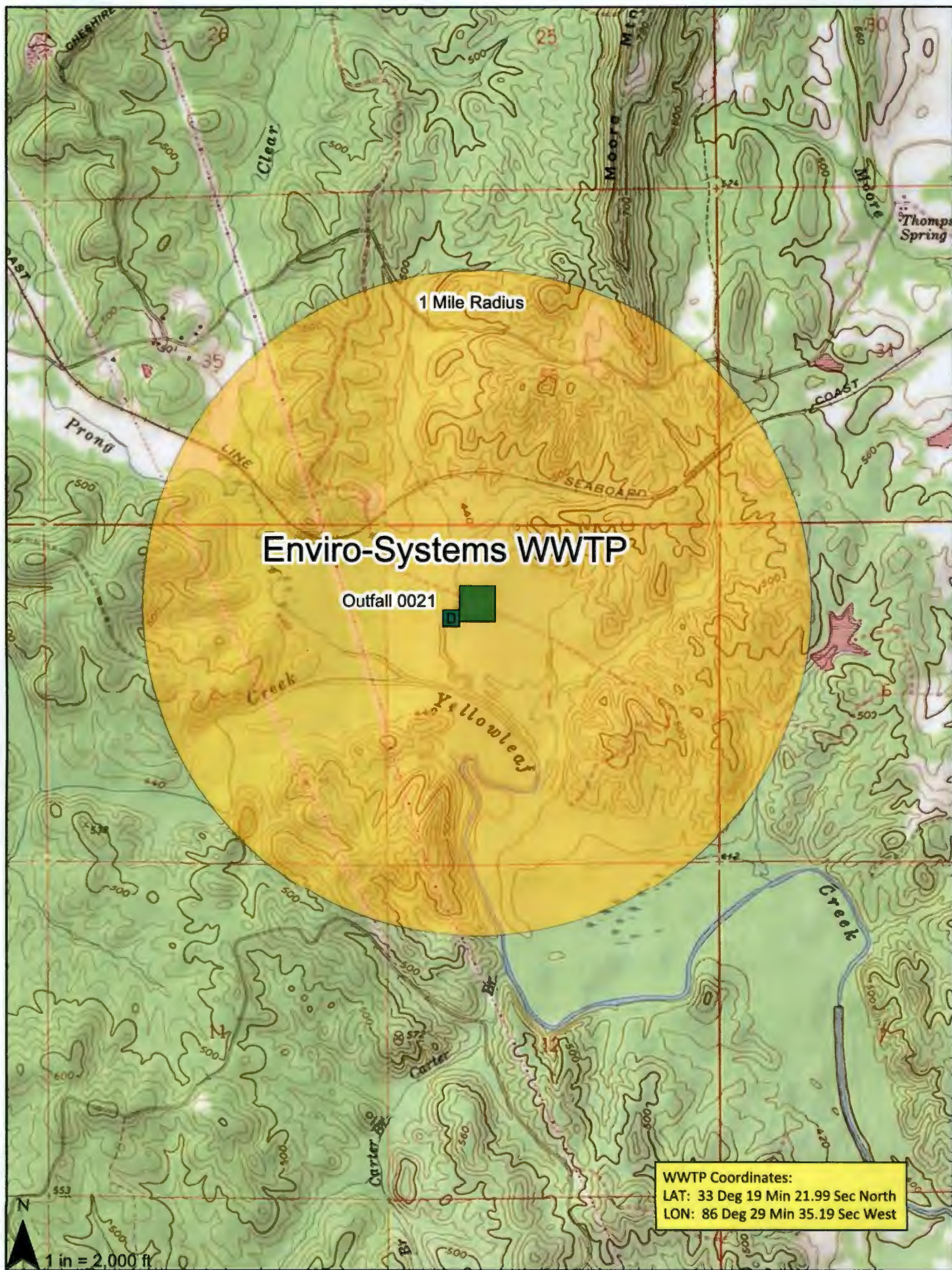
Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) </div> <div style="width: 50%;"> <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) </div> <div style="width: 50%;"> <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) </div> <div style="width: 50%;"> <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) </div> <div style="width: 100%;"> <input checked="" type="checkbox"/> Not applicable </div> </div>
--------------------------	------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

EPA Identification Number 110010068283	NPDES Permit Number AL0073351	Facility Name Enviro-Systems WWTP
-------------------------------------------	----------------------------------	--------------------------------------

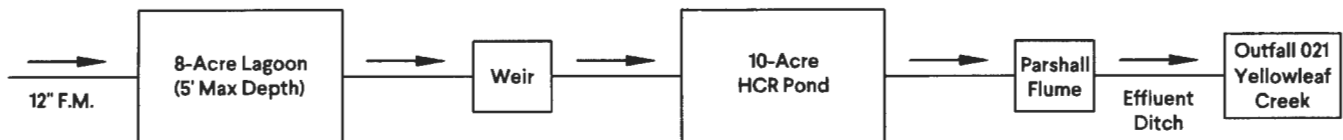
Form Approved 03/05/19
OMB No. 2040-0004

SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 4: Operator Information	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 5: Indian Land	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	11.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
	Name (print or type first and last name)	Official title	
	Stanley Graves	Managing Partner	
	Signature 	Date signed 5/25/21	



**Enviro-Systems WWTP
Flow Schematic**



ENVIRO-SYSTEMS, LLC.
WWTP FLOW SCHEMATIC
SHELBY COUNTY, ALABAMA

NPDES PERMIT NO.: AL0073351
2021 PERMIT RENEWAL APPLICATION

S1.01

SUPPLEMENTAL DRAWING

GMC # N/A

04/02/2021

DRAWN BY: PRR

2701 1st Avenue S
Birmingham, AL 35233
T 205.879.4462
GMCNETWORK.COM

GMC