



Alabama Department of Environmental Management
adem.alabama.gov

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DECEMBER 13, 2022

Mr. Michael Hilyer, Public Works Director
City of Opelika
Post Office Box 390
Opelika, AL 36801

RE: Draft Permit
NPDES Permit No. AL0050130
Opelika Westside WWTP
Lee County, Alabama

Dear Mr. Hilyer:

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.

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 storbert@adem.alabama.gov

Sincerely,



Shanda Torbert
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: CITY OF OPELIKA
POST OFFICE BOX 390
OPELIKA, AL 36801

FACILITY LOCATION: OPELIKA WESTSIDE WWTP (4.0 AND 5.9 MGD)
1017 GRAND NATIONAL PARKWAY
OPELIKA, ALABAMA
LEE COUNTY

PERMIT NUMBER: AL0050130

RECEIVING WATERS: SOUGAHATCHEE CREEK
PEPPERELL BRANCH (Stormwater Only)

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

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PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. DSN 001-1: 4.0 MGD Facility – Treated Domestic Wastewater

During the period beginning on the effective date of this permit and lasting through the completion of the facility expansion to 5.9 MGD and imitation of Outfall 0012, 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	*****	*****	*****	6.0 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	1000 Monthly Average	1501 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	36.6 Monthly Average	55.0 Weekly Average	lbs/day	*****	1.1 Monthly Average	1.6 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	*****	0.25 Monthly Average	(Report) Weekly Average	mg/l	3X Weekly test	24-Hr Composite	TPS
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	3X Weekly test	24-Hr Composite	TPW

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

- (1) Sample Frequency – See also Part I.B.2
- (2) S = Summer (May – November)
W = Winter (December - April)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
TPS = Total Phosphorus Summer Limits (April – October)
TPW = Total Phosphorus Winger Limits (November –March)
- (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 TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as “*B” on the monthly DMR
- (5) If only one sampling event occurs during a month, the sample result shall be reported on the DMR as both the monthly average, weekly average, and/or daily maximum.

DSN 001-1 (Continued): 4.0 MGD Facility – Treated Domestic Wastewater

During the period beginning on the effective date of this permit and lasting through the completion of the facility expansion to 5.9 MGD and imitation of Outfall 0012, 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)
Zinc Total Recoverable (01094) See note (5) Effluent Gross Value	*****	*****	*****	*****	212 Monthly Average	212 Maximum Daily	ug/l	Monthly	Grab	Not Seasonal
Copper Total Recoverable (01119) See note (5) Effluent Gross Value	*****	*****	*****	*****	14.2 Monthly Average	19.3 Maximum Daily	ug/l	Monthly	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Continuous	Not Seasonal
Chlorine, Total Residual (50060) See notes (3, 4) Effluent Gross Value	*****	*****	*****	*****	0.013 Monthly Average	0.023 Maximum Daily	mg/l	3X Weekly test	Grab	Not Seasonal
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	126 Monthly Average	298 Maximum Daily	col/100mL	3X Weekly test	Grab	ECS
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	548 Monthly Average	2507 Maximum Daily	col/100mL	3X Weekly test	Grab	ECW
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	333 Monthly Average	500 Weekly Average	lbs/day	*****	10.0 Monthly Average	15.0 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	S
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	500 Monthly Average	750 Weekly Average	lbs/day	*****	15.0 Monthly Average	22.5 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	W
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

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

- (1) Sample Frequency – See also Part I.B.2
- (2) S = Summer (May – November)
W = Winter (December - April)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
TPS = Total Phosphorus Summer Limits (April – October)
TPW = Total Phosphorus Winger Limits (November –March)
- (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 TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as “*B” on the monthly DMR
- (5) If only one sampling event occurs during a month, the sample result shall be reported on the DMR as both the monthly average, weekly average, and/or daily maximum.

DSN 001-1 (Continued): 4.0 MGD Facility – Treated Domestic Wastewater

During the period beginning on the effective date of this permit and lasting through the completion of the facility expansion to 5.9 MGD and limitation of Outfall 0012, 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)
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
- (2) S = Summer (May – November)
W = Winter (December - April)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
TPS = Total Phosphorus Summer Limits (April – October)
TPW = Total Phosphorus Winger Limits (November –March)
- (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 TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as “*B” on the monthly DMR
- (5) If only one sampling event occurs during a month, the sample result shall be reported on the DMR as both the monthly average, weekly average, and/or daily maximum.

2. DSN 001-2: 5.9 MGD Facility – Treated Domestic Wastewater

During the period beginning on the date of the facility expansion of 5.9 MGD and termination of Outfall 0011 and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0012, 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	*****	*****	*****	6.0 Minimum Daily	*****	*****	mg/l	5X Weekly	Grab	Not Seasonal
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	8.5 Maximum Daily	S.U.	5X Weekly	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	1476 Monthly Average	2214 Weekly Average	lbs/day	*****	30.0 Monthly Average	45.0 Weekly Average	mg/l	5X Weekly	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	5X Weekly	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	246 Monthly Average	369 Weekly Average	lbs/day	*****	5.0 Monthly Average	7.5 Weekly Average	mg/l	5X Weekly	24-Hr Composite	W
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	98.4 Monthly Average	147 Weekly Average	lbs/day	*****	2.0 Monthly Average	3.0 Weekly Average	mg/l	5X Weekly	24-Hr Composite	S
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	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	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	0.25 Monthly Average	(Report) Weekly Average	mg/l	5X Weekly	24-Hr Composite	TPS

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

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

(2) S = Summer (May – November)

W = Winter (December - April)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

TPS = Total Phosphorus Summer Limits (April – October)

TPW = Total Phosphorus Winter Limits (November – March)

(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 TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as “*B” on the monthly DMR

(5) If only one sampling event occurs during a month, the sample result shall be reported on the DMR as both the monthly average, weekly average, and/or daily maximum.

DSN 001-2 (Continued): 5.9 MGD Facility – Treated Domestic Wastewater

During the period beginning on the date of the facility expansion of 5.9 MGD and termination of Outfall 0011 and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0012, 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)
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	5X Weekly	24-Hr Composite	TPW
Zinc Total Recoverable (01094) Effluent Gross Value	*****	*****	*****	*****	207 Monthly Average	207 Maximum Daily	ug/l	Monthly	Grab	Not Seasonal
Copper Total Recoverable (01119) Effluent Gross Value	*****	*****	*****	*****	13.7 Monthly Average	18.9 Maximum Daily	ug/l	Monthly	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Continuous	Not Seasonal
Chlorine, Total Residual (50060) See notes (3, 4) Effluent Gross Value	*****	*****	*****	*****	0.012 Monthly Average	0.020 Maximum Daily	mg/l	5X Weekly	Grab	Not Seasonal
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	126 Monthly Average	298 Maximum Daily	col/100mL	5X Weekly	Grab	ECS
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	548 Monthly Average	2507 Maximum Daily	col/100mL	5X Weekly	Grab	EWG
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	295 Monthly Average	442 Weekly Average	lbs/day	*****	6.0 Monthly Average	9.0 Weekly Average	mg/l	5X Weekly	24-Hr Composite	S
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	492 Monthly Average	738 Weekly Average	lbs/day	*****	10.0 Monthly Average	15.0 Weekly Average	mg/l	5X Weekly	24-Hr Composite	W
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	5X Weekly	24-Hr Composite	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

(2) S = Summer (May – November)

W = Winter (December - April)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

TPS = Total Phosphorus Summer Limits (April – October)

TPW = Total Phosphorus Winter Limits (November – March)

(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 TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as “*B” on the monthly DMR

(5) If only one sampling event occurs during a month, the sample result shall be reported on the DMR as both the monthly average, weekly average, and/or daily maximum.

DSN 001-2 (Continued): 5.9 MGD Facility – Treated Domestic Wastewater

During the period beginning on the date of the facility expansion of 5.9 MGD and termination of Outfall 0011 and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0012, 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)
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
- (2) S = Summer (May – November)
W = Winter (December - April)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
TPS = Total Phosphorus Summer Limits (April – October)
TPW = Total Phosphorus Winger Limits (November –March)
- (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 TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as “*B” on the monthly DMR
- (5) If only one sampling event occurs during a month, the sample result shall be reported on the DMR as both the monthly average, weekly average, and/or daily maximum.

3. DSN 001-Q: Quarterly

Outfall 001Q represents the same physical outfall as Outfall 001I lasting until the completion of facility expansion of 5.9 MGD. The Department uses the 001Q designation for all samples collected and analyzed for Quarterly testing, 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
Mercury Total Recoverable (71901) Effluent Gross Value See Note 2	*****	*****	*****	*****	0.013 Monthly Average	2.58 Maximum Daily	µg/l	Quarterly	Grab	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

(2) EPA Method 1631/1669E, or alternative method specifically approved by the Department shall be used for analysis of this parameter.

4. DSN 001-T: Toxicity

Outfall 001T represents the same physical outfalls as Outfalls 0011 and 0012, 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
Toxicity, Ceriodaphnia Chronic (61426) Effluent Gross Value	*****	0 Single Sample	pass=0;fail=1	*****	*****	*****	*****	See Permit Requirements	24-Hr Composite	Oct
Toxicity, Pimephales Chronic (61428) Effluent Gross Value	*****	0 Single Sample	pass=0;fail=1	*****	*****	*****	*****	See Permit Requirements	24-Hr Composite	Oct

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.

5. DSN 012-Q: 5.9 Quarterly

Outfall 012Q represents the same physical outfall as Outfall 0012. This outfall will be used at the beginning on the date of the facility expansion of 5.9 MGD and termination of Outfall 0011. The Department uses the 012Q designation for all samples collected and analyzed for Quarterly testing, 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
Mercury Total Recoverable (71901) Effluent Gross Value	*****	*****	*****	*****	0.013 Monthly Average	2.52 Maximum Daily	µg/l	Quarterly	Grab	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

(2) EPA Method 1631/1669E, or alternative method specifically approved by the Department shall be used for analysis of this parameter.

6. DSN 003-S – 006-S: Storm Water Monitoring

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfalls 003S-006S. Outfalls 003S-006S will correspond to Outfalls A-D, 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 See note (2)	Seasonal
pH (00400) Storm Water	*****	*****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Annually	FFGS	Not Seasonal
Solids, Total Suspended (00530) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Oil & Grease (00556) Storm Water	*****	*****	*****	*****	*****	15.0 Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Phosphorus, Total (As P) (00665) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Storm Water	*****	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Annually	Calculated	Not Seasonal
E. Coli (51040) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	Annually	FFGS	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	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 Stormwater in Part IV.G

(2) See Part IV.G.3.

Note: The Permittee is required to sample and report analytical data from 004S annually. Test results for the single outfall sampled shall be representative of all four outfalls.

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, Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

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

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

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

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

Certified and Registered Mail shall be addressed to:

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

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

2. Noncompliance Notifications and Reports

- a. The Permittee shall notify the Department if, for any reason, the Permittee's discharge:
- (1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I.A. of this permit which is denoted by an "(X)";
 - (2) Potentially threatens human health or welfare;

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

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

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

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

- e. The Department is utilizing 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.

- f. The Permittee shall maintain a record of all known wastewater discharge points that are not authorized as permitted outfalls, including but not limited to SSOs. The Permittee shall include this record in its **Municipal Water Pollution Prevention (MWPP) Annual Reports**, which shall be submitted to the Department each year by May 31st for the prior calendar year period beginning January 1st and ending December 31st. The MWPP Annual Reports shall contain a list of all known wastewater discharge points that are not authorized as permitted outfalls and any discharges that occur prior to the headworks of the wastewater treatment plant covered by this permit. The Permittee shall also provide in the MWPP Annual Reports a list of any discharges reported during the applicable time period in accordance with Provision I.C.2.a. The Permittee shall include in its MWPP Annual Reports the following information for each known unpermitted discharge that occurred:
- (1) The cause of the discharge;
 - (2) Date, duration and volume of discharge (estimate if unknown);
 - (3) Description of the source (e.g., manhole, lift station);
 - (4) Location of the discharge, by latitude and longitude (or other appropriate method as approved by the Department);
 - (5) The ultimate destination of the flow (e.g., surface waterbody, municipal separate storm sewer to surface waterbody). Location should be shown on a USGS quad sheet or copy thereof; and
 - (6) Corrective actions taken and/or planned to eliminate future discharges.

D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

1. Anticipated Noncompliance

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

2. Termination of Discharge

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

3. Updating Information

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

4. Duty to Provide Information

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

E. SCHEDULE OF COMPLIANCE

1. Compliance with discharge limits

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

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. Schedule

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

PART II: OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES

A. OPERATIONAL AND MANAGEMENT REQUIREMENTS

1. Facilities Operation and Maintenance

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

2. Best Management Practices

- 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 or non-agricultural land, and that is otherwise distributed, marketed, disposed in landfills, land applied to the ground surface, or incinerated.
- 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. 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 as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
- b. 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 in accordance with Provision IV.A.2. or, based upon the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate revised or additional requirements.
- b. If an improved "acceptable management practice" is identified 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, then this permit shall be modified or revoked and reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the revised limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS FOR CHRONIC TOXICITY

1. Chronic Toxicity Test

- a. The permittee shall perform short-term chronic toxicity tests on the wastewater at **Outfall 001**.
- b. The samples shall be diluted using appropriate control water to the Instream Waste Concentration (IWC) which is **84** percent effluent for Outfall 0011 and **93** percent effluent for Outfall 0012. 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 OCTOBER. Should results from the Annual Toxicity test indicate that **Outfall 001** exhibits chronic toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. In addition, the Permittee may then also be required to conduct toxicity testing in the months of JANUARY, APRIL, JULY, and OCTOBER.

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/Division6Voll.pdf> and <http://adem.alabama.gov/wqmap>.
- (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. MAJOR SOURCE STORMWATER REQUIREMENTS

1. Prohibitions

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

2. Operational and Management Practices

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

- a. In the SWPP Plan, the Permittee shall:
 - (1) Assess the treatment plant site by developing and presenting site drainage maps, materials inventory, and best management operational practices. The plan shall also include a description of all spill or leak sources;
 - (2) Describe mechanisms and procedures to prevent the contact of sewage sludge, screenings, raw or partially treated wastewater, or any other waste product or pollutant with storm water discharged from the facility;
 - (3) Provide for daily inspection on workdays of any structures that function to prevent storm water pollution or that remove pollutants from storm water;
 - (4) Provide for daily inspection of the facility in general to ensure that the SWPP Plan is continually implemented and effective;
 - (5) Include a Best Management Practices (BMP) Plan that, as a minimum, addresses housekeeping, preventative maintenance, spill prevention and response, and non-storm water discharges;
 - (6) Describe mechanisms and procedures to provide sediment control sufficient to prevent or control storm water pollution storm water by particles resulting from soil or sediment migration from the site due to significant clearing, grading, or excavation activities;
 - (7) Designate by position or name the person or persons responsible for the day to day implementation of the SWPP Plan; and
 - (8) Bear the signature of an individual meeting signatory requirements as defined in ADEM Administrative Code, Rule 335-6-6-.09.
- b. The Director or his designee may notify the permittee at any time that the SWPP Plan is deficient and will require correction of the deficiency. The permittee shall correct any SWPP Plan deficiency identified by the Director or his designee within 30 days of receipt of notification and shall certify to the Department that the correction has been made and implemented.

c. Administrative Procedures

- (1) A copy of the SWPP Plan shall be maintained at the facility and shall be available for inspection by the Department.
- (2) A log of daily inspections required by Provision IV.G.2.a.(3.) of the permit shall be maintained at the facility and shall be made available for inspection by the Department upon request. The log shall contain records of all inspections performed and each daily entry shall be signed by the person performing the inspection.
- (3) The Permittee shall provide training for any personnel required to implement the SWPP Plan and shall retain documentation of such training at the facility. Training records for all personnel shall be available for inspection by the Department. Training shall be performed prior to the date implementation is required.

3. Monitoring Requirements

- a. Storm water discharged through each storm water outfall shall be sampled once per calendar year, using first flush grab samples (FFGS) collected during the first 30 minutes of discharge.
- b. The total volume of storm water discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for the storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded as part of the sampling procedure and records retained in accordance with Provision I.B.5. of this permit. The volume may be measured using flow measurement devices or may be estimated using any method approved in writing by the Department.

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0050130** Date: May 03, 2022

Permit Applicant: City of Opelika
Post Office Box 390
Opelika, AL 36801

Location: Opelika Westside WWTP
1017 Grand National Parkway
Opelika, AL 36803
Lee County

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

Basis for Limitations: Water Quality Model: CBOD₅, NH₃N, and DO
Reissuance with no modification: pH, TSS, NH₃N, DO, CBOD₅, and
Percent Removals for Outfall 0011
Instream calculation at 7Q10: IWC ≈ 84% (0011) and 93% (0012)
Toxicity based: TRC
Secondary Treatment Levels: TSS, CBOD₅ and TSS Percent Removals
Other (described below): E. coli, pH, TP, Mercury, Zinc, and Copper

Design Flow in Million Gallons per Day: 4 MGD (0011)
5.9 MGD (0012)

Major: Yes

Description of Discharge:

Feature ID	Description	Receiving Water	WBC	303(d)	TMDL
001	Treated Domestic Wastewater	Souhatchee Creek	Fish and Wildlife (F&W)	Yes	Yes
003	Stormwater Discharge	Souhatchee Creek	Fish and Wildlife (F&W)	No	Yes
004	Stormwater Discharge	Pepperell Branch	Fish and Wildlife (F&W)	No	Yes
005	Stormwater Discharge	Pepperell Branch	Fish and Wildlife (F&W)	No	Yes
006	Stormwater Discharge	Pepperell Branch	Fish and Wildlife (F&W)	No	Yes

Discussion: This is a permit reissuance due to permit expiration. The Permittee indicated that the Opelika Westside WWTP is being upgraded from a 4.0 MGD facility to a 5.9 MGD facility. Until the facility is upgraded to design capacity of 5.9 MGD, the limits associated with Outfall 0011 are applicable. After the facility upgrade to 5.9 MGD is complete, the limits associated with Outfall 0012 are applicable. The discharge limits for Five Day Carbonaceous Biochemical Oxygen Demand (CBOD₅), Total Ammonia Nitrogen (NH₃N), and Dissolved Oxygen (D.O.) were developed by the Municipal Section based on Waste Load Allocation (WLA) models performed by the Department's Water Quality Branch on September 17, 2015 for 4.0 MGD and October 15, 2020 for 5.9 MGD. While the October 15, 2020 was performed for 6.0 MGD, the concentrations for 6.0 MGD will be used for 5.9 MGD

For outfall 0011, the summer (May through November) and winter (December through April) monthly average limits for CBOD₅ are 10.0 mg/L and 15 mg/L, respectively; while, monthly average limit for NH₃N is 1.1 mg/L. Dissolved Oxygen has a daily minimum limit of 6.0 mg/L.

For outfall 0012, the summer (May through November) and winter (December through April) monthly average limits for CBOD₅ are 6.0 mg/L and 10.0 mg/L, respectively. The summer and winter monthly limits for NH₃N are 2.0 mg/L and 5.0 mg/L, respectively, while the daily minimum limit for D.O. is 6.0 mg/L.

The pH limits were developed in accordance with the Water-Use designation of the receiving stream and the Municipal Section's Permit Development Guidance. The daily minimum and daily maximum limits are 6.0 s.u. and 8.5 s.u., respectively.

The monthly average Total Suspended Solids (TSS) limit is established at 30.0 mg/L in accordance with ADEM's Permit Development Rationale and 40 CFR 133.102. Minimum percent removal limits of 85 percent are imposed for both CBOD₅ and TSS in accordance with 40 CFR 133.102.

The receiving stream is Sougahatchee Creek and it is a Tier I stream. The stream is listed on the current 303(d) list for pathogens (E. coli). The current permit limits for E. coli are consistent with Water Quality Criteria and should not be causing the impairment. There is a Nutrients and OE/DO TMDL for the Sougahatchee Creek watershed that was developed by ADEM and approved by EPA in April 2008. The TMDL establishes a Total Phosphorus (TP) monthly average limit during the summer months (April through October) of 0.25 mg/L. During the winter months (November through March) will be monitoring only.

This permit imposes monthly monitoring for the following nutrient-related parameters: Total Kjeldahl Nitrogen (TKN) and Nitrate plus Nitrite-Nitrogen (NO₂+NO₃N). 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 additional nutrient limits on this discharge. Total Phosphorus during the winter months will be monitoring only.

This Permittee treats municipal wastewater and is classified as a major municipality. Therefore, the Department completed a Reasonable Potential Analysis (RPA) of the wastewater data submitted in Part D of the Permittee's application (i.e., per 40 CFR Par 122 Appendix J – Table 2) and data from the Permittee's Discharge Monitoring Reports. The RPA indicated whether any pollutants in the treated effluent have the potential to contribute to excursions of Alabama's in-stream water quality standards. The RPA were based on a 7Q10 of 0.719 cfs, a mean annual flow of 41.69 cfs, and a hardness of 50 mg/L. For this discharge, the RPA indicates that the pollutants in the treated effluent would likely contribute to excursions of Alabama's in-stream water quality standards for Mercury, Copper, and Zinc. For Outfall 0011, Total Recoverable Copper has monthly average and daily maximum limits of 14.2 µg/L and 19.3 µg/L, respectively, while Total Recoverable Zinc has monthly average and daily maximum limits of 212 µg/L. Since this facility does not accept waste from any significant industrial dischargers, Mercury is not expected in domestic wastewater, this permit quarterly reporting for Total Recoverable Mercury with the monthly average and daily maximum limits of 0.013 µg/L and 2.58 µg/L, respectively for Outfall 0011. For Outfall 0012, Total Recoverable Copper has monthly average and daily maximum limits of 13.7 µg/L and 18.9 µg/L, respectively, while Total Recoverable Zinc has monthly average and daily maximum limits of 207 µg/L; while Total Recoverable Mercury will have monthly average and daily maximum limits of 0.013 µg/L and 2.52 µg/L, respectively.

The imposed E. coli limits were determined based on the water-use classification of the receiving stream. Since Sougahatchee Creek is classified as Fish & Wildlife, the E. coli limits for summer (May through October) are 126 col/100 mL (monthly average) and 298 col/100 mL (daily maximum), while the limits for the winter (November through April) are 548 col/ 100 mL (monthly average) and 2507 col/100 mL (daily maximum).

Total Residual Chlorine (TRC) limits are included in the permit. Monthly average and daily maximum TRC limitations of 0.012 mg/L and 0.021 mg/L, respectively, are being imposed at Outfall 0011. While for Outfall 0012, the monthly average and daily maximum TRC limits are 0.012 mg/L and 0.020 mg/L, respectively. The TRC limits were developed based on EPA suggested WQ criteria and the Department's Permit Development Rationale, and should be protective of acute and chronic toxicity criteria in the receiving stream. If monitoring is not applicable

during the monitoring period, enter "NODI=9" on the monthly DMR. In accordance with a letter date August 11, 1998 from EPA Headquarters and a 1991 memorandum from EPA Region 4's Environmental Services Division (ESD), due to testing and method detection limitations, a Total Residual Chlorine measurement below 0.05 mg/L shall be considered below detection for compliance purposes.

Based on the Department's review of the application and receiving water conditions, chronic toxicity testing is warranted. This permit imposes toxicity testing for both *Ceriodaphnia dubia* and fathead minnows (*Pimephales*). The Permittee will be required to test annually in the month of October. The IWC for this facility is 84 percent for Outfall 0011 and 93 percent for Outfall 0012.

Storm water runoff monitoring is being imposed by this permit based on 40 CFR Part 122. In the permit application, the Permittee reported four storm water outfalls from the permitted area. The storm water outfalls listed as Outfall A, B, C, and D on EPA Form 2F in the Permittee's application will be designated as Outfall 003S, 004S, 005S, and 006S in the permit. Storm water monitoring at this outfall will be required on an annual basis. In the previous permit, there was a representative outfall; however, the map in the application indicates that the all four storm water outfalls needs to be monitored due to the map included in the application shows storm water flowing different directions. The permit application indicated that all storm water runoff goes to Sougahatchee Creek; however, the Department has determined that only Outfall 003S discharges to Sougahatchee Creek, while Outfalls 004S, 005S, and 006S discharge to Pepperell Branch. The locations of the storm water outfalls have not changed; however, the receiving stream names for 004S, 005S, and 006S are being updated in this reissuance. The Permittee will be required to monitor stormwater from Outfall 004S, as it is representative of all four stormwater outfalls. Stormwater monitoring at this outfall will be required on annual basis.

Sougahatchee Creek is listed on the current 303(d) list for pathogens (*E. coli*). The Permit requires the preparation and implementation of a Storm Water Pollution Prevention (SWPP) Plan that should minimize pollutants, including pathogens, in the stormwater discharges. There is also a Nutrients and OE/DO TMDL for the Sougahatchee Creek watershed that was developed by ADEM and approved by EPA in 2008. While Pepperell Branch is not listed on the current 303(d) list, there are approved OE/DO (August 2017), Nutrients (April 2008), and Pathogens (*E. coli*) (September 2011) TMDLs. Stormwater discharges from the Opelika Westside WWTP are not identified as a specific source in the Sougahatchee Creek watershed Nutrients and OE/DO TMDL and the Pepperell Branch OE/DO, Nutrients, and Pathogens TMDLs. Proper Best Management Practices (BMP) are expected to be consistent with the assumptions in the TMDLs.

The monitoring frequency for most parameters is three days per week for Outfall 0011, while for Outfall 0012 the monitoring frequency for most parameters will be five days per week due into the increase in design flow. The monitoring frequency for nutrient-related parameters (TKN and NO₂+NO₃N) is once per month. Flow is to be monitored continuously. The percent removals and metals will have a monthly monitoring frequency, while mercury will have a quarterly reporting.

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

Prepared by: Torbert

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Opelika Westside WWTP	
NPDES Permit Number:	AL0050130	
Receiving Stream:	Sougahatchee Creek	
Facility Design Flow (Qw):	4.000 MGD	
Receiving Stream 7Q10:	0.719 cfs	
Receiving Stream 1Q10:	0.463 cfs	
Winter Headwater Flow (WHF):	3.13 cfs	
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	20 deg. Celsius	
Headwater Background NH3-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 Ration (SDR) is calculated using the 7Q10 for all stream classifications.

$$\text{Stream Dilution Ration (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 89.59\%$$

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.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 89.59\% \quad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

Criterion Maximum Concentration (CMC): $CMC = 0.411 / (1 + 10^{(7.204 - pH)}) + 58.4 / (1 + 10^{(pH - 7.204)})$

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

	<u>CMC</u>	<u>CCC</u>
Allowable Summer Instream NH3-N:	36.09 mg/l	2.18 mg/l
Allowable Winter Instream NH3-N:	36.09 mg/l	4.15 mg/l

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 2.5 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= 6.2 \text{ mg/l NH}_3\text{-N at Winter Flow} \end{aligned}$$

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

	<u>DO-based NH₃-N limit</u>	<u>Toxicity-based NH₃-N limit</u>
Summer	1.10 mg/l NH ₃ -N	2.50 mg/l NH ₃ -N
Winter	1.10 mg/l NH ₃ -N	6.20 mg/l NH ₃ -N

Summer: The DO based limit of 1.10 mg/l NH₃-N applies.

Winter: The DO based limit of 1.10 mg/l NH₃-N applies.

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

The following factors trigger toxicity testing requirements:

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

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

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

Chronic toxicity testing is required

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 89.59\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

DISINFECTION REQUIREMENTS

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

See the attached Disinfection Guidance for applicable stream standards.

(Non-coastal limits apply)

Applicable Stream Classification: **Fish & Wildlife**

Disinfection Type: **Chlorination**

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

	Stream Standard (colonies/100ml)	Effluent Limit (colonies/100ml)
<u>E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)</u>		
Monthly limit as monthly average (November through April):	548	548
Monthly limit as monthly average (May through October):	126	126
Daily Max (November through April):	2507	2507
Daily Max (May through October):	298	298
<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:	0.021 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:

Shanda Torbert

Date:

5/10/2022

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Opelika Westside WWTP	
NPDES Permit Number:	AL0050130	
Receiving Stream:	Sougahatchee Creek	
Facility Design Flow (Qw):	5.900 MGD	
Receiving Stream 7Q10:	0.719 cfs	
Receiving Stream 1Q10:	0.463 cfs	
Winter Headwater Flow (WHF):	3.13 cfs	
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	20 deg. Celsius	
Headwater Background NH3-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 Ration (SDR) is calculated using the 7Q10 for all stream classifications.

$$\text{Stream Dilution Ration (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 92.70\%$$

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.

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 92.70\% \quad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

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 NH3-N:	36.09 mg/l	2.18 mg/l
Allowable Winter Instream NH3-N:	36.09 mg/l	4.15 mg/l

$$\begin{aligned} \text{Summer NH3-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH3-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH3-N}) * (7Q_{10})]}{Q_w} \\ &= 2.4 \text{ mg/l NH3-N at 7Q10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH3-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH3-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH3-N}) * (\text{WHF})]}{Q_w} \\ &= 5.6 \text{ mg/l NH3-N at Winter Flow} \end{aligned}$$

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

	<u>DO-based NH3-N limit</u>	<u>Toxicity-based NH3-N limit</u>
Summer	2.00 mg/l NH3-N	2.40 mg/l NH3-N
Winter	5.00 mg/l NH3-N	5.60 mg/l NH3-N

Summer: The DO based limit of 2.00 mg/l NH3-N applies.

Winter: The DO based limit of 5.00 mg/l NH3-N applies.

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

The following factors trigger toxicity testing requirements:

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

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

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

Chronic toxicity testing is required

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 92.70\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

DISINFECTION REQUIREMENTS

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

See the attached Disinfection Guidance for applicable stream standards.

(Non-coastal limits apply)

Applicable Stream Classification: **Fish & Wildlife**

Disinfection Type: **Chlorination**

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

	Stream Standard (colonies/100ml)	Effluent Limit (colonies/100ml)
<u>E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)</u>		
Monthly limit as monthly average (November through April):	548	548
Monthly limit as monthly average (May through October):	126	126
Daily Max (November through April):	2507	2507
Daily Max (May through October):	298	298
<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:

Shanda Torbert

Date:

5/3/2022

FACT SHEET

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

Date Prepared: May 3, 2022

By: Shanda Torbert

NPDES Permit No. AL0050130

1. Name and Address of Applicant:

City of Opelika
Post Office Box 390
Opelika, AL 36801

2. Name and Address of Facility:

Opelika Westside WWTP
1017 Grand National Parkway
Opelika, AL 36803

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

Discharge Type(s): Surface Water
Treatment Method(s): Mechanical (WWTP)

4. Applicant's Receiving Waters

<u>Receiving Waters</u>	<u>Classification</u>
Sougahatchee Creek	F&W
Pepperell Branch	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.

Waste Load Allocation Summary

Page 1

REQUEST INFORMATION

request number:

3246

From:	Shanda Torbert	In Branch/Section	Municipal
Date Submitted	8/5/2015	Date Required	9/4/2015
FUND Code	605		
Receiving Waterbody	Sougahatchee Creek	Date Permit application received by NPDES program	8/3/2015
Previous Stream Name			
Facility Name	Opelika Westside WWTP	(Name of Discharger-WQ will use to file)	
		Previous Discharger Name	
River Basin	Tallapoosa	Outfall Latitude	32.66063 (decimal degrees)
*County	Lee	Outfall Longitude	-85.45026 (decimal degrees)
Permit Number	AL0050130	Permit Type	Permit Reissuance
		Permit Status	Active
		Type of Discharger	MUNICIPAL

Do other discharges exist that may impact the model?

☒ Yes☐ No

If yes, impacting dischargers names.

Auburn Northside WWTP

Impacting dischargers permit numbers.

AL0050245

Existing Discharge Design Flow

4

MGD

Proposed Discharge Design Flow

4

MGD

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

Comments included

☒ Yes ☐ No

Information Verified By

JMD

Year File Was Created

1989

Lat/Long Method

GPS

12 Digit HUC Code 031501100201

Use Classification F&W

Site Visit Completed? ☒ Yes ☐ No

Date of Site Visit 8/12/2015

Waterbody Impaired? ☐ Yes ☒ No

Date of WLA Response 9/17/2015

Antidegradation ☐ Yes ☒ No

Approved TMDL?

☒ Yes ☐ No

Waterbody Tier Level Tier I

Approval Date of TMDL 4/25/2008

Use Support Category 2A

Waste Load Allocation Information

Modeled Reach Length 24.9

Miles

Date of Allocation 9/17/2015

Name of Model Used SWQM

Allocation Type 2 Seasons

Model Completed by Jessica Delgado

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		4	MGD	Qw		4	MGD	Qw		4	MGD	Qw		4	MGD				
	Season		Summer			Season		Winter			Season		Summer			Season				
	Qw		MGD			From		May			From		Dec			From		Apr		
	Through		Nov			Through		Apr			Through		Oct			Through				
	CBOD5						CBOD5						TP	0.25		mg/L			TP	
NH3-N						CBOD5	10					TP						TP		
TKN						NH3-N	1.1					TP						TP		
D.O.						NH3-N	1.1					TN						TN		
						TKN						TSS						TSS		
						D.O.	6													
						D.O.	6													

"Monitor Only" Parameters for Effluent:

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

Water Quality Characteristics Immediately Upstream of Discharge

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

Hydrology at Discharge Location

Drainage Area Qualifier	Drainage Area	33.82	sq mi	Method Used to Calculate
Estimated	Stream 7Q10	1.22	cfs	ADEM Estimate w/USGS Gage Data
	Stream 1Q10	0.57	cfs	75% of 7Q10
	Stream 7Q2	3.83	cfs	ADEM Estimate w/USGS Gage Data
	Annual Average	38.45	cfs	ADEM Estimate w/USGS Gage Data

Comments and/or Notations

Sougahatchee Creek Embayment(Yates Lake) Nutrients & OE/DO TMDL (April 2008); Pepperell Branch 2011 Pathogens TMDL; Auburn Northside now a pump station but permit still active so included in model; West point Stevens permit expired so reach HW changed to Opelika Westside discharge point; 7Q10 flows updated; Model changed from QUAL2E to SWQM; Outfall coordinates updated.

Waste Load Allocation Summary

Page 1

REQUEST INFORMATION

Request Number:

3679

From:

Shanda Torbert

In Branch/Section

Municipal

Date Submitted

2/21/2020

Date Required

3/22/2020

FUND Code

605

Receiving Waterbody

Sougahatchee Creek

Date Permit application
received by NPDES program

Previous Stream Name

Facility

Opelika Westside WWTP

(Name of Discharger-WQ will use to file)

River Basin

Tallapoosa

32.66063

(decimal degrees)

Lee

Outfall Longitude

-85.45026

(decimal degrees)

Permit Number

AL0050130

Permit Type

Expansion and Permit Reissuance

Active

Type of

MUNICIPAL

Do other discharges exist that may impact the model?

☒ Yes☐ NoIf yes, impacting
dischargers
names.

Auburn Northside WWTP

Impacting
dischargers permit
numbers.

AL0050245

Existing Discharge Design

4

MGD

Proposed Discharge Design

6

MGD

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

Comments included



Yes



No

Information
Verified By

Year File Was Created

Response ID Number

1750

Lat/Long Method

GPS

12 Digit HUC Code

031501100102

Use Classification

F&W

Site Visit Completed?



Yes



No

Date of Site Visit

9/28/2020

Waterbody Impaired?



Date of WLA Response

10/16/2020

Antidegradation



Approved TMDL?



Waterbody Tier Level

Tier I

Approval Date of TMDL

4/8/2008

Use Support Category

5

Waste Load Allocation Information

24.9

Miles

Date of Allocation

10/15/2020

SWQM

Allocation Type

2 Seasons

Nicholas Caraway

Type of Model Used

Desk-top

Water Quality Branch

Waste Load Allocation Summary

Page 2

Annual Effluent Limits	Conventional Parameters				Other Parameters			
	Season	Summer	Season	Winter	Season	Summer	Season	
	From	May	From	Dec	From	Apr	From	
	Through	Nov	Through	Apr	Through	Oct	Through	
CBOD5	CBOD5	6	CBOD5	10	TP	0.25 mg/L	TP	
NH3-N	NH3-N	2 mg/l	NH3-N	5	TN		TN	
TKN	TKN		TKN		TSS		TSS	
D.O.	D.O.	6	D.O.	6				

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

Water Quality Characteristics Immediately Upstream of Discharge

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

Hydrology at Discharge Location

Drainage Area	33.82	sq mi
Qualifier	0.719	cfs
	0.463	cfs
Stream 7Q2	3.129	
10-year Flood	41.69	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: This facility is included in the Sougahatchee Creek Embayment (Yates Reservoir) Nutrients and OE/DO TMDL. The CBOD5 limits were based on the allowable loading given in the TMDL for this facility. The Auburn Northside WPCF is now a pump station but was included in the model since it has an active NPDES permit. The EFDC/LSPC/WASP models utilized for the nutrients TMDL were also evaluated at the increased design flow, and the facility should be given a TP limit of 0.25 mg/L during the months of April - October.

$Q_d \cdot C_d + Q_{d2} \cdot C_{d2} + Q_s \cdot C_s = Q_r \cdot C_r$										Enter Max. Daily Discharge as reported by Applicant (C _d) Max	Enter Avg. Daily Discharge as reported by Applicant (C _d) Avg	Partition Coefficient (Stream / Lake)
ID	Pollutant	Carcinogen Year	Type	Background from upstream source (C _d) Daily Max	Background from upstream source (C _d) Monthly Avg	Background from upstream source (C _d) Daily Max	Background from upstream source (C _d) Monthly Avg	Background from upstream source (C _d) Daily Max	Background from upstream source (C _d) Monthly Avg	µg/L	µg/L	
1	Antimony		Metals	0	0	0	0	0	0	0.54	0.18	-
2	Arsenic**	YES	Metals	0	0	0	0	0	0	0	0.574	-
3	Beryllium		Metals	0	0	0	0	0	0	0.23	0.07	-
4	Cadmium**		Metals	0	0	0	0	0	0	0	0.236	-
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0	0	0.210	-
6	Chromium / Chromium VI**		Metals	0	0	0	0	0	0	0	0	-
7	Copper**		Metals	0	0	0	0	0	0	21	1.25	0.368
8	Lead**		Metals	0	0	0	0	0	0	0.39	0.13	0.205
9	Mercury**		Metals	0	0	0	0	0	0	0.07	0.007	0.302
10	Nickel**		Metals	0	0	0	0	0	0	31.8	11.1	0.505
11	Selenium		Metals	0	0	0	0	0	0	0	0	-
12	Silver		Metals	0	0	0	0	0	0	0	0	-
13	Thallium		Metals	0	0	0	0	0	0	0	0	-
14	Zinc**		Metals	0	0	0	0	0	0	174	34.15	0.330
15	Cyanide		Metals	0	0	0	0	0	0	0	0	-
16	Total Phenolic Compounds		Metals	0	0	0	0	0	0	0	0	-
17	Hardness (As CaCO3)		Metals	0	0	0	0	0	0	51000	49100	-
18	Acrolein		VOC	0	0	0	0	0	0	0	0	-
19	Acrylonitrile*	YES	VOC	0	0	0	0	0	0	0	0	-
20	Aldrin	YES	VOC	0	0	0	0	0	0	0	0	-
21	Benzene*	YES	VOC	0	0	0	0	0	0	0	0	-
22	Bromoform*	YES	VOC	0	0	0	0	0	0	0	0	-
23	Carbon Tetrachloride*	YES	VOC	0	0	0	0	0	0	0	0	-
24	Chlordane	YES	VOC	0	0	0	0	0	0	0	0	-
25	Chlorobenzene		VOC	0	0	0	0	0	0	0	0	-
26	Chlorodibromo-Methane*	YES	VOC	0	0	0	0	0	0	0	0	-
27	Chloroethane		VOC	0	0	0	0	0	0	0	0	-
28	Chloro-Ethylvinyl Ether		VOC	0	0	0	0	0	0	0	0	-
29	Chloroform*	YES	VOC	0	0	0	0	0	0	5.94	1.61	-
30	4,4'-DDE	YES	VOC	0	0	0	0	0	0	0	0	-
31	4,4'-DDE	YES	VOC	0	0	0	0	0	0	0	0	-
32	4,4'-DDT	YES	VOC	0	0	0	0	0	0	0	0	-
33	Dichlorobromo-Methane*	YES	VOC	0	0	0	0	0	0	0	0	-
34	1,1-Dichloroethane		VOC	0	0	0	0	0	0	0	0	-
35	1,2-Dichloroethane*	YES	VOC	0	0	0	0	0	0	0	0	-
36	Trans-1,2-Dichloro-Ethylene		VOC	0	0	0	0	0	0	0	0	-
37	1,1-Dichloroethylene*	YES	VOC	0	0	0	0	0	0	0	0	-
38	1,2-Dichloropropane		VOC	0	0	0	0	0	0	0	0	-
39	1,3-Dichloropropane		VOC	0	0	0	0	0	0	0	0	-
40	Dieldrin	YES	VOC	0	0	0	0	0	0	0	0	-
41	Ethylbenzene		VOC	0	0	0	0	0	0	0	0	-
42	Methyl Bromide		VOC	0	0	0	0	0	0	0	0	-
43	Methyl Chloride		VOC	0	0	0	0	0	0	0	0	-
44	Methylene Chloride*	YES	VOC	0	0	0	0	0	0	0	0	-
45	1,1,2,2-Tetrachloro-Ethane*	YES	VOC	0	0	0	0	0	0	0	0	-
46	Tetrachloro-Ethylene*	YES	VOC	0	0	0	0	0	0	0	0	-
47	Toluene		VOC	0	0	0	0	0	0	0	0	-
48	Toxaphene	YES	VOC	0	0	0	0	0	0	0	0	-
49	Tricresyls (TBT)	YES	VOC	0	0	0	0	0	0	0	0	-
50	1,1,1-Trichloroethane		VOC	0	0	0	0	0	0	0	0	-
51	1,1,2-Trichloroethane*	YES	VOC	0	0	0	0	0	0	0	0	-
52	Trichloroethylene*	YES	VOC	0	0	0	0	0	0	0	0	-
53	Vinyl Chloride*	YES	VOC	0	0	0	0	0	0	0	0	-
54	p-Chloro-M-Cresol		Acids	0	0	0	0	0	0	0	0	-
55	p-Chlorophenol		Acids	0	0	0	0	0	0	0	0	-
56	2,4-Dichlorophenol		Acids	0	0	0	0	0	0	0	0	-
57	2,4-Dinitrophenol		Acids	0	0	0	0	0	0	0	0	-
58	4,6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	0	0	-
59	4-Dinitrophenol		Acids	0	0	0	0	0	0	0	0	-
60	4,6-Dinitro-2-methylphenol	YES	Acids	0	0	0	0	0	0	0	0	-
61	Dioxin (2,3,7,8-TCDD)	YES	Acids	0	0	0	0	0	0	0	0	-
62	p-Nitrophenol		Acids	0	0	0	0	0	0	0	0	-
63	m-Nitrophenol		Acids	0	0	0	0	0	0	0	0	-
64	Pentachlorophenol*	YES	Acids	0	0	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	0	0	-
66	2,4,6-Trichlorophenol*	YES	Acids	0	0	0	0	0	0	0	0	-
67	Acenaphthene		Bases	0	0	0	0	0	0	0	0	-
68	Acenaphthylene		Bases	0	0	0	0	0	0	0	0	-
69	Anthracene		Bases	0	0	0	0	0	0	0	0	-
70	Benzidine		Bases	0	0	0	0	0	0	0	0	-
71	Benzo(A)Anthracene*	YES	Bases	0	0	0	0	0	0	0	0	-
72	Benzo(A)Pyrene*	YES	Bases	0	0	0	0	0	0	0	0	-
73	3,4-Benzofluoranthene		Bases	0	0	0	0	0	0	0	0	-
74	Benzo(G)Fluoranthene		Bases	0	0	0	0	0	0	0	0	-
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	0	0	-
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	0	0	-
77	Bis (2-Chloroethyl)-Ether*	YES	Bases	0	0	0	0	0	0	0	0	-
78	Bis (2-Chloropropyl) Ether		Bases	0	0	0	0	0	0	0	0	-
79	Bis (2-Ethoxyethyl) Phthalate*	YES	Bases	0	0	0	0	0	0	0	0	-
80	4-Bromophenyl Phenyl Ether		Bases	0	0	0	0	0	0	0	0	-
81	Isobutyl Phenyl Phthalate		Bases	0	0	0	0	0	0	0	0	-
82	2-Chloronaphthalene		Bases	0	0	0	0	0	0	0	0	-
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	0	0	0	-
84	Chrysene*	YES	Bases	0	0	0	0	0	0	0	0	-
85	Di-N-Butyl Phthalate		Bases	0	0	0	0	0	0	0	0	-
86	Di-N-Octyl Phthalate		Bases	0	0	0	0	0	0	0	0	-
87	Dibenz(A,H)Anthracene*	YES	Bases	0	0	0	0	0	0	0	0	-
88	1,2-Dichlorobenzene		Bases	0	0	0	0	0	0	0	0	-
89	1,3-Dichlorobenzene		Bases	0	0	0	0	0	0	0	0	-
90	1,4-Dichlorobenzene		Bases	0	0	0	0	0	0	0	0	-
91	1,3-Dichlorobenzidine*	YES	Bases	0	0	0	0	0	0	0	0	-
92	Diethyl Phthalate		Bases	0	0	0	0	0	0	0	0	-
93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	0	0	-
94	2,4-Dinitrotoluene*	YES	Bases	0	0	0	0	0	0	0	0	-
95	2,6-Dinitrotoluene		Bases	0	0	0	0	0	0	0	0	-
96	1,2-Diphenylhydrazine		Bases	0	0	0	0	0	0	0	0	-
97	Endosulfan (alpha)	YES	Bases	0	0	0	0	0	0	0	0	-
98	Endosulfan (beta)	YES	Bases	0	0	0	0	0	0	0	0	-
99	Endosulfan sulfate	YES	Bases	0	0	0	0	0	0	0	0	-
100	Endrin	YES	Bases	0	0	0	0	0	0	0	0	-
101	Endrin Aldehyde	YES	Bases	0	0	0	0	0	0	0	0	-
102	Fluoranthene		Bases	0	0	0	0	0	0	0	0	-
103	Fluorene		Bases	0	0	0	0	0	0	0	0	-
104	Heptachlor	YES	Bases	0	0	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	0	0	-
106	Hexachlorobenzene*	YES	Bases	0	0	0	0	0	0	0	0	-
107	Hexachlorobutadiene*	YES	Bases	0	0	0	0	0	0	0	0	-
108	Hexachlorocyclohexane (alpha)	YES	Bases	0	0	0	0	0	0	0	0	-
109	Hexachlorocyclohexane (beta)	YES	Bases	0	0	0	0	0	0	0	0	-
110	Hexachlorocyclohexane (gamma)	YES	Bases	0	0	0	0	0	0	0	0	-
111	Hexachlorocyclopentadiene		Bases	0	0	0	0	0	0	0	0	-
112	Hexachloroethane		Bases	0	0	0	0	0	0	0	0	-
113	Indeno(1,2,3-CK)Pyrene*	YES	Bases	0	0	0	0	0	0	0	0	-
114	Isothione		Bases	0	0	0	0	0	0	0	0	-
115	Naphthalene		Bases	0	0	0	0	0	0	0	0	-
116	Nitrobenzene		Bases	0	0	0	0	0	0	0	0	-
117	N-Nitrosodi-N-Propylamine*	YES	Bases	0	0	0	0	0	0	0	0	-
118	N-Nitrosodi-N-Methylamine*	YES	Bases	0	0	0	0	0	0	0	0	-
119	N-Nitrosodi-N-Phenylamine*	YES	Bases	0	0	0	0	0	0	0	0	-
120	PCB-1016	YES	Bases	0	0	0	0	0	0	0	0	-
121	PCB-1221	YES	Bases	0	0	0	0	0	0	0	0	-
122	PCB-1232	YES	Bases	0	0	0	0	0	0	0	0	-
123	PCB-1242	YES	Bases	0	0	0	0	0	0	0	0	-
124	PCB-1248	YES	Bases	0	0	0	0	0	0	0	0	-
125	PCB-1254	YES	Bases	0	0	0	0	0	0	0	0	-
126	PCB-1260	YES	Bases	0	0	0	0	0	0	0	0	-
127	Phenanthrene		Bases	0	0	0	0	0	0	0	0	-
128	Pyrene		Bases	0	0	0	0	0	0	0	0	-
129	1,2,4-Trichlorobenzene		Bases	0	0	0	0	0	0	0	0	-

4	Enter Q _d = wastewater discharge flow from facility (MGD)
6.188916	Q _d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Q _{d2} = background stream flow in MGD above point of discharge
0	Q _{d2} = background stream flow from upstream source (cfs)
0.719	Enter 7Q10, Q _s = background stream flow in cfs above point of discharge
0.463	Enter or estimated, 1Q10, Q _s = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
41.69	Enter Mean Annual Flow, Q _s = background stream flow in cfs above point of discharge
3.129	Enter 7Q2, Q _s = background stream flow in cfs above point of discharge (For LWF class streams)
Enter as Left	Enter C _s = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)

Freshwater F&W classification:				Freshwater Acute (µg/l) Q ₁ = 1Q10				Freshwater Chronic (µg/l) Q ₁ = 7Q10				Human Health Consumption Fish only (µg/l)							
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (Cd?) Daily Max	Max Daily Discharge as reported by Applicant (C _{max})	Water Quality Criteria (C ₁)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?	Background from upstream source (Cd?) Monthly Ave	Avg Daily Discharge as reported by Applicant (C _{avg})	Water Quality Criteria (C ₁)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?	Water Quality Criteria (C ₁)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?
1	Antimony			0	0.54					0	0.18					2.73E+02	4.17E+02	8.33E+01	No
2	Arsenic		YES	0	0	500.334	636.648	127.330	No	0	0	261.324	291.683	58.337	No	3.03E-01	2.34E+00	4.69E-01	No
3	Beryllium			0	0.23					0	0.07								
4	Cadmium			0	0	4.347	4.672	0.934	No	0	0	0.644	0.718	0.144	No				
5	Chromium Chromium III			0	0	1097.873	1052.966	330.293	No	0	0	304.095	223.292	44.958	No				
6	Chromium Chromium VI			0	0	18.000	17.107	3.430	No	0	0	3.560	12.275	2.455	No				
7	Copper	YES		0	21	18.026	18.375	3.675	Yes	0	1.28	12.769	14.249	2.850	No				
8	Lead			0	0.39	346.291	157.235	31.447	No	0	0.13	5.701	6.363	1.273	No				
9	Mercury	YES		0	0.07	2.400	2.580	0.518	No	0	0.007	0.012	0.013	0.003	Yes	4.24E-02	4.74E-02	9.47E-03	No
10	Nickel			0	31.8	515.524	554.414	110.883	No	0	11.1	57.250	63.948	12.790	No	9.93E+02	1.11E+03	2.22E+02	No
11	Selenium			0	0	20.000	21.498	4.299	No	0	0	5.000	5.581	1.116	No	2.43E+03	2.71E+03	5.43E+02	No
12	Silver			0	0	0.979	1.048	0.210	No	0	0								
13	Thallium			0	0					0	0								
14	Zinc	YES		0	174	197.369	212.134	42.437	Yes	0	34.15	196.963	222.190	44.430	No	2.74E+01	3.05E+01	6.11E+02	No
15	Cyanide			0	0	22.000	23.646	4.729	No	0	0	5.205	5.804	1.161	No	1.89E+04	3.32E+03		No
16	Total Phenolic Compounds			0	0					0	0					9.50E+03	1.04E+04	2.08E+03	No
17	Hardness (As CaCO3)			0	51000					0	49100								
18	Acrolein			0	0					0	0					5.43E+00	6.06E+00	1.21E+00	No
19	Acrylonitrile	YES		0	0					0	0					1.44E-01	1.11E+00	2.23E-01	No
20	Aldrin	YES		0	0	3.000	3.224	0.645	No	0	0					2.94E-02	2.27E-04	4.55E-05	No
21	Benzene	YES		0	0					0	0					7.38E-01	1.20E+02	2.39E+01	No
22	Bromoforn	YES		0	0					0	0					7.38E-01	6.08E+02	1.22E+02	No
23	Carbon Tetrachloride	YES		0	0					0	0					6.67E-01	7.41E+02	1.48E+02	No
24	Chlordane	YES		0	0	2.400	2.560	0.518	No	0	0	0.004	0.005	0.001	No	4.73E-04	3.66E-03	7.32E-04	No
25	Chlorobenzene			0	0					0	0					8.08E+02	1.01E+03	2.02E+02	No
26	Chlorodibromomethane	YES		0	0					0	0					7.41E+00	5.73E+01	1.15E+01	No
27	Chloroethane			0	0					0	0								
28	2-Chloro-Ethylvinyl Ether			0	0					0	0								
29	Chloroform	YES		0	5.84					0	4.61					1.02E+02	7.89E+02	1.58E+02	No
30	4,4'-DDD	YES		0	0					0	0					1.81E-04	1.40E-03	2.81E-04	No
31	4,4'-DDE	YES		0	0					0	0					1.28E-04	9.81E-04	1.98E-04	No
32	4,4'-DDT	YES		0	0					0	0					1.28E-04	9.81E-04	1.98E-04	No
33	Dichlorobromomethane	YES		0	0	1.100	1.182	0.236	No	0	0	0.001	0.001	0.000	No	3.09E+01	7.70E+01	1.55E+01	No
34	1,1-Dichloroethane			0	0					0	0								
35	1,2-Dichloroethane	YES		0	0					0	0					2.14E+01	1.65E+02	3.31E+01	No
36	Trans-1,2-Dichloro-Ethylene			0	0					0	0					5.91E+03	6.59E+03	1.32E+03	No
37	1,1-Dichloroethylene	YES		0	0					0	0					4.17E+03	3.22E+04	8.45E+03	No
38	1,2-Dichloropropane			0	0					0	0					6.48E+00	9.48E+00	1.90E+00	No
39	1,3-Dichloro-Propylene			0	0					0	0					1.22E+01	1.37E+01	2.74E+00	No
40	Dieldrin	YES		0	0	0.240	0.258	0.052	No	0	0	0.008	0.063	0.013	No	3.12E-03	2.43E-04	4.83E-05	No
41	Ethylbenzene			0	0					0	0					7.74E+03	1.39E+03	2.78E+02	No
42	Methyl Bromide			0	0					0	0					8.71E+02	9.72E+02	1.94E+02	No
43	Methyl Chloride			0	0					0	0								
44	Methylene Chloride	YES		0	0					0	0					3.46E+02	2.67E+03	5.35E+02	No
45	1,1,1,2,2-Tetrachloro-Ethane	YES		0	0					0	0					2.33E+00	1.81E+01	3.61E+00	No
46	Tetrachloro-Ethylene	YES		0	0					0	0					1.30E+00	1.48E+01	2.97E+00	No
47	Toluene			0	0					0	0					8.72E+03	9.74E+03	1.95E+03	No
48	Toxaphene	YES		0	0	0.730	0.785	0.157	No	0	0	0.0002	0.000	0.000	No	1.62E-01	1.25E-03	2.51E-04	No
49	Tributyltin (TBT)	YES		0	0	0.480	0.494	0.099	No	0	0	9.972	0.080	0.016	No				
50	1,1,1-Trichloroethane			0	0					0	0					9.10E+00	7.04E+01	1.41E+01	No
51	1,1,2-Trichloroethane	YES		0	0					0	0					1.70E+01	1.35E+02	2.70E+01	No
52	Trichloroethylene	YES		0	0					0	0					1.42E+00	1.10E+01	2.20E+00	No
53	Vinyl Chloride	YES		0	0					0	0								
54	p-Chloro-m-Cresol			0	0					0	0								
55	2-Chlorophenol			0	0					0	0					8.71E+01	9.72E+01	1.94E+01	No
56	2,4-Dichlorophenol			0	0					0	0					1.72E+02	1.92E+02	3.84E+01	No
57	2,4-Dimethylphenol			0	0					0	0					1.89E+02	5.55E+02	1.11E+02	No
58	4,6-Dinitro-O-Cresol			0	0					0	0								
59	2,4-Dinitrophenol			0	0					0	0					3.11E+03	3.47E+03	6.95E+02	No
60	4,6-Dinitro-2-methylphenol	YES		0	0					0	0					1.85E+02	1.28E+03	2.56E+02	No
61	Dioxin (2,3,7,8-TCDD)	YES		0	0					0	0					2.87E-08	2.06E-07	4.13E-08	No
62	2-Nitrophenol			0	0					0	0								
63	4-Nitrophenol			0	0					0	0								
64	Pentachlorophenol	YES		0	0	8.723	9.376	1.875	No	0	0	6.603	7.470	1.494	No	1.77E+01	1.37E+01	2.74E+00	No
65	Phenol			0	0					0	0					5.00E+05	5.56E+05	1.12E+05	No
66	2,4,6-Trichlorophenol	YES		0	0					0	0					1.41E+00	1.09E+01	2.19E+00	No
67	Acenaphthene			0	0					0	0					7.79E+02	6.45E+02	1.29E+02	No
68	Acenaphthylene			0	0					0	0								
69	Anthracene			0	0					0	0					2.33E+04	2.60E+04	5.21E+03	No
70	Benzidine			0	0					0	0					1.18E-04	1.29E-04	2.58E-05	No
71	Benz(a)Anthracene	YES		0	0					0	0					1.07E-02	8.24E-02	1.65E-02	No
72	Benz(a)Pyrene	YES		0	0					0	0					1.07E-02	8.24E-02	1.65E-02	No
73	Benz(b)fluoranthene			0	0					0	0					1.07E-02	1.19E-02	2.38E-03	No
74	Benz(g)H)Perylene			0	0					0	0								
75	Benz(k)Fluoranthene			0	0					0	0					1.07E-02	1.19E-02	2.38E-03	No
76	Bis (2-Chloroethoxy) Methane			0	0					0	0								
77	Bis (2-Chloroethoxy) Ether	YES		0	0					0	0					3.07E-01	2.38E+00	4.76E-01	No
78	Bis (2-Chloroisopropyl) Ether			0	0					0	0					3.78E+04	4.22E+04	8.44E+03	No
79	Bis (2-Ethoxyethyl) Phthalate	YES		0	0					0	0					1.26E+00	9.92E+00	1.98E+00	No
80	4-Bromophenyl Phenyl Ether			0	0					0	0								
81	Butyl Benzyl Phthalate			0	0					0	0					1.13E+03	1.28E+03	2.52E+02	No
82	2-Chloronaphthalene			0	0					0	0					8.34E+02	1.03E+03	2.06E+02	No
83	4-Chlorophenyl Phenyl Ether			0	0					0	0								
84	Chrysene	YES		0	0					0	0					1.07E-02	8.24E-02	1.65E-02	No
85	Di-N-Butyl Phthalate			0	0					0	0					2.62E+03	2.83E+03	5.65E+02	No
86	Di-N-Octyl Phthalate			0	0					0	0								
87	Dibenz(a,h)Anthracene	YES		0	0					0	0					1.07E-02	8.24E-02	1.65E-02	No
88	1,2-Dichlorobenzene			0	0					0	0					7.53E+02	8.43E+02	1.69E+	

Facility Name: **Opelika Westside WWTP**NPDES No.: **AL0050130**

6/13/2017

$Q_d \cdot C_d + Q_{d2} \cdot C_{d2} + Q_s \cdot C_s = Q_t \cdot C_t$								Enter Max Daily Discharge as reported by Applicant (C _d) Max	Enter Avg Daily Discharge as reported by Applicant (C _d) Avg	Partition Coefficient (Stream / Lake)
ID	Pollutant	Carcinogen Yes	Type	Background from upstream source (C _{d1}) Daily Max	Background from upstream source (C _{d1}) Monthly Avg	Background from Instream (C _{d2}) Daily Max	Background from Instream (C _{d2}) Monthly Avg	µg/l	µg/l	
1	Antimony		Metals	0	0	0	0	0.54	0.18	-
2	Arsenic**	YES	Metals	0	0	0	0	0	0	0.574
3	Beryllium		Metals	0	0	0	0	0.23	0.07	-
4	Cadmium**		Metals	0	0	0	0	0	0	0.236
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0	0.210
6	Chromium / Chromium VI**		Metals	0	0	0	0	0	0	-
7	Copper**		Metals	0	0	0	0	21	1.28	0.388
8	Lead**		Metals	0	0	0	0	0.39	0.13	0.206
9	Mercury**		Metals	0	0	0	0	0.07	0.007	0.302
10	Nickel**		Metals	0	0	0	0	31.8	11.1	0.505
11	Selenium		Metals	0	0	0	0	0	0	-
12	Silver		Metals	0	0	0	0	0	0	-
13	Thallium		Metals	0	0	0	0	0	0	-
14	Zinc**		Metals	0	0	0	0	174	34.15	0.330
15	Cyanide		Metals	0	0	0	0	0	0	-
16	Total Phenolic Compounds		Metals	0	0	0	0	0	0	-
17	Hardness (As CaCO3)		Metals	0	0	0	0	51000	49100	-
18	Acrolein		VOC	0	0	0	0	0	0	-
19	Acrylonitrile*	YES	VOC	0	0	0	0	0	0	-
20	Aldrin	YES	VOC	0	0	0	0	0	0	-
21	Benzene*	YES	VOC	0	0	0	0	0	0	-
22	Bromoform*	YES	VOC	0	0	0	0	0	0	-
23	Carbon Tetrachloride*	YES	VOC	0	0	0	0	0	0	-
24	Chlordane	YES	VOC	0	0	0	0	0	0	-
25	Chlorobenzene		VOC	0	0	0	0	0	0	-
26	Chlorodibromo-Methane*	YES	VOC	0	0	0	0	0	0	-
27	Chloroethane		VOC	0	0	0	0	0	0	-
28	2-Chloro-Ethylvinyl Ether		VOC	0	0	0	0	0	0	-
29	Chloroform*	YES	VOC	0	0	0	0	5.84	4.61	-
30	4,4'-DDD	YES	VOC	0	0	0	0	0	0	-
31	4,4'-DDE	YES	VOC	0	0	0	0	0	0	-
32	4,4'-DDT	YES	VOC	0	0	0	0	0	0	-
33	Dichlorobromo-Methane*	YES	VOC	0	0	0	0	0	0	-
34	1,1-Dichloroethane		VOC	0	0	0	0	0	0	-
35	1,2-Dichloroethane*	YES	VOC	0	0	0	0	0	0	-
36	Trans-1,2-Dichloro-Ethylene		VOC	0	0	0	0	0	0	-
37	1,1-Dichloroethylene*	YES	VOC	0	0	0	0	0	0	-
38	1,2-Dichloropropane		VOC	0	0	0	0	0	0	-
39	1,3-Dichloro-Propylene		VOC	0	0	0	0	0	0	-
40	Dieldrin	YES	VOC	0	0	0	0	0	0	-
41	Ethylbenzene		VOC	0	0	0	0	0	0	-
42	Methyl Bromide		VOC	0	0	0	0	0	0	-
43	Methyl Chloride		VOC	0	0	0	0	0	0	-
44	Methylene Chloride*	YES	VOC	0	0	0	0	0	0	-
45	1,1,1,2-Tetrachloro-Ethane*	YES	VOC	0	0	0	0	0	0	-
46	Tetrachloro-Ethylene*	YES	VOC	0	0	0	0	0	0	-
47	Toluene		VOC	0	0	0	0	0	0	-
48	Toxaphene	YES	VOC	0	0	0	0	0	0	-
49	Tributyltin (TBT)	YES	VOC	0	0	0	0	0	0	-
50	1,1,1,1-Tetrachloroethane		VOC	0	0	0	0	0	0	-
51	1,1,1,2-Trichloroethane*	YES	VOC	0	0	0	0	0	0	-
52	Trichloroethylene*	YES	VOC	0	0	0	0	0	0	-
53	Vinyl Chloride*	YES	VOC	0	0	0	0	0	0	-
54	p-Chloro-m-Cresol		Acids	0	0	0	0	0	0	-
55	2-Chlorophenol		Acids	0	0	0	0	0	0	-
56	2,4-Dichlorophenol		Acids	0	0	0	0	0	0	-
57	2,4-Dimethylphenol		Acids	0	0	0	0	0	0	-
58	4,6-Dinitro-o-Cresol		Acids	0	0	0	0	0	0	-
59	4-Dinitrophenol		Acids	0	0	0	0	0	0	-
60	4,6-Dinitro-2-methylphenol	YES	Acids	0	0	0	0	0	0	-
61	Dioxin (2,3,7,8-TCDD)	YES	Acids	0	0	0	0	0	0	-
62	2-Nitrophenol		Acids	0	0	0	0	0	0	-
63	4-Nitrophenol		Acids	0	0	0	0	0	0	-
64	Pentachlorophenol*	YES	Acids	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	-
66	2,4,6-Trichlorophenol*	YES	Acids	0	0	0	0	0	0	-
67	Azaphthalene		Bases	0	0	0	0	0	0	-
68	Azaphthalene		Bases	0	0	0	0	0	0	-
69	Anthracene		Bases	0	0	0	0	0	0	-
70	Benzo(a)Anthracene*	YES	Bases	0	0	0	0	0	0	-
71	Benzo(a)Pyrene*	YES	Bases	0	0	0	0	0	0	-
72	Benzo(b)Fluoranthene		Bases	0	0	0	0	0	0	-
73	Benzo(g,h,i)Fluoranthene		Bases	0	0	0	0	0	0	-
74	Benzo(k)Fluoranthene		Bases	0	0	0	0	0	0	-
75	Benzo(a)fluoranthene		Bases	0	0	0	0	0	0	-
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	-
77	Bis (2-Chloroethyl) Ether*	YES	Bases	0	0	0	0	0	0	-
78	Bis (2-Chloroisopropyl) Ether		Bases	0	0	0	0	0	0	-
79	Bis (2-Ethylhexyl) Phthalate*	YES	Bases	0	0	0	0	0	0	-
80	4-Bromophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
81	Butyl Benzyl Phthalate		Bases	0	0	0	0	0	0	-
82	2-Chloronaphthalene		Bases	0	0	0	0	0	0	-
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
84	Chrysene*	YES	Bases	0	0	0	0	0	0	-
85	Di-n-Butyl Phthalate		Bases	0	0	0	0	0	0	-
86	Di-n-Octyl Phthalate		Bases	0	0	0	0	0	0	-
87	Dibenz(a,h)Anthracene*	YES	Bases	0	0	0	0	0	0	-
88	1,2-Dichlorobenzene		Bases	0	0	0	0	0	0	-
89	1,3-Dichlorobenzene		Bases	0	0	0	0	0	0	-
90	1,4-Dichlorobenzene		Bases	0	0	0	0	0	0	-
91	3,4-Dichlorobenzidine*	YES	Bases	0	0	0	0	0	0	-
92	Diethyl Phthalate		Bases	0	0	0	0	0	0	-
93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	-
94	2,4-Dinitrotoluene*	YES	Bases	0	0	0	0	0	0	-
95	2,6-Dinitrotoluene		Bases	0	0	0	0	0	0	-
96	1,2-Diphenylhydrazine		Bases	0	0	0	0	0	0	-
97	Endosulfan (alpha)	YES	Bases	0	0	0	0	0	0	-
98	Endosulfan (beta)	YES	Bases	0	0	0	0	0	0	-
99	Endosulfan sulfate	YES	Bases	0	0	0	0	0	0	-
100	Endrin	YES	Bases	0	0	0	0	0	0	-
101	Endrin Aldehyde	YES	Bases	0	0	0	0	0	0	-
102	Fluoranthene		Bases	0	0	0	0	0	0	-
103	Fluorene		Bases	0	0	0	0	0	0	-
104	Heptachlor	YES	Bases	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	-
106	Hexachlorobenzene*	YES	Bases	0	0	0	0	0	0	-
107	Hexachlorobutadiene*	YES	Bases	0	0	0	0	0	0	-
108	Hexachlorocyclohexan (alpha)	YES	Bases	0	0	0	0	0	0	-
109	Hexachlorocyclohexan (beta)	YES	Bases	0	0	0	0	0	0	-
110	Hexachlorocyclohexan (gamma)	YES	Bases	0	0	0	0	0	0	-
111	Hexachlorocyclopentadiene		Bases	0	0	0	0	0	0	-
112	Hexachloroethane		Bases	0	0	0	0	0	0	-
113	Indene(1,2,3-CD)Pyrene*	YES	Bases	0	0	0	0	0	0	-
114	Isophorone		Bases	0	0	0	0	0	0	-
115	Naphthalene		Bases	0	0	0	0	0	0	-
116	Nitrobenzene		Bases	0	0	0	0	0	0	-
117	N-Nitrosodi-N-Propylamine*	YES	Bases	0	0	0	0	0	0	-
118	N-Nitrosodi-N-Methylamine*	YES	Bases	0	0	0	0	0	0	-
119	N-Nitrosodi-N-Phenylamine*	YES	Bases	0	0	0	0	0	0	-
120	PCB-1016	YES	Bases	0	0	0	0	0	0	-
121	PCB-1221	YES	Bases	0	0	0	0	0	0	-
122	PCB-1232	YES	Bases	0	0	0	0	0	0	-
123	PCB-1242	YES	Bases	0	0	0	0	0	0	-
124	PCB-1248	YES	Bases	0	0	0	0	0	0	-
125	PCB-1254	YES	Bases	0	0	0	0	0	0	-
126	PCB-1260	YES	Bases	0	0	0	0	0	0	-
127	Phenanthrene		Bases	0	0	0	0	0	0	-
128	Pyrene		Bases	0	0	0	0	0	0	-
129	1,2,4-Trichlorobenzene		Bases	0	0	0	0	0	0	-

5.9	Enter Q _d = wastewater discharge flow from facility (MGD)
9.1286511	Q _d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Q _{d2} = background stream flow in MGD above point of discharge
0	Q _{d2} = background stream flow from upstream source (cfs)
0.719	Enter TQ10, Q _s = background stream flow in cfs above point of discharge
0.463	Enter or estimated, TQ10, Q _s = background stream flow in cfs above point of discharge (TQ10 estimated at 75% of TQ10)
41.69	Enter Mean Annual Flow, Q _s = background stream flow in cfs above point of discharge
3.129	Enter TQ2, Q _s = background stream flow in cfs above point of discharge (For LWF class streams)
Enter to Left	Enter C _s = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
Q _d + Q _{d2} + Q _s	Q _s = resultant in-stream flow, after discharge
Calculated on other	C _s = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
50	Enter, Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of Birmingham)
7.00 s.u.	Enter, Background pH above point of discharge
YES	Enter, Is discharge to a stream? "YES" Other option would be to a Lake. (This changes the partition coefficients for the metals)

** Using Partition Coefficients

December 8, 2022

Facility Name: Opelika Westside WWTP NPDES No.: AL0050130																			
Freshwater F&W classification				Freshwater Acute (µg/l) Q _a = 1Q10					Freshwater Chronic (µg/l) Q _a = 7Q10					Human Health Consumption Fish only (µg/l) Carcinogen Q _a = Annual Average Non-Carcinogen Q _a = 7Q10					
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (C _{SD}) Daily Max	Max Daily Discharge as reported by Applicant (C _{max})	Water Quality Criteria (C _a)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?	Background from upstream source (C _{SD}) Monthly Ave	Avg Daily Discharge as reported by Applicant (C _{max})	Water Quality Criteria (C _a)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?	Water Quality Criteria (C _a)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?
1	Antimony			0	0.54	-	-	-	No	0	0.18	-	-	-	No	3.73E+02	4.03E+02	8.05E+01	No
2	Arsenic		YES	0	0	192.334	622.377	124.475	No	0	0	261.324	281.907	56.381	No	3.03E-01	1.69E+00	3.37E-01	No
3	Beryllium			0	0.23	-	-	-	No	0	0.07	-	-	-	No	-	-	-	-
4	Cadmium			0	0	4.347	4.568	0.914	No	0	0	0.644	0.694	0.139	No	-	-	-	-
5	Chromium Chromium III			0	0	1937.919	1615.915	323.183	No	0	0	200.051	215.807	43.161	No	-	-	-	-
6	Chromium Chromium VI			0	0	16.000	16.812	3.362	No	0	0	11.000	11.866	2.373	No	-	-	-	-
7	Copper	YES		0	0.21	18.028	18.941	3.789	Yes	0	1.28	12.766	13.771	2.754	No	-	-	-	-
8	Lead			0	0.07	146.291	153.711	30.742	No	0.13	5.701	6.150	1.230	No	-	-	-	-	-
9	Mercury	YES		0	0.07	2.400	2.522	0.504	No	0	0.007	0.012	0.013	0.003	Yes	4.24E-02	4.59E-02	9.15E-03	No
10	Nickel			0	31.8	515.824	541.967	108.397	No	0	11.1	57.260	61.605	12.361	No	9.93E+02	1.07E+03	2.14E+02	No
11	Selenium			0	0	30.000	21.014	4.203	No	0	0	5.000	5.394	1.079	No	2.43E+03	2.62E+03	5.24E+02	No
12	Silver			0	0	0.079	1.028	0.205	No	0	0	-	-	-	No	-	-	-	-
13	Thallium			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
14	Zinc	YES		0	174	197.369	207.778	41.476	Yes	0	34.15	198.983	214.658	42.931	No	1.49E+04	1.61E+04	3.21E+03	No
15	Cyanide			0	0	22.000	23.116	4.623	No	0	0	5.200	5.610	1.122	No	9.93E+04	1.01E+04	2.01E+03	No
16	Total Phenolic Compounds			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
17	Hardness (As CaCO3)			0	51000	-	-	-	No	0	49100	-	-	-	No	-	-	-	-
18	Acrolein			0	0	-	-	-	No	0	0	-	-	-	No	5.43E+04	5.85E+00	1.17E+00	No
19	Acrylonitrile	YES		0	0	-	-	-	No	0	0	-	-	-	No	1.44E-01	8.02E-01	1.60E-01	No
20	Aldrin	YES		0	0	3.000	3.152	0.630	No	0	0	-	-	-	No	2.04E-05	1.64E-04	3.27E-05	No
21	Benzene	YES		0	0	-	-	-	No	0	0	-	-	-	No	1.95E+01	8.61E+01	1.72E+01	No
22	Bromobenzene	YES		0	0	-	-	-	No	0	0	-	-	-	No	7.88E+01	4.38E+02	8.77E+01	No
23	Carbon Tetrachloride	YES		0	0	-	-	-	No	0	0	-	-	-	No	9.57E+01	5.33E+00	1.07E+00	No
24	Chlordane	YES		0	0	2.400	2.522	0.504	No	0	0	0.0043	0.005	0.001	No	4.78E-04	2.63E-03	5.26E-04	No
25	Chlorobenzene			0	0	-	-	-	No	0	0	-	-	-	No	9.08E+02	9.76E+02	1.96E+02	No
26	Chlorodibromomethane	YES		0	0	-	-	-	No	0	0	-	-	-	No	7.41E+00	4.12E+01	8.25E+00	No
27	Chloroethane			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
28	2-Chloro-Ethylvinyl Ether			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
29	Chloroform	YES		0	5.84	-	-	-	No	0	4.61	-	-	-	No	1.02E+02	5.68E+02	1.14E+02	No
30	4,4'-DDD	YES		0	0	-	-	-	No	0	0	-	-	-	No	1.01E-04	1.01E-03	2.02E-04	No
31	4,4'-DDE	YES		0	0	-	-	-	No	0	0	-	-	-	No	1.28E-04	7.13E-04	1.43E-04	No
32	4,4'-DDT	YES		0	0	1.100	1.156	0.231	No	0	0	0.001	0.001	0.000	No	1.38E-04	7.13E-04	1.43E-04	No
33	Dichlorobromomethane	YES		0	0	-	-	-	No	0	0	-	-	-	No	1.00E+01	5.59E+01	1.12E+01	No
34	1,1-Dichloroethane			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
35	1,2-Dichloroethane	YES		0	0	-	-	-	No	0	0	-	-	-	No	2.34E+01	1.19E+02	2.38E+01	No
36	Trans-1,2-Dichloro-Ethylene			0	0	-	-	-	No	0	0	-	-	-	No	5.91E+03	6.37E+03	1.27E+03	No
37	1,1-Dichloroethylene	YES		0	0	-	-	-	No	0	0	-	-	-	No	4.17E+03	2.32E+04	4.64E+03	No
38	1,2-Dichloropropane			0	0	-	-	-	No	0	0	-	-	-	No	8.46E+00	9.16E+00	1.83E+00	No
39	1,3-Dichloro-Propylene			0	0	-	-	-	No	0	0	-	-	-	No	1.32E+01	1.32E+01	2.65E+00	No
40	Dieldrin	YES		0	0	0.240	0.252	0.050	No	0	0	0.066	0.080	0.012	No	3.52E+03	1.74E+04	3.48E+03	No
41	Ethylbenzene			0	0	-	-	-	No	0	0	-	-	-	No	1.54E+03	1.34E+03	2.68E+02	No
42	Methyl Bromide			0	0	-	-	-	No	0	0	-	-	-	No	8.71E+02	9.40E+02	1.88E+02	No
43	Methyl Chloride			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
44	Methylene Chloride	YES		0	0	-	-	-	No	0	0	-	-	-	No	3.46E+02	1.92E+03	3.85E+02	No
45	1,1,1,2,2-Tetrachloro-Ethane	YES		0	0	-	-	-	No	0	0	-	-	-	No	2.30E+00	1.30E+01	2.60E+00	No
46	Tetrachloro-Ethane	YES		0	0	-	-	-	No	0	0	-	-	-	No	1.92E+00	1.07E+01	2.13E+00	No
47	Toluene			0	0	-	-	-	No	0	0	-	-	-	No	8.72E+03	9.41E+03	1.88E+03	No
48	Toxaphene	YES		0	0	0.730	0.767	0.153	No	0	0	0.0002	0.000	0.000	No	1.82E-04	9.01E-04	1.80E-04	No
49	Tributyltin (TBT)	YES		0	0	0.480	0.483	0.097	No	0	0	0.072	0.078	0.016	No	-	-	-	-
50	1,1,1-Trichloroethane			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
51	1,1,1,2-Trichloroethane	YES		0	0	-	-	-	No	0	0	-	-	-	No	9.10E+00	5.06E+01	1.01E+01	No
52	Trichloroethylene	YES		0	0	-	-	-	No	0	0	-	-	-	No	1.75E+01	9.73E+01	1.95E+01	No
53	Vinyl Chloride	YES		0	0	-	-	-	No	0	0	-	-	-	No	1.42E+00	7.93E+00	1.59E+00	No
54	P-Chloro-M-Cresol			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
55	2-Chlorophenol			0	0	-	-	-	No	0	0	-	-	-	No	8.71E+01	9.39E+01	1.88E+01	No
56	2,4-Dichlorophenol			0	0	-	-	-	No	0	0	-	-	-	No	1.72E+02	1.86E+02	3.71E+01	No
57	2,4-Dimethylphenol			0	0	-	-	-	No	0	0	-	-	-	No	4.88E+02	5.37E+02	1.07E+02	No
58	4,6-Dinitro-O-Cresol			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
59	2,4-Dinitrophenol			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
60	4,6-Dinitro-2-methylphenol	YES		0	0	-	-	-	No	0	0	-	-	-	No	3.11E+03	3.38E+03	6.71E+02	No
61	Dioxin (2,3,7,8-TCDD)	YES		0	0	-	-	-	No	0	0	-	-	-	No	1.65E+02	9.21E+02	1.84E+02	No
62	2-Nitrophenol			0	0	-	-	-	No	0	0	-	-	-	No	2.67E-04	1.48E-07	2.97E-08	No
63	4-Nitrophenol			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
64	Pentachlorophenol	YES		0	0	8.725	9.166	1.833	No	0	0	6.693	7.220	1.444	No	1.77E+00	9.84E+00	1.97E+00	No
65	Phenol			0	0	-	-	-	No	0	0	-	-	-	No	5.00E+05	5.39E+05	1.08E+05	No
66	2,4,6-Trichlorophenol	YES		0	0	-	-	-	No	0	0	-	-	-	No	1.41E+00	7.87E+00	1.57E+00	No
67	Acenaphthene			0	0	-													

Permit Number: AL0050130

Monitoring Point: 0011

Stage: Effluent Gross Value

Parameter Name: Total Recoverable Zinc

Parameter Code: 01094

Monitoring Period	Monthly Average	Daily Maximum	Conc. Unit
December 2016	16	16	µg/L
January 2017	28.5	28.5	µg/L
February 2017	21.7	21.7	µg/L
March 2017	25.7	25.7	µg/L
April 2017	33.4	33.4	µg/L
May 2017	25.1	25.1	µg/L
June 2017	30	30	µg/L
July 2017	0	0	µg/L
August 2017	38.8	38.8	µg/L
September 2017	27.7	27.7	µg/L
October 2017	40.5	40.5	µg/L
November 2017	30	30	µg/L
December 2017	50.3	50.3	µg/L
January 2018	80.7	80.7	µg/L
February 2018	0	0	µg/L
March 2018	20.8	20.8	µg/L
April 2018	28.5	28.5	µg/L
May 2018	23.4	23.4	µg/L
June 2018	15	15	µg/L
July 2018	30.9	30.9	µg/L
August 2018	33.8	33.8	µg/L
September 2018	35.6	35.6	µg/L
October 2018	21.4	21.4	µg/L
November 2018	30.5	30.5	µg/L
December 2018	30	30	µg/L
January 2019	11.3	11.3	µg/L
February 2019	174	174	µg/L
March 2019	35.2	35.2	µg/L
April 2019	29.2	29.2	µg/L
May 2019	38.6	36.6	µg/L
June 2019	38	38	µg/L
July 2019	51.2	51.2	µg/L
August 2019	30.5	30.5	µg/L
September 2019	27.8	27.8	µg/L
October 2019	61.4	61.4	µg/L
November 2019	87	87	µg/L
December 2019	46	46	µg/L
January 2020	27.5	27.5	µg/L
February 2020	6.4	6.4	µg/L
March 2020	21.6	21.6	µg/L
April 2020	24.7	24.7	µg/L
May 2020	18.2	18.2	µg/L
June 2020	30.7	30.7	µg/L
July 2020	37.4	37.4	µg/L
August 2020	44.5	44.5	µg/L
September 2020	33.3	33.3	µg/L
October 2020	27.1	27.1	µg/L
November 2020	24.7	24.7	µg/L
December 2020	18.9	18.9	µg/L
January 2021	32.1	32.1	µg/L
February 2021	29	29	µg/L
March 2021	21.3	21.3	µg/L

April 2021	20.2	20.2	µg/L
May 2021	24.2	24.2	µg/L
June 2021	48.5	48.5	µg/L
July 2021	31	31	µg/L
August 2021	36	36	µg/L
September 2021	29.8	29.8	µg/L
October 2021	37.5	37.5	µg/L
November 2021	39	39	µg/L
December 2021	42.9	42.9	µg/L
January 2022	33.2	33.2	µg/L
February 2022	19.3	19.3	µg/L
March 2022	33.8	33.8	µg/L
April 2022	26.3	26.3	µg/L
May 2022	43.5	43.5	µg/L
June 2022	42.9	42.9	µg/L
July 2022	36.5	36.5	µg/L
August 2022	34.0	34	µg/L
September 2022	34.0	34	µg/L
October 2022	37.0	37	µg/L
Application	43.8	49	µg/L
Application	43.8	49	µg/L
Application	43.8	49	µg/L

<i>Average</i>	34.15		µg/L
<i>Maximum</i>		174	µg/L

Permit Number: AL0050130

Monitoring Point: 0011

Stage: Effluent Gross Value

Parameter Name: Total Recoverable Copper

Parameter Code: 01119

Monitoring Period	Monthly Average	Daily Maximum	Conc. Unit
December 2016	0	0	µg/L
January 2017	0	0	µg/L
February 2017	0	0	µg/L
March 2017	0	0	µg/L
April 2017	0	0	µg/L
May 2017	0	0	µg/L
June 2017	0	0	µg/L
July 2017	0	0	µg/L
August 2017	0	0	µg/L
September 2017	0	0	µg/L
October 2017	0	0	µg/L
November 2017	0	0	µg/L
December 2017	0	0	µg/L
January 2018	0	0	µg/L
February 2018	0	0	µg/L
March 2018	0	0	µg/L
April 2018	0	0	µg/L
May 2018	0	0	µg/L
June 2018	0	0	µg/L
July 2018	0	0	µg/L
August 2018	0	0	µg/L
September 2018	0	0	µg/L
October 2018	0	0	µg/L
November 2018	21	21	µg/L
December 2018	15	15	µg/L
January 2019	0	0	µg/L
February 2019	6.2	6.2	µg/L
March 2019	5.5	5.5	µg/L
April 2019	0	0	µg/L
May 2019	0	0	µg/L
June 2019	0	0	µg/L
July 2019	0	0	µg/L
August 2019	0	0	µg/L
September 2019	0	0	µg/L
October 2019	0	0	µg/L
November 2019	2	2	µg/L
December 2019	0	0	µg/L
January 2020	0	0	µg/L
February 2020	0	0	µg/L
March 2020	3.6	3.6	µg/L
April 2020	4	4	µg/L
May 2020	0	0	µg/L
June 2020	0	0	µg/L
July 2020	0	0	µg/L
August 2020	0	0	µg/L
September 2020	2.9	2.9	µg/L
October 2020	3.8	3.8	µg/L
November 2020	3.0	3	µg/L
December 2020	3.4	3.4	µg/L
January 2021	3.6	3.6	µg/L
February 2021	3.6	3.6	µg/L
March 2021	2.5	2.5	µg/L

April 2021	4.1	4.1	µg/L
May 2021	0	0	µg/L
June 2021	2.70	2.7	µg/L
July 2021	0	0	µg/L
August 2021	0	0	µg/L
September 2021	0	0	µg/L
October 2021	0	0	µg/L
November 2021	0	0	µg/L
December 2021	0	0	µg/L
January 2022	2.9	2.9	µg/L
February 2022	2.6	2.6	µg/L
March 2022	0	0	µg/L
April 2022	0	0	µg/L
May 2022	0	0	µg/L
June 2022	0	0	µg/L
July 2022	0	0	µg/L
August 2022	0	0	µg/L
September 2022	0	0	µg/L
October 2022	0	0	µg/L
Application	0.86	2.6	µg/L
Application	0.86	2.6	µg/L
Application	0.86	2.6	µg/L

<i>Average</i>	1.28		µg/L
<i>Maximum</i>		21	µg/L

Permit Number: AL0050130

Monitoring Point: 001Q


Stage: Effluent Gross Value

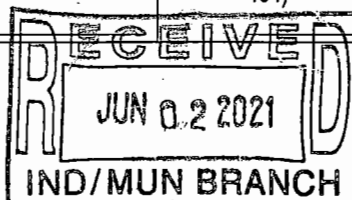
Parameter Name: Total Recoverable Mercury

Parameter Code: 71901

Monitoring Period	Monthly Average	Daily Maximum	Conc. Unit
January 2017- March 2017	0.007	0.007	µg/L
April 2017 - June 2017	0.001	0.001	µg/L
July 2017 - September 2017	0.004	0.004	µg/L
October 2017 - December 2017	0.005	0.005	µg/L
January 2018- March 2018	0.002	0.002	µg/L
April 2018 - June 2018	0.001	0.001	µg/L
July 2018 - September 2018	0.07	0.07	µg/L
October 2018 - December 2018	0.002	0.002	µg/L
January 2019- March 2019	0.005	0.005	µg/L
April 2019 - June 2019	0.019	0.019	µg/L
July 2019 - September 2019	0.009	0.009	µg/L
October 2019 - December 2019	0.003	0.003	µg/L
January 2020 - March 2020	0.001	0.001	µg/L
April 2020 - June 2020	0.001	0.001	µg/L
July 2020 - September 2020	0.006	0.006	µg/L
October 2020 - December 2020	0.003	0.003	µg/L
January 2021 - March 2021	0.002	0.002	µg/L
April 2021- June 2021	0.006	0.006	µg/L
July 2021 - September 2021	0.001	0.001	µg/L
October 2021 - December 2021	0.004	0.004	µg/L
January 2022 - March 2022	0.008	0.008	µg/L
April 2022- June 2022	0.007	0.007	µg/L
July 2022 - September 2022	0.003	0.003	µg/L
Application	0.000009	0.000019	µg/L

Average	0.007		µg/L
Maximum		0.07	µg/L

EPA Identification Number		NPDES Permit Number AL0050130		Facility Name Opelika Westside		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 Opelika Westside Wastewater Treatment Plant					
		Mailing address (street or P.O. box) PO Box 390					
		City or town Opelika			State AL		ZIP code 36801
		Contact name (first and last) Mike Hilyer		Title Public Works Director		Phone number (334) 705-5400	Email address mhilyer@opelika-al.gov
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 1017 Grand National Parkway					
		City or town Opelika			State AL		ZIP code 36803
	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 type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both				
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input 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) AL0050130		<input type="checkbox"/> RCRA (hazardous waste)		<input type="checkbox"/> UIC (underground injection control)	
		<input type="checkbox"/> PSD (air emissions)		<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)	
		<input type="checkbox"/> Ocean dumping (MPRSA)		<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input type="checkbox"/> Other (specify)	



EPA Identification Number		NPDES Permit Number AL0050130		Facility Name Opelika Westside		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	
		Opelika	16,000	<u>100</u> % separate sanitary sewer	<input checked="" type="checkbox"/> Own	<input type="checkbox"/> Maintain	
				<input type="checkbox"/> % 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	
				<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
				<input type="checkbox"/> % 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	
				<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
				<input type="checkbox"/> % 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	16,000					
			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	
						Now 4.0, New 5.9 mgd	
		Annual Average Flow Rates (Actual)					
		Two Years Ago	Last Year		This Year		
		2.93 mgd	3.10 mgd		3.12 mgd		
		Maximum Daily Flow Rates (Actual)					
		Two Years Ago	Last Year		This Year		
	7.9 mgd	7.90 mgd		7.00 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	NPDES Permit Number AL0050130	Facility Name Opelika Westside	Form Approved 03/05/19 OMB No. 2040-0004
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Outfalls and Other Discharge or Disposal Methods Continued	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.		
	Receiving Facility Data			
	Facility name		Mailing address (street or P.O. box)	
	City or town		State	ZIP code
	Contact name (first and last)		Title	
	Phone number		Email address	
	NPDES number of receiving facility (if any) <input type="checkbox"/> None		Average daily flow rate mgd	
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.		
	1.22	Provide information in the table below on these other disposal methods.		
	Information on Other Disposal Methods			
Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
Variance Requests	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable		
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)	ESG Operations, Inc.		
	Mailing address (street or P.O. box)	700 Fox Trail		
	City, state, and ZIP code	Opelika, AL 36801		
	Contact name (first and last)	MikeHilyer		
	Phone number	(334) 705-5400		
	Email address	mhilyer@opilka-al.gov		
Operational and maintenance responsibilities of contractor	POTW Operation and Maintenance			

EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside	JUN 03 2022 Form Approved 03/05/19 OMB No. 2040-0004 MUNICIPAL SECTION			
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 gpd			
		Indicate the steps the facility is taking to minimize inflow and infiltration.				
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. Increased plant design capacity from 4.0 to 5.9 mgd				
		2. New/upgraded headworks/influent pumping				
	3. Additional Aeration Basin and Clarifier					
	4. Increased RAS/WAS capacity, CCC, etc. for increased flow rate					
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.	001	02/07/2022	02/27/2024	02/28/2024	04/30/2024
	2.					
	3.					
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable					
	Explanation: Stormwater NPDES and Waste Load Allocation for receiving stream have been completed					

Sent 9-13-2022

EPA Identification Number		NPDES Permit Number AL0050130		Facility Name Westside 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 _____		Outfall Number _____		Outfall Number _____	
	State	Alabama					
	County	Lee					
	City or town	Opelika					
	Distance from shore	ft.		ft.		ft.	
	Depth below surface	ft.		ft.		ft.	
	Average daily flow rate	3.47 mgd		mgd		mgd	
	Latitude	+32.660578		° ' "		° ' "	
	Longitude	-85.450291		° ' "		° ' "	
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.					
	3.3	If so, provide the following information for each applicable outfall.					
		Outfall Number _____		Outfall Number _____		Outfall Number _____	
	Number of times per year discharge occurs						
	Average duration of each discharge (specify units)						
	Average flow of each discharge	mgd		mgd		mgd	
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.					
	3.5	Briefly describe the diffuser type at each applicable outfall.					
		Outfall Number _____		Outfall Number _____		Outfall Number _____	
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.					

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SEP 14 2022

MUNICIPAL SECTION

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MUNICIPAL SECTION

EPA Identification Number		NPDES Permit Number AL0050130		Facility Name Opelika Westside		Form Approved 03/05/19 OMB No. 2040-0004	
Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.					
		Outfall Number <u>001</u>		Outfall Number _____		Outfall Number _____	
	Receiving water name	Saugahatchee Creek					
	Name of watershed, river, or stream system						
	U.S. Soil Conservation Service 14-digit watershed code						
	Name of state management/river basin						
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	03150110					
	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 _____		Outfall Number _____		Outfall Number _____	
	Highest Level of Treatment (check all that apply per outfall)	<input 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) _____		<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	
	Design Removal Rates by Outfall						
	BOD ₅ or CBOD ₅	90 %		%		%	
	TSS	85 %		%		%	
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %	
	Nitrogen	<input type="checkbox"/> Not applicable 85 %		<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 %	

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EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Westside WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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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.	
	Date(s) Submitted <small>(MM/DD/YYYY)</small>		Summary of Results
	10/01/2117 10/01/2018 10/01/2019 10/01/2020		PASS PASS PASS PASS
	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:		
3.24	Has the treatment works conducted a toxicity reduction evaluation?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No → SKIP to Item 3.26.	
3.25	Provide details of any toxicity reduction evaluations conducted.		
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package?		
<input type="checkbox"/> Yes		<input 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 type="checkbox"/> No → SKIP to Item 4.7.
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.	
	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.		
4.6	Have you completed and attached Table F to this application package?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside	Form Approved 03/05/19 OMB No. 2040-0004	
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Industrial Discharges and Hazardous Wastes Continued	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.		
	4.8	If yes, provide the following information:		
	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		

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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	

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

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))			
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Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ Table C <input checked="" 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) Mike Hilyer	Official title Public Works Director
	Signature 	Date signed May 13, 2021

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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 type="checkbox"/> CBOD ₅ (report one)	3.3	mg/L	1.8	mg/L	157	SM5210B	2.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fecal coliform	94	#/100 mL (e.coli)	14	#/100 mL (e.coli)	157	SM9222G Ec	1 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	4.00	mgd	3.12	mgd	365		
pH (minimum)	6.0	su					
pH (maximum)	6.9	su					
Temperature (winter)	16	°C	18.6	°C	181		
Temperature (summer)	26	°C	23.6	°C	184		
Total suspended solids (TSS)	5.7	mg/L	24	mg/L	157	SM2540D	2.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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

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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)	1.63	mg/L	0.33	mg/L	157	EPA 353.2	0.02 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	0.01	mg/L	0.01	mg/L	365	SM4500 Cl G	0.02 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dissolved oxygen	8.9	mg/L	7.8	mg/L	365	4500-O G	0.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	9.9	mg/L	6.9	mg/L	12	EPA 353.2	0.035 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	1.4	mg/L	0.4	mg/L	12	EPA 351.2	0.843 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	0.57	mg/L	0.27	mg/L	157	EPA 365.4	0.06 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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

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TABLE C: EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)	
	Value	Units	Value	Units	Number of Samples			
Metals, Cyanide, and Total Phenols								
Hardness (as CaCO ₃)	51.0	mg/L	49.1	mg/L	3	SM2340-2011	5 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Antimony, total recoverable	0.54	ug/L	0.18	ug/L	3	EPA 200.8	0.23 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Arsenic, total recoverable	0	ug/L	0	ug/L	3	EPA 200.8	22 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Beryllium, total recoverable	0.23	ug/L	0.07	ug/L	3	EPA 200.8	0.15 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Cadmium, total recoverable	0	ug/L	0	ug/L	3	EPA 200.8	0.24 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Chromium, total recoverable	0	ug/L	0	ug/L	3	EPA 200.8	1.5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Copper, total recoverable	2.6	ug/L	0.86	ug/L	3	EPA 200.8	2.4 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Lead, total recoverable	0.39	ug/L	0.13	ug/L	3	EPA 200.8	0.28 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Mercury, total recoverable	0.019	ng/L	0.009	ng/L	3	1631E	.200 ng/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Nickel, total recoverable	31.8	ug/L	11.1	ug/L	3	EPA 200.8	0.76 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Selenium, total recoverable	0	ug/L	0	ug/L	3	EPA 200.8	0.41 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Silver, total recoverable	0	ug/L	0	ug/L	3	EPA 200.8	0.25 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Thallium, total recoverable	0	ug/L	0	ug/L	3	EPA 200.8	0.60 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Zinc, total recoverable	49.0	ug/L	43.8	ug/L	3	EPA 200.8	9.8 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Cyanide	0	ug/L	0	ug/L	3	EPA 200.8	1.004 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Total phenolic compounds	0	mg/L	0	mg/L	3	EPA 420.1	0.250 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Volatile Organic Compounds								
Acrolein	0	ug/L	0	ug/L	3	EPA 624.1	16.1 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Acrylonitrile	0	ug/L	0	ug/L	3	EPA 624.1	10.1 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Benzene	0	ug/L	0	ug/L	3	EPA 624.1	1 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Bromoform	0	ug/L	0	ug/L	3	EPA 624.1	0.89 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	0	ug/L	0	ug/L	3	EPA 624.1	1.82 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	0	ug/L	0	ug/L	3	EPA 624.1	3.82 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	0	ug/L	0	ug/L	3	EPA 624.1	1.63 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	0	ug/L	0	ug/L	3	EPA 624.1	2.39 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	0	ug/L	0	ug/L	3	EPA 624.1	3.6 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	5.84	ug/L	4.61	ug/L	3	EPA 624.1	1.59 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethane	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	0	ug/L	0	ug/L	3	EPA 624.1	1 ug/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	0	ug/L	0	ug/L	3	EPA 624.1	0.87 ug/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide	0	ug/	0	ug/	3	EPA 624.1	1.81 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl chloride	0	ug/l	0	ug/	3	EPA 624.1	1.63 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methylene chloride	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	0	ug/L	0	ug/L	3	EPA 624.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (Include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	0	ug/L	0	ug/L	3	EPA 824.1	0.98 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	0	ug/L	0	ug/L	3	EPA 824.1	5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol	0	ug/L	0	ug/L	1	EPA 825.1	6 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chlorophenol	0	ug/L	0	ug/L	3	EPA 825.1	9.81 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dichlorophenol	0	ug/L	0	ug/L	3	EPA 825.1	13.2 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dimethylphenol	0	ug/L	0	ug/L	3	EPA 825.1	11.3 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4,6-dinitro-o-cresol	0	ug/L	0	ug/L	1	EPA 825.1	8.12 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrophenol	0	ug/L	0	ug/L	3	EPA 825.1	18.3 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-nitrophenol	0	ug/L	0	ug/L	3	EPA 825.1	12.3 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-nitrophenol	0	ug/L	0	ug/L	3	EPA 825.1	21.3 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pentachlorophenol	0	ug/L	0	ug/L	3	EPA 825.1	5.58 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenol	0	ug/L	0	ug/L	3	EPA 825.1	3.04 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4,6-trichlorophenol	0	ug/L	0	ug/L	3	EPA 825.1	.633 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene	0	ug/L	0	ug/L	3	EPA 825.1	1.91 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	0	ug/L	0	ug/L	3	EPA 825.1	1.62 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	0	ug/L	0	ug/L	3	EPA 825.1	2.18 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzidine	0	ug/L	0	ug/L	3	EPA 825.1	5.82 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	0	ug/L	0	ug/L	3	EPA 825.1	1.73 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	0	ug/L	0	ug/L	3	EPA 825.1	2.08 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene	0	ug/L	0	ug/L	3	EPA 825.1	2.38 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	0	ug/L	0	ug/L	3	EPA 625.1	2.01 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	0	ug/L	0	ug/L	3	EPA 625.1	9.22 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	0	ug/L	0	ug/L	3	EPA 625.1	3.30 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	0	ug/L	0	ug/L	3	EPA 625.1	3.49 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	0	ug/L	0	ug/L	3	EPA 625.1	5.70 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	0	ug/L	0	ug/L	3	EPA 625.1	1.44 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	0	ug/L	0	ug/L	3	EPA 625.1	1.39 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	0	ug/L	0	ug/L	3	EPA 625.1	1.22 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	0	ug/L	0	ug/L	3	EPA 625.1	1.21 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	0	ug/L	0	ug/L	3	EPA 625.1	.583 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	0	ug/L	0	ug/L	3	EPA 625.1	2.59 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-butyl phthalate	0	ug/L	0	ug/L	3	EPA 625.1	3.85 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	0	ug/L	0	ug/L	3	EPA 625.1	1.36 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	0	ug/L	0	ug/L	3	EPA 625.1	1.46 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene	0	ug/L	0	ug/L	3	EPA 624.1	1.16 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichlorobenzene	0	ug/L	0	ug/L	3	EPA 624.1	1.05 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,4-dichlorobenzene	0	ug/L	0	ug/L	3	EPA 624.1	.66 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,3-dichlorobenzidine	0	ug/L	0	ug/L	3	EPA 625.1	1.15 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	0	ug/L	0	ug/L	3	EPA 625.1	2.35 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	0	ug/L	0	ug/L	3	EPA 625.1	2.01 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	0	ug/L	0	ug/L	3	EPA 625.1	3.01 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	0	ug/L	0	ug/L	3	EPA 625.1	1.38 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	0	ug/L	0	ug/L	3	EPA 625.1	5.70 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluoranthene	0	ug/L	0	ug/L	3	EPA 625.1	1.96 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluorene	0	ug/L	0	ug/L	3	EPA 625.1	1.80 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobenzene	0	ug/L	0	ug/L	3	EPA 625.1	1.59 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobutadiene	0	ug/L	0	ug/L	3	EPA 625.1	1.12 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	0	ug/L	0	ug/L	3	EPA 625.1	2.91 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachloroethane	0	ug/L	0	ug/L	3	EPA 625.1	2.71 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	0	ug/L	0	ug/L	3	EPA 625.1	1.55 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Isophorone	0	ug/L	0	ug/L	3	EPA 625.1	3.50 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Naphthalene	0	ug/L	0	ug/L	3	EPA 625.1	2.31 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrobenzene	0	ug/L	0	ug/L	3	EPA 625.1	1.60 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodi-n-propylamine	0	ug/L	0	ug/L	3	EPA 625.1	4.84 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodimethylamine	0	ug/L	0	ug/L	3	EPA 625.1	4.89 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodiphenylamine	0	ug/L	0	ug/L	3	EPA 625.1	2.98 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenanthrene	0	ug/L	0	ug/L	3	EPA 625.1	1.92 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pyrene	0	ug/L	0	ug/L	3	EPA 625.1	2.18 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2,4-trichlorobenzene	0	ug/L	0	ug/L	3	EPA 625.1	.568 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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

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EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

Test Information			
	Test Number _____	Test Number _____	Test Number _____
Test species			
Age at initiation of test			
Outfall number			
Date sample collected			
Date test started			
Duration			
Toxicity Test Methods			
Test method number			
Manual title			
Edition number and year of publication			
Page number(s)			
Sample Type			
Check one:	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
Sample Location			
Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
Point in Treatment Process			
Describe the point in the treatment process at which the sample was collected for each test.			
Toxicity Type			
Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both

EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside	Outfall Number	Form Approved 03/05/19 OMB No. 2040-0004
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

	Test Number _____	Test Number _____	Test Number _____
Test Type			
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through
Source of Dilution Water			
Indicate the source of dilution water. (Check one response.)	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water
If laboratory water, specify type.			
If receiving water, specify source.			
Type of Dilution Water			
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)
Percentage Effluent Used			
Specify the percentage effluent used for all concentrations in the test series.			
Parameters Tested			
Check the parameters tested.	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
		<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
			<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results			
Percent survival in 100% effluent			
LC ₅₀			
95% confidence interval			
Control percent survival			

EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY						
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.						
	Test Number _____	Test Number _____	Test Number _____	Test Number _____	Test Number _____	Test Number _____
Acute Test Results Continued						
Other (describe)						
Chronic Test Results						
NOEC		%		%		%
IG ₂₅		%		%		%
Control percent survival		%		%		%
Other (describe)						
Quality Control/Quality Assurance						
Is reference toxicant data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?						
Other (describe)						

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EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE F. INDUSTRIAL DISCHARGE INFORMATION

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

	SIU ____	SIU ____	SIU ____
Name of SIU			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Description of all industrial processes that affect or contribute to the discharge.			
List the principal products and raw materials that affect or contribute to the SIU's discharge.			
Indicate the average daily volume of wastewater discharged by the SIU.	gpd	gpd	gpd
How much of the average daily volume is attributable to process flow?	gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	gpd	gpd	gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside
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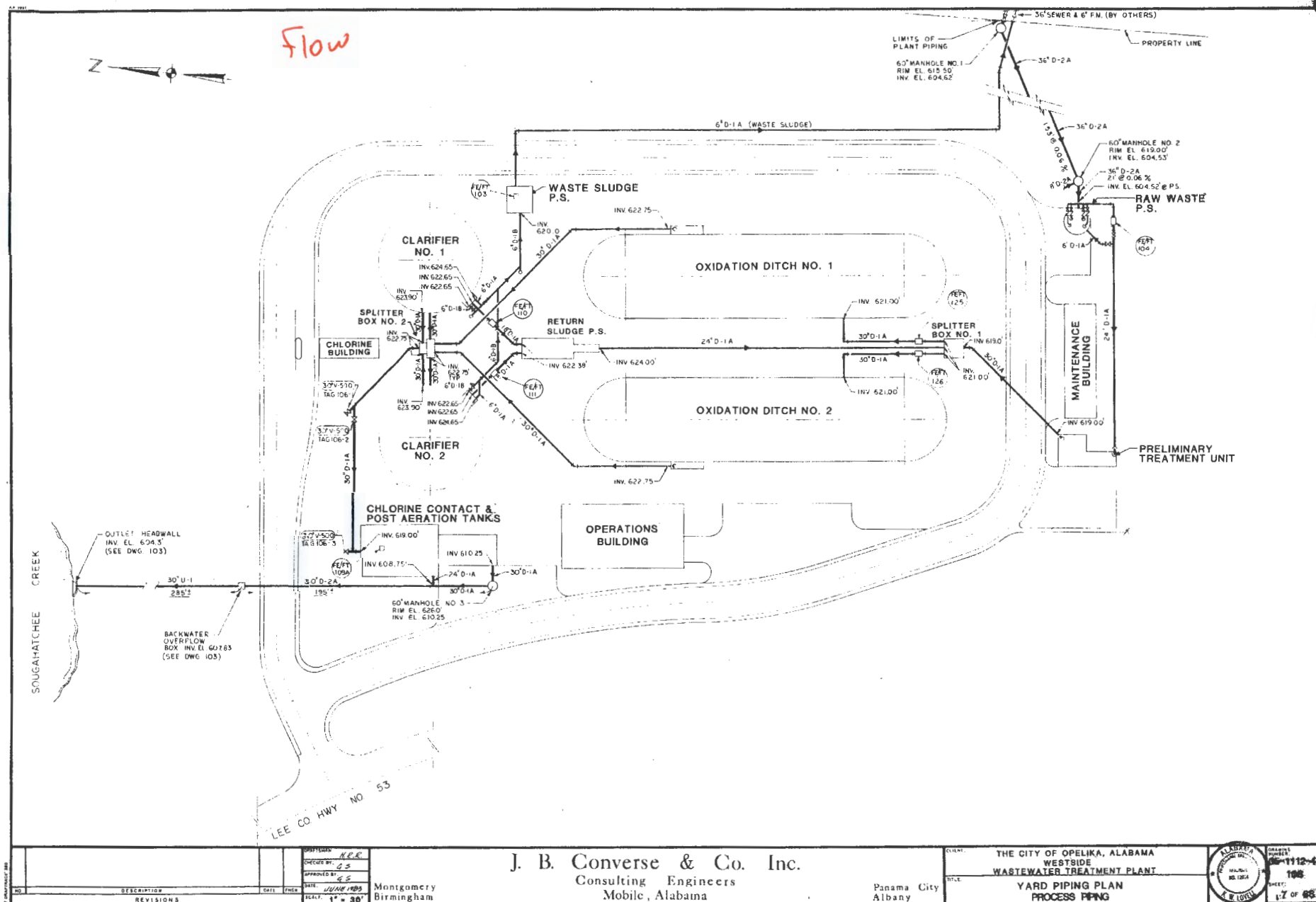
Form Approved 03/05/19
OMB No. 2040-0004

TABLE F. INDUSTRIAL DISCHARGE INFORMATION			
Response space is provided for three SIUs. Copy the table to report information for additional SIUs.			
	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			

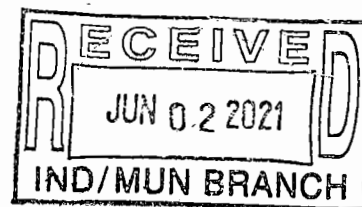
Westside Wastewater Treatment Facility

Opelika - Lee County - Alabama





ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY



1. GENERAL:

NPDES PERMIT NO.: AL0050130 DSN: 001 COUNTY: Lee
 Permittee: City of Opelika
 Facility Name: Opelika Westside WWTW
 Agent Submitting Report:
 Lab Conducting Toxicity Test(s): ERA, 2975 Brown Court, Auburn, AL 36830
 Months To Test: January, April, July, October
 This Report for Toxicity Test(s) Required for the Month of: October
 Scheduled Test(s): Yes X No Accelerated Test(s): Yes No X
 Accelerated Test Number of For Failed Scheduled Test Date:
 Test Type Required: -Hr Acute Screening: -Hr Acute Definitive:
 Short-term Chronic Screening: X Short-term Chronic Definitive:

Test Organism: Ceriodaphnia dubiaTest Organism: Pimephales promelas

Sam	Date/Time Start	Date/Time Ended	Control	Date/Time Start	Date/Time Ended	Control
No.	MM/DD/YY HH:MM	MM/DD/YY HH:MM	Valid	MM/DD/YY HH:MM	MM/DD/YY HH:MM	Valid
1	10/10/17 15:00	10/17/17 14:30	Yes	10/10/17 15:00	10/17/17 13:00	Yes

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

		Test Number											
Test	Eff.	(1)			(2)			(3)			(4)		
Org.	Conc	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow
P.p.	72%	PASS	N/A	PASS									
C.d.	72%	PASS	PASS	N/A									

3. LABORATORY ANALYSES OF UNDILUTED SAMPLE(S):

SAMPLE	BOD5	TSS	NH3	pH	Alk	Hard	TRC	Cond	TDS
Id.	mg/l	mg/l	mg/l	su	mg/l	mg/l	mg/l	uS	mg/l
1			1.568	7.10	62	55	<0.06	306	
2			<0.100	7.11	62	69	<0.06	298	
3			0.121	7.12	66	67	<0.06	279	

Chemical Analyses Performed By (Lab): ERATotal 24 hour Flow: (1) 4.2 MGD (2) 4.0 MGD (3) 3.0 MGD

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: _____

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:

NPDES PERMIT NO.: AL0050130 DSN: 001 COUNTY: Lee
 Permittee: City of Opelika
 Facility Name: Opelika Westside WWTP
 Agent Submitting Report:
 Lab Conducting Toxicity Test(s): ERA, 2975 Brown Court, Auburn, AL 36830
 Months To Test: January, April, July, October
 This Report for Toxicity Test(s) Required for the Month of: October
 Scheduled Test(s): Yes X No Accelerated Test(s): Yes No X
 Accelerated Test Number of For Failed Scheduled Test Date:
 Test Type Required: -Hr Acute Screening: -Hr Acute Definitive:
 Short-term Chronic Screening: X Short-term Chronic Definitive:

Test Organism: Ceriodaphnia dubiaTest Organism: Pimephales promelas

Sam No.	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid	Date/Time Start MM/DD/YY HH:MM	Date/Time Ended MM/DD/YY HH:MM	Control Valid
1	10/02/18 16:00	10/10/18 16:00	Yes	10/02/18 17:05	10/09/18 15:05	Yes

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

Test	Eff.	Test Number											
		(1)			(2)			(3)			(4)		
Org.	Conc	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow
P.p.	84%	PASS	N/A	PASS									
C.d.	84%	PASS	PASS	N/A									

3. LABORATORY ANALYSES OF UNDILUTED SAMPLE(S):

SAMPLE Id.	BOD5 mg/l	TSS mg/l	NH3 mg/l	pH su	Alk mg/l	Hard mg/l	TRC mg/l	Cond uS	TDS mg/l
1			<0.200	7.3	67	59	<0.06	365	
2			<0.200	7.5	63	61	<0.06	386	
3			<0.200	7.4	69	61	<0.06	401	

Chemical Analyses Performed By (Lab): ERATotal 24 hour Flow: (1) 2.3 MGD (2) 2.0 MGD (3) 2.1 MGD

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.

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ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:

NPDES PERMIT NO.: AL0050130 DSN: 001 COUNTY: Lee
 Permittee: City of Opelika
 Facility Name: Opelika Westside WWTP
 Agent Submitting Report:
 Lab Conducting Toxicity Test(s): ERA, 2975 Brown Court, Auburn, AL 36830
 Months To Test: October
 This Report for Toxicity Test(s) Required for the Month of: October
 Scheduled Test(s): Yes X No Accelerated Test(s): Yes No X
 Accelerated Test Number of For Failed Scheduled Test Date:
 Test Type Required: -Hr Acute Screening: -Hr Acute Definitive:
 Short-term Chronic Screening: X Short-term Chronic Definitive:

Test Organism: Ceriodaphnia dubiaTest Organism: Pimephales promelas

Sam	Date/Time Start	Date/Time Ended	Control	Date/Time Start	Date/Time Ended	Control
No.	MM/DD/YY HH:MM	MM/DD/YY HH:MM	Valid	MM/DD/YY HH:MM	MM/DD/YY HH:MM	Valid
1	10/08/19 14:00	10/15/19 14:50	Yes	10/08/19 14:00	10/15/19 12:00	Yes

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

Test	Eff.	Test Number											
		(1)			(2)			(3)			(4)		
Org.	Conc	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow
P.p.	84%	PASS	N/A	PASS									
C.d.	84%	PASS	PASS	N/A									

3. LABORATORY ANALYSES OF UNDILUTED SAMPLES(S):

SAMPLE	BOD5	TSS	NH3	pH	Alk	Hard	TRC	Cond	TDS
Id.	mg/l	mg/l	mg/l	su	mg/l	mg/l	mg/l	uS	mg/l
1			0.624	7.3	95	73	<0.06	422	
2			0.987	7.5	91	111	<0.06	447	
3			0.932	7.4	86	81	<0.06	423	

Chemical Analyses Performed By (Lab): ERATotal 24 hour Flow: (1) 2.1 MGD (2) 2.2 MGD (3) 2.1 MGD

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:

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:

NPDES PERMIT NO.: AL0050130 DSN: 001 COUNTY: Lee
 Permittee: City of Opelika
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 Agent Submitting Report:
 Lab Conducting Toxicity Test(s): ERA, 2975 Brown Court, Auburn, AL 36830
 Months To Test: October
 This Report for Toxicity Test(s) Required for the Month of: October
 Scheduled Test(s): Yes X No Accelerated Test(s): Yes No X
 Accelerated Test Number of For Failed Scheduled Test Date:
 Test Type Required: -Hr Acute Screening: -Hr Acute Definitive:
 Short-term Chronic Screening: X Short-term Chronic Definitive:

Test Organism: Ceriodaphnia dubiaTest Organism: Pimephales promelas

Sam	Date/Time Start	Date/Time Ended	Control	Date/Time Start	Date/Time Ended	Control
No.	MM/DD/YY HH:MM	MM/DD/YY HH:MM	Valid	MM/DD/YY HH:MM	MM/DD/YY HH:MM	Valid
1	10/13/20 15:00	10/20/20 11:20	Yes	10/13/20 13:30	10/20/20 10:11	Yes

2.A. SUMMARY OF RESULTS FOR SCREENING TESTS:

		Test Number											
Test	Eff.	(1)			(2)			(3)			(4)		
Org.	Conc	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow	Surv	Repr	Grow
P.p.	84%	PASS	N/A	PASS									
C.d.	84%	PASS	PASS	N/A									

3. LABORATORY ANALYSES OF UNDILUTED SAMPLE(S):

SAMPLE	BOD5	TSS	NH3	pH	Alk	Hard	TRC	Cond	TDS
Id.	mg/l	mg/l	mg/l	su	mg/l	mg/l	mg/l	uS	mg/l
1			0.323	6.8	53	53	<0.03	247	
2			0.267	7.4	53	55	<0.03	287	
3			0.272	7.3	51	53	0.03	307	

Chemical Analyses Performed By (Lab): ERATotal 24 hour Flow: (1) 4.3 MGD (2) 3.3 MGD (3) 3.0 MGD

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: _____



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

RECEIVED

DEC 07 2021

MUNICIPAL SECTION

Results of Analysis For: Derrick Askew
ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Report No 375-0218

Date Received: 2/20/2018

Location Effluent PP

<u>Analysis</u>	<u>Result</u>	<u>Units</u>	<u>Qual.</u>	<u>MDL</u>	<u>PQL</u>	<u>Method</u>	<u>Collection Date/Time</u>	<u>Analysis Date/Time</u>	<u>Analyst</u>
176739-01									
Cyanide	<0.0040	mg/L		0.004	0.01	EPA 335.4	02/21/18 07:00	02/28/18 15:15	AO
Oil & Grease	<4.56	mg/L		4.56	5	EPA 1664A	02/21/18 07:00	02/27/18 12:00	ZM
Total Phenols	<0.015	mg/L		0.015	0.05	EPA 420.1(1978)	02/21/18 07:00	02/23/18 10:00	JA
176739-02									
Ammonia	0.701	mg N/L		0.1	0.2	EPA 350.1(1993)	02/21/18 07:00	02/26/18 14:07	HK
Antimony	<20.0	ug/L		20	50	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
Arsenic	<22.0	ug/L		22	50	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
Beryllium	<4.0	ug/L		4	5	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
Cadmium	<4.0	ug/L		4	10	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
Chromium	<7.0	ug/L		7	25	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
Copper	<6.0	ug/L		6	10	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
Hardness	48.9	mg/L CaCO3		5	5	SM 2340C-1997	02/21/18 07:00	02/24/18 17:00	BU
Lead	<26.0	ug/L		26	50	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
Nickel	31.8	ug/L		8	10	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
NO2-/NO3	2.39	mg N/L		0.022	0.1	EPA 353.2	02/21/18 07:00	03/02/18 12:33	HK
Selenium	<26.0	ug/L		26	50	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
Silver	<8.0	ug/L		8	10	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
TDS	180	mg/L(Dry)		2	2	SM 2540C-2011	02/21/18 07:00	02/26/18 16:00	BEH
Thallium	<34.0	ug/L		34	50	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC
TKN	2.05	mg N/L		0.474	1.25	EPA 351.2(1993)	02/21/18 07:00	02/23/18 15:03	HK
Total Phosphorus	0.273	mg P/L	N10, N10	0.1	1	EPA 365.4 (1974)	02/21/18 07:00	02/23/18 15:03	HK
Zinc	49.0	ug/L		10	25	EPA 200.7	02/21/18 07:00	03/13/18 15:37	EC



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

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DEC 07 2021

MUNICIPAL SECTION

Results of Analysis For: Derrick Askew
ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Analytes - NOT NELAC Certified

1,2-Dichloroethane-d4

4-Bromofluorobenzene

LL Hg

toluene-d8

MDL: Method Detection Limit

PQL: Practical Quantitation Limit

03/26/2018

Erin Consuegra, QA/QC Manager

Date

This person may be contacted for questions at the number listed above.

"Methods for Chemical Analysis of Water and Wastes" EPA, EMSL-CI, EPA 600/4-79-020, Rev. March 1979 & 1983.

BMDL = Below Method Detection Limit

COD: EPA approved methods in "HACH Water Analysis Handbook", 2nd Ed.

EPA- Methods for Chemical Analysis of Water and Wastes, 1994.

Oil & Grease: EPA-821-R-98-002, February 1999.

State of Florida, NELAC Certification #E87542

Std. Methods for the Exam. Of Water and Wastewater, 20th Ed.

The results shown relate only to these samples.

These results meet all of the requirements of the NELAC standard.

Qualifiers

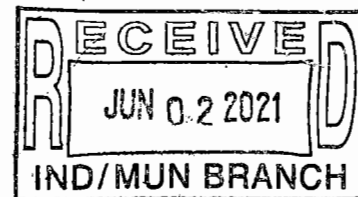
- N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.
- O33 = The second source standard compound met accuracy requirements for this run, but the precision for this compound was not 0-20% when compared with the calibration standard.
- O5 = This CCV compound was not within its target range of <30% at calibration or <20% drift of RF for continuing cal.



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888



Laboratory Report

Derrick Askew
ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Report Number: 375-0218
Date Received: 2/20/2018

Sample Number: 176739-01
Description: grab

Collection Date: 02/21/2018 7:00
Location: Effluent PP

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
TTO-624 and 625								
Benzene	EPA 624	BMDL	ug/L	1.69	5	02/28/18 10:51	NG	
bromoform	EPA 624	BMDL	ug/L	2.35	5	02/28/18 10:51	NG	O5
bromomethane	EPA 624	BMDL	ug/L	2.34	5	02/28/18 10:51	NG	O5
Carbon Tetrachloride	EPA 624	BMDL	ug/L	1.82	5	02/28/18 10:51	NG	
chlorobenzene	EPA 624	BMDL	ug/L	3.82	5	02/28/18 10:51	NG	
chlorodibromomethane	EPA 624	BMDL	ug/L	2	5	02/28/18 10:51	NG	
chloroethane	EPA 624	BMDL	ug/L	2.28	5	02/28/18 10:51	NG	O5
chloroform	EPA 624	3.45	ug/L	1.84	5	02/28/18 10:51	NG	N10
chloromethane	EPA 624	BMDL	ug/L	2.7	5	02/28/18 10:51	NG	O5
2-Chloroethyl vinyl ether	EPA 624	BMDL	ug/L	5.09	10	02/28/18 10:51	NG	
dichlorobromomethane	EPA 624	BMDL	ug/L	1.79	5	02/28/18 10:51	NG	
1,4-Dichlorobenzene	EPA 624	BMDL	ug/L	2.11	5	02/28/18 10:51	NG	
1,1-dichloroethene	EPA 624	BMDL	ug/L	1.98	5	02/28/18 10:51	NG	
1,1-dichloroethane	EPA 624	BMDL	ug/L	1.55	5	02/28/18 10:51	NG	
1,2-dichloroethane	EPA 624	BMDL	ug/L	1.84	5	02/28/18 10:51	NG	
trans-1,2 Dichloroethene	EPA 624	BMDL	ug/L	1.94	5	02/28/18 10:51	NG	
1,3-dichloropropene	EPA 624	BMDL	ug/L	1.4	5	02/28/18 10:51	NG	
1,2-dichloropropane	EPA 624	BMDL	ug/L	1.53	5	02/28/18 10:51	NG	
Ethylbenzene	EPA 624	BMDL	ug/L	1.92	5	02/28/18 10:51	NG	
methylene chloride	EPA 624	BMDL	ug/L	2.21	5	02/28/18 10:51	NG	
tetrachloroethene	EPA 624	BMDL	ug/L	2	5	02/28/18 10:51	NG	
trichloroethene	EPA 624	BMDL	ug/L	1.81	5	02/28/18 10:51	NG	
Toluene	EPA 624	BMDL	ug/L	1.72	5	02/28/18 10:51	NG	
vinyl chloride	EPA 624	BMDL	ug/L	1.95	5	02/28/18 10:51	NG	O5
1,1,2,2-tetrachloroethane	EPA 624	BMDL	ug/L	1.76	5	02/28/18 10:51	NG	
1,1,2-trichloroethane	EPA 624	BMDL	ug/L	1.61	5	02/28/18 10:51	NG	
xylenes, total	EPA 624	BMDL	ug/L	3.83	5	02/28/18 10:51	NG	
1,1,1-trichloroethane	EPA 624	BMDL	ug/L	1.94	5	02/28/18 10:51	NG	
1,2-Dichlorobenzene	EPA 625	BMDL	ug/L	9.87	10	02/28/18 10:51	NG	O33



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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Laboratory Report

Derrick Askew
ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Report Number: 375-0218
Date Received: 2/20/2018

Sample Number: 176739-01
Description: grab

Collection Date: 02/21/2018 7:00
Location: Effluent PP

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
TTO-624 and 625								
1,3-Dichlorobenzene	EPA 625	BMDL	ug/L	9.66	10	02/28/18 10:51	NG	
para-chloro meta-cresol	EPA 625	BMDL	ug/L	6.39	10	03/14/18 8:14	BEH	
2-chlorophenol	EPA 625	BMDL	ug/L	5.41	10	03/14/18 8:14	BEH	O5
2,4-dichlorophenol	EPA 625	BMDL	ug/L	6.34	10	03/14/18 8:14	BEH	
2,4-dimethylphenol	EPA 625	BMDL	ug/L	6.66	10	03/14/18 8:14	BEH	
2-nitrophenol	EPA 625	BMDL	ug/L	6.22	10	03/14/18 8:14	BEH	
4-nitrophenol	EPA 625	BMDL	ug/L	21.3	40	03/14/18 8:14	BEH	
2,4-dinitrophenol	EPA 625	BMDL	ug/L	11	20	03/14/18 8:14	BEH	O5
4,6-dinitro-o-cresol	EPA 625	BMDL	ug/L	8.12	10	03/14/18 8:14	BEH	O5
Pentachlorophenol	EPA 625	BMDL	ug/L	8.19	10	03/14/18 8:14	BEH	O5
Phenol	EPA 625	BMDL	ug/L	4.61	10	03/14/18 8:14	BEH	O5
2,4,6-trichlorophenol	EPA 625	BMDL	ug/L	6.98	10	03/14/18 8:14	BEH	O5
1,2-Diphenylhydrazine	EPA 625	BMDL	ug/L	8.34	10	03/14/18 8:14	BEH	
Acenaphthene	EPA 625	BMDL	ug/L	5.7	10	03/14/18 8:14	BEH	
Acenaphthylene	EPA 625	BMDL	ug/L	6.12	10	03/14/18 8:14	BEH	
Anthracene	EPA 625	BMDL	ug/L	8.88	10	03/14/18 8:14	BEH	
Benidine	EPA 625	BMDL	ug/L	7.82	10	03/14/18 8:14	BEH	O5
benzo (a) anthracene	EPA 625	BMDL	ug/L	7.79	10	03/14/18 8:14	BEH	
benzo (ghi)perylene	EPA 625	BMDL	ug/L	5.64	10	03/14/18 8:14	BEH	
Benzo(A)Pyrene	EPA 625	BMDL	ug/L	8.94	10	03/14/18 8:14	BEH	O5
benzo(b)fluoranthene	EPA 625	BMDL	ug/L	9.16	10	03/14/18 8:14	BEH	O5
benzo(k)fluoranthene	EPA 625	BMDL	ug/L	10.9	20	03/14/18 8:14	BEH	O5
Bis (2-chloroethyl) Ether	EPA 625	BMDL	ug/L	5.59	10	03/14/18 8:14	BEH	
bis(2-Chloroethoxy)methane	EPA 625	BMDL	ug/L	8.72	10	03/14/18 8:14	BEH	O5
bis(2-chloroisopropyl)ethe	EPA 625	BMDL	ug/L	8.54	10	03/14/18 8:14	BEH	
bis(2-Ethylhexyl)phthalate	EPA 625	BMDL	ug/L	9.26	10	03/14/18 8:14	BEH	O5
Butylbenzyl phthalate	EPA 625	BMDL	ug/L	7.84	10	03/14/18 8:14	BEH	O5
4-Bromophenyl-phenyl ether	EPA 625	BMDL	ug/L	9.72	10	03/14/18 8:14	BEH	
2-Chloronaphthalene	EPA 625	BMDL	ug/L	8.51	10	03/14/18 8:14	BEH	



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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Laboratory Report

Derrick Askew
ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Report Number: 375-0218
Date Received: 2/20/2018

Sample Number: 176739-01
Description: grab

Collection Date: 02/21/2018 7:00
Location: Effluent PP

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
TTO-624 and 625								
4-chlorophenyl-phenyl ether	EPA 625	BMDL	ug/L	8.74	10	03/14/18 8:14	BEH	
Chrysene	EPA 625	BMDL	ug/L	6.18	10	03/14/18 8:14	BEH	
Di-n-butyl phthalate	EPA 625	BMDL	ug/L	9.91	10	03/14/18 8:14	BEH	O5
Di-n-octyl phthalate	EPA 625	BMDL	ug/L	9.91	10	03/14/18 8:14	BEH	O5
Dibenzo [a,h] anthracene	EPA 625	BMDL	ug/L	5.36	10	03/14/18 8:14	BEH	O5
1,2-Dichlorobenzene	EPA 625	BMDL	ug/L	2.11	5	03/14/18 8:14	BEH	
1,3-Dichlorobenzene	EPA 625	BMDL	ug/L	2.43	5	03/14/18 8:14	BEH	
1,4-Dichlorobenzene	EPA 625	BMDL	ug/L	2.11	5	03/14/18 8:14	BEH	
3,3-Dichlorobenzidine	EPA 625	BMDL	ug/L	7.41	20	03/14/18 8:14	BEH	O5
Diethyl phthalate	EPA 625	BMDL	ug/L	7.8	10	03/14/18 8:14	BEH	
Dimethyl phthalate	EPA 625	BMDL	ug/L	8.83	10	03/14/18 8:14	BEH	
Fluoranthene	EPA 625	BMDL	ug/L	7.84	10	03/14/18 8:14	BEH	O5
Fluorene	EPA 625	BMDL	ug/L	8.01	10	03/14/18 8:14	BEH	
Hexachlorobenzene	EPA 625	BMDL	ug/L	7.27	10	03/14/18 8:14	BEH	O5
Hexachlorobutadiene	EPA 625	BMDL	ug/L	9.18	10	03/14/18 8:14	BEH	
Hexachlorocyclopentadiene	EPA 625	BMDL	ug/L	9.46	10	03/14/18 8:14	BEH	O5
Hexachloroethane	EPA 625	BMDL	ug/L	9.62	10	03/14/18 8:14	BEH	O5
Indeno [1,2,3-cd] pyrene	EPA 625	BMDL	ug/L	4.94	10	03/14/18 8:14	BEH	
Isophorone	EPA 625	BMDL	ug/L	8.7	10	03/14/18 8:14	BEH	
Naphthalene	EPA 625	BMDL	ug/L	6.84	10	03/14/18 8:14	BEH	
2,6-Dinitrotoluene	EPA 625	BMDL	ug/L	8.54	10	03/14/18 8:14	BEH	
Nitrobenzene	EPA 625	BMDL	ug/L	6.92	10	03/14/18 8:14	BEH	
N-nitroso-di-methylamine	EPA 625	BMDL	ug/L	4.91	10	03/14/18 8:14	BEH	
N-nitroso-di-phenylamine	EPA 625	BMDL	ug/L	9.15	10	03/14/18 8:14	BEH	O5
n-nitrosodi-n-propylamine	EPA 625	BMDL	ug/L	7.28	10	03/14/18 8:14	BEH	
Phenanthrene	EPA 625	BMDL	ug/L	8.27	10	03/14/18 8:14	BEH	
Pyrene	EPA 625	BMDL	ug/L	7.8	10	03/14/18 8:14	BEH	O5
1,2,4-trichlorobenzene	EPA 625	BMDL	ug/L	9.94	10	03/14/18 8:14	BEH	O5
2,4-Dinitrotoluene	EPA 625	BMDL	ug/L	8.1	10	03/14/18 8:14	BEH	



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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Laboratory Report

Derrick Askew
ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Report Number: 375-0218
Date Received: 2/20/2018

Sample Number: 176739-01
Description: grab

Collection Date: 02/21/2018 7:00
Location: Effluent PP

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
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TTO-624 and 625

Surrogate	Recovery %	Target Range
4-Bromofluorobenzene	111	90-110
toluene-d8	101	90-110
1,2-Dichloroethane-d4	93.9	88-119
p-Terphenyl-d14	75.4	18-137
2,4,6-Tribromophenol	8.86	19-124
2-Fluorobiphenyl	37.0	26-115
Nitrobenzene-d5	30.5	15-120
phenol-d5	11.8	18-113
2-Fluorophenol	13.3	10-121



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Laboratory Report

Derrick Askew
ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Report Number: 375-0218
Date Received: 2/20/2018

Sample Number: 176739-01
Description: grab

Collection Date: 02/21/2018 7:00
Location: Effluent PP

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
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"Methods for Chemical Analysis of Water and Wastes" EPA, EMSL-CI, EPA 600/4-79-020, Rev. March 1979 & 1983.

BMDL = Below Method Detection Limit

COD: EPA approved methods in "HACH Water Analysis Handbook", 2nd Ed.

EPA- Methods for Chemical Analysis of Water and Wastes, 1994.

Oil & Grease: EPA-821-R-98-002, February 1999.

State of Florida, NELAC Certification #E87542

Std. Methods for the Exam. Of Water and Wastewater, 20th Ed.

The results shown relate only to these samples.

These results meet all of the requirements of the NELAC standard.

Qualifiers

- N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.
- O33 = The second source standard compound met accuracy requirements for this run, but the precision for this compound was not 0-20% when compared with the calibration standard.
- O5 = This CCV compound was not within its target range of <30% at calibration or <20% drift of RF for continuing cal.

Erin Consuegra

03/26/2018

Erin Consuegra, QA/QC Manager

Date

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

This person may be contacted for questions at the number listed above.



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Laboratory Report

Derrick Askew
ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Report Number: 375-0318
Date Received: 3/23/2018

Sample Number: 177625-01
Description: grab

Collection Date: 03/23/2018 7:51
Location: Saw Mill

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
Acrolein/Acrylonitrile								
Acrolein	EPA 624	BMDL	ug/L	30.8	50	03/26/18 13:28	NG	
Acrylonitrile	EPA 624	BMDL	ug/L	17	50	03/26/18 13:28	NG	
Surrogate								
		Recovery %		Target Range				
4-Bromofluorobenzene		104		90-110				
toluene-d8		104		90-110				
1,2-Dichloroethane-d4		99.2		88-119				

All collection and test times are reported as central standard time.
The results shown relate only to these samples.

Analytes - NOT NELAC Certified

1,2-Dichloroethane-d4

4-Bromofluorobenzene

toluene-d8

04/11/2018

Erin Consuegra, QA/QC Manager

Date

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

This person may be contacted for questions at the number listed above.



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Laboratory Report

Derrick Askew
ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Report Number: 375-0318
Date Received: 3/23/2018

Sample Number: 177625-02
Description: grab

Collection Date: 03/21/2018 0:00
Location: TRIP BLANK

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
Acrolein/Acrylonitrile								
Acrolein	EPA 624	BMDL	ug/L	30.8	50	03/26/18 14:23	NG	
Acrylonitrile	EPA 624	BMDL	ug/L	17	50	03/26/18 14:23	NG	

All collection and test times are reported as central standard time.
The results shown relate only to these samples.

Analytes - NOT NELAC Certified

1,2-Dichloroethane-d4

4-Bromofluorobenzene

toluene-d8

04/11/2018

Erin Consuegra, QA/QC Manager

Date

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

This person may be contacted for questions at the number listed above.



Test Results

Client_ID	100375
Client	ESG - Opelika West Side WWTP
Sample_Number	197227-02
Project	375-1119

Location	Test	Method	Date_Sampled	Test_Date	Result_Text	Units	DL	Analyst
effluent PR	Antimony	EPA 200.7	11/20/2019	11/25/2019	<11.4	ug/L	11.4	Alex O'Neal
effluent PR	Total Phosphorus	EPA 365.4	11/20/2019	11/27/2019	<0.100	mg P/L	0.1	Josh Andrews
effluent PR	Copper	EPA 200.7	11/20/2019	11/25/2019	<3.1	ug/L	3.1	Alex O'Neal
effluent PR	Zinc	EPA 200.7	11/20/2019	11/25/2019	41.3	ug/L	4.5	Alex O'Neal
effluent PR	Thallium	EPA 200.7	11/20/2019	11/25/2019	<10.5	ug/L	10.5	Alex O'Neal
effluent PR	Silver	EPA 200.7	11/20/2019	11/25/2019	<4.1	ug/L	4.1	Alex O'Neal
effluent PR	Selenium	EPA 200.7	11/20/2019	11/25/2019	<12.4	ug/L	12.4	Alex O'Neal
effluent PR	Nickel	EPA 200.7	11/20/2019	11/25/2019	<4.8	ug/L	4.8	Alex O'Neal
effluent PR	Lead	EPA 200.7	11/20/2019	11/25/2019	<23.3	ug/L	23.3	Alex O'Neal
effluent PR	Hardness	SM 2340C-2011	11/20/2019	11/22/2019	47.5	mg/L CaCO3 (EDTA)	5	Brent Heard
effluent PR	Cadmium	EPA 200.7	11/20/2019	11/25/2019	<4.3	ug/L	4.3	Alex O'Neal
effluent PR	TDS	SM 2540C-2011	11/20/2019	11/25/2019	210	mg/L(Dry)	2.5	Brent Heard

effluent PR	Arsenic	EPA 200.7	11/20/2019	11/25/2019	<21.0	ug/L	21	Alex O'Neal
effluent PR	NO2-/NO3	EPA 353.2	11/20/2019	11/26/2019	7.09	mg N/L	0.035	Josh Andrews
effluent PR	TKN	EPA 351.2	11/20/2019	11/27/2019	<0.843	mg N/L	0.843	Josh Andrews
effluent PR	Ammonia	EPA 350.1(1993)	11/20/2019	11/25/2019	<0.200	mg N/L	0.2	Josh Andrews
effluent PR	Chromium	EPA 200.7	11/20/2019	11/25/2019	<7.6	ug/L	7.6	Alex O'Neal
effluent PR	Beryllium	EPA 200.7	11/20/2019	11/25/2019	<1.8	ug/L	1.8	Alex O'Neal



Test Results

Client_ID	100375
Client	ESG - Opelika West Side WWTP
Sample_Number	197227-01
Project	375-1119

Location	Test	Method	Date_Sampled	Test_Date	Result_Text	Units	DL	Analyst
effluent PR	p-Terphenyl-d14		11/20/2019		97.4	%		
effluent PR	Benzo(a)anthracene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.81	Nick Galanopoulos
effluent PR	Benzo(g,h,i)perylene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.45	Nick Galanopoulos
effluent PR	Benzo(k)fluoranthene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.22	Nick Galanopoulos
effluent PR	Bis(2-chloroethoxy)methane	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	6.66	Nick Galanopoulos
effluent PR	Bis(2-chloroethyl)ether	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.22	Nick Galanopoulos
effluent PR	Bis(2-chloroisopropyl)ether	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	7.09	Nick Galanopoulos
effluent PR	Benzo(a)pyrene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	15.1	Nick Galanopoulos
effluent PR	Butylbenzyl phthalate	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.96	Nick Galanopoulos
effluent PR	4-Nitrophenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.29	Nick Galanopoulos
effluent PR	Chrysene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.7	Nick Galanopoulos
effluent PR	Bis(2-Ethylhexyl) phthalate	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	6.84	Nick Galanopoulos

effluent PR	Anthracene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.05	Nick Galanopoulos
effluent PR	Acenaphthylene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.12	Nick Galanopoulos
effluent PR	Dibenz(a,h)anthracene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.11	Nick Galanopoulos
effluent PR	4,6-Dinitro-2-Methylphenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.04	Nick Galanopoulos
effluent PR	Fluoranthene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.6	Nick Galanopoulos
effluent PR	4-Chloro-3-methylphenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.95	Nick Galanopoulos
effluent PR	4-Chlorophenyl-phenyl ether	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.93	Nick Galanopoulos
effluent PR	4-Bromophenyl-phenyl ether	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.12	Nick Galanopoulos
effluent PR	3,3-Dichlorobenzidine	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	14.6	Nick Galanopoulos
effluent PR	2,4,6-Trichlorophenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	11.6	Nick Galanopoulos
effluent PR	2,6-Dinitrotoluene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.13	Nick Galanopoulos
effluent PR	2,4-Dinitrotoluene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	7.7	Nick Galanopoulos
effluent PR	2,4-Dinitrophenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	18.3	Nick Galanopoulos
effluent PR	Acenaphthene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.79	Nick Galanopoulos
effluent PR	Naphthalene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.76	Nick Galanopoulos
effluent PR	2,4-Dimethylphenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	11.3	Nick Galanopoulos
effluent PR	2,4,6-Tribromophenol		11/20/2019		76.6	%		
effluent PR	2-Fluorobiphenyl		11/20/2019		84.2	%		
effluent PR	Nitrobenzene-d5		11/20/2019		77.9	%		
effluent PR	Phenol-d5		11/20/2019		26.7	%		
effluent PR	2-Fluorophenol		11/20/2019		34.7	%		
effluent PR	Pyrene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.62	Nick Galanopoulos
effluent PR	Phenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.39	Nick Galanopoulos
effluent PR	Phenanthrene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.42	Nick Galanopoulos

effluent PR	Pentachlorophenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	10.6	Nick Galanopoulos
effluent PR	n-Nitrosodiphenylamine	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.1	Nick Galanopoulos
effluent PR	Di-n-octyl phthalate	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.5	Nick Galanopoulos
effluent PR	Nitrobenzene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	7.07	Nick Galanopoulos
effluent PR	Diethyl phthalate	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.92	Nick Galanopoulos
effluent PR	Isophorone	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	7.93	Nick Galanopoulos
effluent PR	Indeno(1,2,3-cd)pyrene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	7.46	Nick Galanopoulos
effluent PR	Hexachloroethane	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.89	Nick Galanopoulos
effluent PR	Hexachlorocyclopentadiene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.73	Nick Galanopoulos
effluent PR	Hexachlorobutadiene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.29	Nick Galanopoulos
effluent PR	Hexachlorobenzene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.43	Nick Galanopoulos
effluent PR	Fluorene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.91	Nick Galanopoulos
effluent PR	Benzo(a)pyrene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.92	Nick Galanopoulos
effluent PR	n-Nitrosodimethylamine	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.79	Nick Galanopoulos
effluent PR	Di-n-butyl phthalate	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.46	Nick Galanopoulos
effluent PR	Dimethyl phthalate	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	10	Nick Galanopoulos
effluent PR	n-Nitrosodi-n-propylamine	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	8.89	Nick Galanopoulos
effluent PR	toluene-d8		11/20/2019		97.8	%		
effluent PR	1,3-Dichlorobenzene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.626	Nick Galanopoulos
effluent PR	1,2-Dichlorobenzene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.915	Nick Galanopoulos
effluent PR	Dibromochloromethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.858	Nick Galanopoulos
effluent PR	Chloromethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1.8	Nick Galanopoulos
effluent PR	Chloroform	EPA 624.1	11/20/2019	11/22/2019	4.54	ug/L	1.73	Nick Galanopoulos
effluent PR	Chloroethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1.46	Nick Galanopoulos

effluent PR	Chlorobenzene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.755	Nick Galanopoulos
effluent PR	Carbon Tetrachloride	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.618	Nick Galanopoulos
effluent PR	Bromomethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	4.76	Nick Galanopoulos
effluent PR	Bromoform	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	3.05	Nick Galanopoulos
effluent PR	Benzene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1.85	Nick Galanopoulos
effluent PR	1,4-Dichlorobenzene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.745	Nick Galanopoulos
effluent PR	1,2-Dichloroethane-d4		11/20/2019		94.2	%		
effluent PR	Bromodichloromethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1.54	Nick Galanopoulos
effluent PR	4-Bromofluorobenzene		11/20/2019		101	%		
effluent PR	2-Chloroethylvinyl ether	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	5.09	Nick Galanopoulos
effluent PR	1,2-Dichloroethane-d4		11/20/2019		94.5	%		
effluent PR	toluene-d8		11/20/2019		97.6	%		
effluent PR	4-Bromofluorobenzene		11/20/2019		107	%		
effluent PR	Acrolein	EPA 624.1	11/20/2019	11/23/2019	BMDL	ug/L	30.8	Nick Galanopoulos
effluent PR	Acrylonitrile	EPA 624.1	11/20/2019	11/23/2019	BMDL	ug/L	25.5	Nick Galanopoulos
effluent PR	Cyanide	EPA 335.4	11/20/2019	11/26/2019	<0.0040	mg/L	0.004	Josh Andrews
effluent PR	Total Phenols	EPA 420.1	11/20/2019	11/22/2019	<0.050	mg/L	0.05	Ben Green
effluent PR	Oil & Grease	EPA 1664A	11/20/2019	11/25/2019	<4.56	mg/L	4.56	Ben Green
effluent PR	Benzo(b)fluoranthene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	10	Nick Galanopoulos
effluent PR	2,4-Dichlorophenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	13.2	Nick Galanopoulos
effluent PR	2-Chlorophenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.81	Nick Galanopoulos
effluent PR	Subcontract - LL Hg	Subcontract	11/20/2019		com			
effluent PR	2-Nitrophenol	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	12.3	Nick Galanopoulos
effluent PR	1,1-Dichloroethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1.94	Nick Galanopoulos

effluent PR	2-Chloronaphthalene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	11.6	Nick Galanopoulos
effluent PR	1,2-Diphenylhydrazine	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	10.7	Nick Galanopoulos
effluent PR	1,2,4-Trichlorobenzene	EPA 625.1	11/20/2019	12/5/2019	BMDL	ug/L	9.33	Nick Galanopoulos
effluent PR	4-Bromofluorobenzene		11/20/2019		94.2	%		
effluent PR	Toluene-d8		11/20/2019		97.8	%		
effluent PR	1,2-Dichloroethane-d4		11/20/2019		101	%		
effluent PR	Xylenes, total	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	4.61	Nick Galanopoulos
effluent PR	Vinyl Chloride	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	2.09	Nick Galanopoulos
effluent PR	Trichlorofluoromethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.753	Nick Galanopoulos
effluent PR	Trichloroethene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1.5	Nick Galanopoulos
effluent PR	1,2-Dichloropropane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1.8	Nick Galanopoulos
effluent PR	1,1,2-Trichloroethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.766	Nick Galanopoulos
effluent PR	1,2-Dichloroethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1.27	Nick Galanopoulos
effluent PR	Trans-1,2-Dichloroethene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1.17	Nick Galanopoulos
effluent PR	Cis-1,3-Dichloropropene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.81	Nick Galanopoulos
effluent PR	Trans-1,3-Dichloropropene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.629	Nick Galanopoulos
effluent PR	Ethylbenzene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.57	Nick Galanopoulos
effluent PR	Methylene Chloride	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1.88	Nick Galanopoulos
effluent PR	1,1,2,2-Tetrachloroethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.94	Nick Galanopoulos
effluent PR	Tetrachloroethene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.82	Nick Galanopoulos
effluent PR	Toluene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.67	Nick Galanopoulos
effluent PR	1,1,1-Trichloroethane	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	0.69	Nick Galanopoulos
effluent PR	1,1-Dichloroethene	EPA 624.1	11/20/2019	11/22/2019	BMDL	ug/L	1	Nick Galanopoulos

Use the back key on your browser to select another test



Environmental Resource Analysts, Inc.

2975 Brown Court
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Laboratory Testing Report

Sample #: 206713

Prepared For:

ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Attention: Derrick Askew

We appreciate the opportunity to provide testing results for you. The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data, please do not hesitate to contact the Technical Manager or the Lab Director at the number listed above.

The analyses presented in this report were performed by ERA, Inc. Any exceptions or problems with the analyses are noted in the Laboratory Testing Report.

Any issues encountered during sample receipt are documented on the Cooler Receipt Form.

The results as reported relate only to the item(s) submitted for testing.

This report shall be used or copied only in its entirety. ERA, Inc. is not responsible for the consequences arising from the use of a partial report.



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: ESG - Opelika West Side WWTP 700 Fox Trail Opelika, AL 36801

Project: 375-0720

Date Received: 7/17/2020

Sample Number: 206713-01

Description: grab

Collection Date: 07/17/2020 8:02

Location: effluent PR

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Cyanide	<0.004	mg/L		0.004	0.01	EPA 335.4	07/17/20 08:02	07/21/20 14:12	JA
Oil & Grease	<4.56	mg/L		4.56	5	EPA 1664A	07/17/20 08:02	07/22/20 08:40	BG
Total Phenols	<0.0250	mg/L		0.025	0.05	EPA 420.1	07/17/20 08:02	07/20/20 15:40	BG

Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
624.1 WWVOC								
Acrolein	EPA 624.1	BMDL	ug/L	16.1	20	07/19/20 16:42	NG	
Acrylonitrile	EPA 624.1	BMDL	ug/L	10.1	20	07/19/20 16:42	NG	
Benzene	EPA 624.1	BMDL	ug/L	1	5	07/19/20 16:42	NG	
Bromodichloromethane	EPA 624.1	BMDL	ug/L	0.8	5	07/19/20 16:42	NG	
Bromoform	EPA 624.1	BMDL	ug/L	0.89	5	07/19/20 16:42	NG	
Bromomethane	EPA 624.1	BMDL	ug/L	1.81	5	07/19/20 16:42	NG	
Carbon Tetrachloride	EPA 624.1	BMDL	ug/L	2.16	5	07/19/20 16:42	NG	
Chlorobenzene	EPA 624.1	BMDL	ug/L	0.7	5	07/19/20 16:42	NG	
Chloroethane	EPA 624.1	BMDL	ug/L	2.39	5	07/19/20 16:42	NG	
2-Chloroethylvinyl Ether	EPA 624.1	BMDL	ug/L	3.6	5	07/19/20 16:42	NG	
Chloroform	EPA 624.1	5.84	ug/L	1.59	5	07/19/20 16:42	NG	
Chloromethane	EPA 624.1	BMDL	ug/L	1.63	5	07/19/20 16:42	NG	
Dibromochloromethane	EPA 624.1	BMDL	ug/L	0.82	5	07/19/20 16:42	NG	
1,2-Dichlorobenzene	EPA 624.1	BMDL	ug/L	1.16	5	07/19/20 16:42	NG	
1,3-Dichlorobenzene	EPA 624.1	BMDL	ug/L	1.05	5	07/19/20 16:42	NG	
1,4-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.66	5	07/19/20 16:42	NG	
1,1-Dichloroethane	EPA 624.1	BMDL	ug/L	0.34	5	07/19/20 16:42	NG	
1,2-Dichloroethane	EPA 624.1	BMDL	ug/L	0.57	5	07/19/20 16:42	NG	
1,1-Dichloroethene	EPA 624.1	BMDL	ug/L	0.81	5	07/19/20 16:42	NG	
Trans-1,2-Dichloroethene	EPA 624.1	BMDL	ug/L	0.65	5	07/19/20 16:42	NG	
1,2-Dichloropropane	EPA 624.1	BMDL	ug/L	0.8	5	07/19/20 16:42	NG	
Cis-1,3-Dichloropropene	EPA 624.1	BMDL	ug/L	0.89	5	07/19/20 16:42	NG	
Trans-1,3-Dichloropropene	EPA 624.1	BMDL	ug/L	0.87	5	07/19/20 16:42	NG	



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Results of Analysis For: ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Project: 375-0720

Date Received: 7/17/2020

Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
624.1 WWVOC								
Ethylbenzene	EPA 624.1	BMDL	ug/L	2.06	5	07/19/20 16:42	NG	
Methylene Chloride	EPA 624.1	BMDL	ug/L	0.66	5	07/19/20 16:42	NG	
1,1,2,2-Tetrachloroethane	EPA 624.1	BMDL	ug/L	0.82	5	07/19/20 16:42	NG	
Tetrachloroethene	EPA 624.1	BMDL	ug/L	0.98	5	07/19/20 16:42	NG	
Toluene	EPA 624.1	BMDL	ug/L	1.26	5	07/19/20 16:42	NG	
1,1,1-Trichloroethane	EPA 624.1	BMDL	ug/L	2.18	5	07/19/20 16:42	NG	
1,1,2-Trichloroethane	EPA 624.1	BMDL	ug/L	0.78	5	07/19/20 16:42	NG	
Trichloroethene	EPA 624.1	BMDL	ug/L	0.98	5	07/19/20 16:42	NG	
Trichlorofluoromethane	EPA 624.1	BMDL	ug/L	0.9	5	07/19/20 16:42	NG	
Vinyl Chloride	EPA 624.1	BMDL	ug/L	0.77	5	07/19/20 16:42	NG	
Xylenes, total	EPA 624.1	BMDL	ug/L	4.01	5	07/19/20 16:42	NG	

Surrogate	Recovery %	Target Range
1,2-Dichloroethane-d4	104	
Toluene-d8	96.1	
4-Bromofluorobenzene	96.7	

625.1 SVOC WW

1,2,4-Trichlorobenzene	EPA 625.1	<0.568	ug/L	0.568	5	08/04/20 17:42	NG	O95
1,2-Diphenylhydrazine	EPA 625.1	<5.70	ug/L	5.7	10	08/04/20 17:42	NG	
2-Chloronaphthalene	EPA 625.1	<1.21	ug/L	1.21	5	08/04/20 17:42	NG	
2-Chlorophenol	EPA 625.1	<1.33	ug/L	1.33	5	08/04/20 17:42	NG	
2-Nitrophenol	EPA 625.1	<1.62	ug/L	1.62	5	08/04/20 17:42	NG	
2,4-Dichlorophenol	EPA 625.1	<1.40	ug/L	1.4	5	08/04/20 17:42	NG	
2,4-Dimethylphenol	EPA 625.1	<2.02	ug/L	2.02	5	08/04/20 17:42	NG	
2,4-Dinitrophenol	EPA 625.1	<2.52	ug/L	2.52	5	08/04/20 17:42	NG	
2,4-Dinitrotoluene	EPA 625.1	<3.01	ug/L	3.01	5	08/04/20 17:42	NG	
2,6-Dinitrotoluene	EPA 625.1	<1.38	ug/L	1.38	5	08/04/20 17:42	NG	
2,4,6-Trichlorophenol	EPA 625.1	<0.633	ug/L	0.633	5	08/04/20 17:42	NG	
3,3-Dichlorobenzidine	EPA 625.1	<1.15	ug/L	1.15	5	08/04/20 17:42	NG	O95
4-Bromophenyl-phenyl ether	EPA 625.1	<1.39	ug/L	1.39	5	08/04/20 17:42	NG	
4-Chlorophenyl-phenyl ether	EPA 625.1	<0.583	ug/L	0.583	5	08/04/20 17:42	NG	



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Results of Analysis For: ESG - Opelika West Side WWTP 700 Fox Trail Opelika, AL 36801

Project: 375-0720

Date Received: 7/17/2020

Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
625.1 SVOC WW								
4-Chloro-3-methylphenol	EPA 625.1	<1.67	ug/L	1.67	5	08/04/20 17:42	NG	O95
4-Nitrophenol	EPA 625.1	<6.39	ug/L	6.39	10	08/04/20 17:42	NG	
4,6-Dinitro-2-Methylphenol	EPA 625.1	<2.08	ug/L	2.08	5	08/04/20 17:42	NG	
Acenaphthene	EPA 625.1	<1.91	ug/L	1.91	5	08/04/20 17:42	NG	
Acenaphthylene	EPA 625.1	<1.62	ug/L	1.62	5	08/04/20 17:42	NG	
Anthracene	EPA 625.1	<2.18	ug/L	2.18	5	08/04/20 17:42	NG	O95
Benzidine	EPA 625.1	<5.82	ug/L	5.82	20	08/04/20 17:42	NG	
Benzo(a)pyrene	EPA 625.1	<2.08	ug/L	2.08	5	08/04/20 17:42	NG	
Benzo(a)anthracene	EPA 625.1	<1.73	ug/L	1.73	5	08/04/20 17:42	NG	
Benzo(b)fluoranthene	EPA 625.1	<2.38	ug/L	2.38	5	08/04/20 17:42	NG	
Benzo(g,h,i)perylene	EPA 625.1	<2.01	ug/L	2.01	5	08/04/20 17:42	NG	O95
Benzo(k)fluoranthene	EPA 625.1	<9.22	ug/L	9.22	10	08/04/20 17:42	NG	
Bis(2-chloroethoxy)methane	EPA 625.1	<3.30	ug/L	3.3	5	08/04/20 17:42	NG	
Bis(2-chloroethyl)ether	EPA 625.1	<3.49	ug/L	3.49	5	08/04/20 17:42	NG	
Bis(2-chloroisopropyl)ether	EPA 625.1	<5.70	ug/L	5.7	10	08/04/20 17:42	NG	
Bis(2-Ethylhexyl) phthalate	EPA 625.1	<1.44	ug/L	1.44	5	08/04/20 17:42	NG	O95
Butylbenzyl phthalate	EPA 625.1	<1.22	ug/L	1.22	5	08/04/20 17:42	NG	
Chrysene	EPA 625.1	<2.59	ug/L	2.59	5	08/04/20 17:42	NG	
Dibenz(a,h)anthracene	EPA 625.1	<1.46	ug/L	1.46	5	08/04/20 17:42	NG	
Diethyl phthalate	EPA 625.1	<2.35	ug/L	2.35	5	08/04/20 17:42	NG	
Dimethyl phthalate	EPA 625.1	<2.01	ug/L	2.01	5	08/04/20 17:42	NG	O95
Di-n-butyl phthalate	EPA 625.1	<3.85	ug/L	3.85	5	08/04/20 17:42	NG	
Di-n-octyl phthalate	EPA 625.1	<1.36	ug/L	1.36	5	08/04/20 17:42	NG	
Fluoranthene	EPA 625.1	<1.96	ug/L	1.96	5	08/04/20 17:42	NG	
n-Nitrosodimethylamine	EPA 625.1	<4.89	ug/L	4.89	5	08/04/20 17:42	NG	
Fluorene	EPA 625.1	<1.80	ug/L	1.8	5	08/04/20 17:42	NG	O95
Hexachlorobenzene	EPA 625.1	<1.59	ug/L	1.59	5	08/04/20 17:42	NG	
Hexachlorobutadiene	EPA 625.1	<1.12	ug/L	1.12	5	08/04/20 17:42	NG	
Hexachlorocyclopentadiene	EPA 625.1	<2.91	ug/L	2.91	5	08/04/20 17:42	NG	
Hexachloroethane	EPA 625.1	<2.71	ug/L	2.71	5	08/04/20 17:42	NG	
Indeno(1,2,3-cd)pyrene	EPA 625.1	<1.55	ug/L	1.55	5	08/04/20 17:42	NG	



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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Results of Analysis For: ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Project: 375-0720

Date Received: 7/17/2020

Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
625.1 SVOC WW								
Isophorone	EPA 625.1	<3.50	ug/L	3.5	5	08/04/20 17:42	NG	
Naphthalene	EPA 625.1	<2.31	ug/L	2.31	5	08/04/20 17:42	NG	
Nitrobenzene	EPA 625.1	<1.60	ug/L	1.6	5	08/04/20 17:42	NG	
n-Nitrosodi-n-propylamine	EPA 625.1	<4.84	ug/L	4.84	5	08/04/20 17:42	NG	
n-Nitrosodiphenylamine	EPA 625.1	<2.98	ug/L	2.98	5	08/04/20 17:42	NG	
Pentachlorophenol	EPA 625.1	<5.58	ug/L	5.58	10	08/04/20 17:42	NG	
Phenanthrene	EPA 625.1	<1.92	ug/L	1.92	5	08/04/20 17:42	NG	
Phenol	EPA 625.1	<3.04	ug/L	3.04	5	08/04/20 17:42	NG	O95
Pyrene	EPA 625.1	<2.18	ug/L	2.18	5	08/04/20 17:42	NG	

Surrogate	Recovery %	Target Range
2-Fluorophenol	11.9	
Phenol-d5	11.4	
Nitrobenzene-d5	50.2	
2-Fluorobiphenyl	48.5	
2,4,6-Tribromophenol	35.8	
p-Terphenyl-d14	50.2	



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: ESG - Opelika West Side WWTP 700 Fox Trail Opelika, AL 36801

Project: 375-0720

Date Received: 7/17/2020

Sample Number: 206713-02

Description: comp

Collection Date: 07/17/2020 7:00

Location: effluent PR

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	07/17/20 07:00	07/20/20 12:17	JA
Antimony	0.54	ug/L	N10	0.23	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
Arsenic	<0.64	ug/L		0.64	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
Beryllium	0.23	ug/L	N10	0.15	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
Cadmium	<0.24	ug/L		0.24	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
Chromium	<1.5	ug/L		1.5	5	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
Copper	2.6	ug/L		0.37	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
Hardness	51.0	mg/L CaCO3 (EDTA)		5	5	SM 2340C-2011	07/17/20 07:00	07/23/20 22:20	DS
Lead	0.39	ug/L	N10	0.28	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
Nickel	1.6	ug/L		0.76	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
NO2-/NO3	4.47	mg N/L		0.035	0.1	EPA 353.2	07/17/20 07:00	07/22/20 12:42	JA
Selenium	<0.41	ug/L		0.41	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
Silver	<0.25	ug/L		0.25	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
TDS	216	mg/L(Dry)		2.5	2.5	SM 2540C-2011	07/17/20 07:00	07/17/20 14:10	BG
Thallium	<0.60	ug/L		0.6	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	07/17/20 07:00	07/30/20 09:24	JA
Total Phosphorus	0.153	mg P/L	N10	0.1	0.5	EPA 365.4	07/17/20 07:00	07/30/20 09:24	JA
Zinc	41.0	ug/L		0.9	1	EPA 200.8	07/17/20 07:00	08/03/20 15:35	AO

Sample Number: 206713-04

Description: grab

Collection Date: 07/17/2020 8:10

Location: Field Blank LLHg



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: ESG - Opelika West Side WWTP
700 Fox Trail
Opelika, AL 36801

Project: 375-0720

Date Received: 7/17/2020

MDL: Method Detection Limit

PQL: Practical Quantitation Limit

BMDL: Below Method Detection Limit

"Methods for Chemical Analysis of Water and Wastes" EPA, EMSL-CI, EPA 600/4-79-020, Rev. March 1979 & 1983.

BMDL = Below Method Detection Limit

COD: EPA approved methods in "HACH Water Analysis Handbook", 2nd Ed.

EPA- Methods for Chemical Analysis of Water and Wastes, 1994.

Oil & Grease: EPA-821-R-98-002, February 1999.

State of Florida, NELAC Certification #E87542

The results shown relate only to these samples.

These results meet all of the requirements of the NELAC standard.

206713-01 The Tailing Factors did not meet QA/QC criteria per EPA 625.1.

Qualifiers

N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.

O95 = The standard extracted in the sample batch did not meet QA/QC criteria.

This report was reviewed for completeness and approved.

Date Complete: 08/18/2020

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, QA/QC Manager



CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888

☐
☐

Standard
Expedite (Addition Fees Apply)
Date Required

Client: ESG - Opelika West Side WWTP
Project: 375-0720

Sample No.	Location	Collector	Date/Time Sampled	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
206713-01	effluent PR	Jerrill	7/17/20 8:02 AM	grab			

Flow Rate:

Sample No.	Location	Collector	Date/Time Sampled	Flow Rate	Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
206713-02	effluent PR	Jerrill	7/17/20 8:30 AM	2.7 MGD	24 HR 1 Per HR	7/16/20 7 AM	7/17/20 7 AM

Flow Rate:

Sample No.	Location	Collector	Date/Time Sampled	Flow Rate
206713-04	Field Blank LLHg	Jerrill	7/17/20 8:10 AM	2.7 MGD

Flow Rate: 2.7 MGD

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01b	H2SO4	Oil and Grease	PH 2.0	-01c	None	subcontract	PH 2.0
-01d	naoh	Cyanide	PH 2.0	-01e	H2SO4	Phenol	PH 2.0
-01f	NA2S2O3	625.1 SVOC WW	PH 2.0	-01g	Na2S2O3	Duplicate	PH 2.0
-01h	Na2S2O3	Duplicate	PH 2.0	-01j	NA2S2O3	624.1 WWVOC	PH 2.0
-02a	H2SO4	AMMONIA	PH 2.0	-02b	H2SO4	TKN	PH 2.0
-02c	H2SO4	NO2-/NO3	PH 2.0	-02d	H2SO4	Total Phosphorus	PH 2.0
-02e	None	TDS	PH 2.0	-02f	HNO3	ICP-MS WW	PH 2.0
-02g	None	Hardness	PH 2.0	-04a	None	subcontract	PH 2.0



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ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

☐

Standard

Expedite (Addition Fees Apply)

Date Required

Date Prepared: 070920 TM

For Client Use:

Relinquished By: J. Wall

Date/Time: 7/17/20 1040

Received By: [Signature]

Date/Time: 7/17/20 1040

Relinquished By: [Signature]

Date/Time: 7/17/20 1105

Received By:

Date/Time:

Relinquished By:

Date/Time:

Received By:

Date/Time:

Received at Lab By: [Signature]

Date/Time: 07/20/20 1105

Relinquished To Sealed Container: ☐



Client

ESG Opella West

Sample #

206713

ERA Cooler Receipt Form

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking

07/17/20 11:40

Receiving Analyst:

[Signature]

B. Method of Delivery:

☐

Fed Ex

☐

UPS

☐

USPS

☐

ERA Driver

☒

Client Drop Off

☐

Other

Tracking Number

C. Condition of Custody Seal upon arrival:

☐

Absent

☐

Present & Broken

Present &

sealed

☐

Present &

broken

2. Condition of Cooler Contents

A. Chain Of Custody Information:

☒

Completed

☐

Incomplete,

B. Cooling Process

☒

Solid Ice

☐

Ice pack

☐

Dry Ice

☐

None

☐

Other

C. Broken Bottles?

☒

No

☐

Yes

If yes, which?

D. Temperature °C

7.2

Thermometer ID:

[Signature]

Reason for incorrect

☐

Frozen

☒

Beginning of Cooling process

☐

Ice melted

temp: (>6.0°C)

☐

Other

3. Sample Information and Verification

A. Sample Numbers match Chain of Custody?

☒

Yes

☐

No,

Correct bottle types used for each sample?

☒

Yes

☐

No,

All samples arrived within holding time?

☒

Yes

☐

No,

Sufficient volume in each bottle for tests?

☒

Yes

☐

No,

B. All samples were verified & marked on the

☒

Yes

☐

No,

Chain of Custody?

C. Samples with preservative

☐

Yes, no preservatives needed

have been checked and are in

☐

No, see preservative info

the correct pH range?

☐

Not applicable

pH Strip Lot #:

232518V

D. Hexane Lot for O&G

9110505

☐

N/A

E. Trip Blanks

☐

Absent

☐

Present

☒

N/A

Additional Preservative information

1 Preservative Type: HNO₃

2 Preservative Lot # 1119020

3 Preservative Type:

4 Preservative Lot #

11P-MS WW sample preserved with
HNO₃ lot #1119020 by TH. Verified
pH=2. 7/17/20

4. Comments and Resolutions

If any non-compliance was noted (temp out of range, holding time exceedance), contact the client to inform them and document here. Note how client was contacted (email/phone) when/who contacted and result of communication:

How was client

contacted:

Email

Phone

Who

contacted?

Date/Time of

contact:

Result of

communication:

5. Analyst Conformation

The information regarding cooler, chain of custody, and sample receipt is correct and verified by the analyst. If conditions are not met the appropriate actions were taken by the receiving analyst and/or the lab manager.

Primary Reviewer:

[Signature]

Secondary Reviewer:

[Signature]



Pace Analytical Services, LLC
110 South Bayview Blvd
Oldsmar, FL 34677
(813)881-9401

August 03, 2020

Erin Consuegra
Environmental Resource Analysts, Inc.
2975 Brown Court
Auburn, AL 36830

RE: Project: 375-0720
Pace Project No.: 35565814

Dear Erin Consuegra:

Enclosed are the analytical results for sample(s) received by the laboratory on July 27, 2020. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:
• Pace Analytical Services - Indianapolis

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Chelsea Gagne
chelsea.gagne@pacelabs.com
813-855-1844
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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Oldsmar, FL 34677
(813)881-9401

CERTIFICATIONS

Project: 375-0720
Pace Project No.: 35565814

Pace Analytical Services Indianapolis

7726 Moller Road, Indianapolis, IN 46268
Illinois Accreditation #: 200074
Indiana Drinking Water Laboratory #: C-49-06
Kansas/TNI Certification #: E-10177
Kentucky UST Agency Interest #: 80226
Kentucky WW Laboratory ID #: 98019
Michigan Drinking Water Laboratory #9050

Ohio VAP Certified Laboratory #: CL0065
Oklahoma Laboratory #: 9204
Texas Certification #: T104704355
West Virginia Certification #: 330
Wisconsin Laboratory #: 999788130
USDA Soil Permit #: P330-19-00257

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(813)881-9401

SAMPLE SUMMARY

Project: 375-0720
Pace Project No.: 35565814

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35565814001	206713-01	Water	07/17/20 09:02	07/27/20 10:30
35565814002	206713-04	Water	07/17/20 09:10	07/27/20 10:30

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(813)881-9401

SAMPLE ANALYTE COUNT

Project: 375-0720
Pace Project No.: 35565814

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35565814001	206713-01	EPA 1631E	CEL	1	PASI-I
35565814002	206713-04	EPA 1631E	CEL	1	PASI-I

PASI-I = Pace Analytical Services - Indianapolis

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(813)881-9401

ANALYTICAL RESULTS

Project: 375-0720

Pace Project No.: 35565814

Sample: 206713-01 Lab ID: 35565814001 Collected: 07/17/20 09:02 Received: 07/27/20 10:30 Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
1631E Mercury, Low Level	Analytical Method: EPA 1631E Preparation Method: EPA 1631E Pace Analytical Services - Indianapolis								
Mercury	6.92	ng/L	0.50	0.19	1	07/31/20 17:20	08/01/20 11:08	7439-97-6	

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Oldsmar, FL 34677
(813)881-9401

ANALYTICAL RESULTS

Project: 375-0720

Pace Project No.: 35565814

Sample: 206713-04 Lab ID: 35565814002 Collected: 07/17/20 09:10 Received: 07/27/20 10:30 Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
1631E Mercury, Low Level	Analytical Method: EPA 1631E Preparation Method: EPA 1631E Pace Analytical Services - Indianapolis								
Mercury	1.22	ng/L	0.50	0.19	1	07/31/20 17:20	08/01/20 10:13	7439-97-6	

REPORT OF LABORATORY ANALYSIS

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Oldsmar, FL 34677
(813)881-9401

QUALITY CONTROL DATA

Project: 375-0720
Pace Project No.: 35565814

QC Batch: 574796 Analysis Method: EPA 1631E
QC Batch Method: EPA 1631E Analysis Description: 1631E Mercury
Laboratory: Pace Analytical Services - Indianapolis
Associated Lab Samples: 35565814001, 35565814002

METHOD BLANK: 2650676 Matrix: Water
Associated Lab Samples: 35565814001, 35565814002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.19 U	0.50	0.19	08/01/20 08:33	

METHOD BLANK: 2650677 Matrix: Water
Associated Lab Samples: 35565814001, 35565814002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.19 U	0.50	0.19	08/01/20 08:41	

METHOD BLANK: 2650678 Matrix: Water
Associated Lab Samples: 35565814001, 35565814002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.19 U	0.50	0.19	08/01/20 08:56	

LABORATORY CONTROL SAMPLE: 2650679

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	ng/L	5	4.89	98	80-120	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2650680 2650681

Parameter	Units	35565816001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	ng/L	2.44	10	10	13.4	13.6	109	112	71-125	2	24	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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Date: 08/03/2020 06:14 PM

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Page 7 of 12



Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar, FL 34677
(813)881-9401

QUALIFIERS

Project: 375-0720
Pace Project No.: 35565814

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.
ND - Not Detected at or above adjusted reporting limit.
TNTC - Too Numerous To Count
MDL - Adjusted Method Detection Limit.
PQL - Practical Quantitation Limit.
RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.
S - Surrogate
1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.
LCS(D) - Laboratory Control Sample (Duplicate)
MS(D) - Matrix Spike (Duplicate)
DUP - Sample Duplicate
RPD - Relative Percent Difference
NC - Not Calculable.
SG - Silica Gel - Clean-Up
U - Indicates the compound was analyzed for, but not detected.
N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.
Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.
TNI - The NELAC Institute.

ANALYTE QUALIFIERS

U Compound was analyzed for but not detected.

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Oldsmar, FL 34677
(813)881-9401

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 375-0720
Pace Project No.: 35565814

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35565814001	206713-01	EPA 1631E	574796	EPA 1631E	574811
35565814002	206713-04	EPA 1631E	574796	EPA 1631E	574811

REPORT OF LABORATORY ANALYSIS

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ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888



Standard

Expedite (Addition Fees Apply)

Date Required

Client: ESG - Opelika West Side WWTP
Project: 375-0720

G or C	Composite Sample(s)		
	Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
grab			

Sample No.	206713-01
Location	effluent PR
Collector	Jarrell
Date/Time Sampled	7/14/20 8:02 AM

WO#: 35565814



35565814

Flow Rate:

Sample No.	Location	Collector	Date/Time Sampled	Flow Rate	G or C	Composite Sample(s)		
						Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
206713-02	effluent PR	Jarrell	7/17/20 9:30 AM	2.7 MGD	comp	24 HR	7/16/20	7/17/20
						1 Per HR	7 AM	7 AM

Flow Rate:

Sample No.	206713-04
Location	Field Blank LLHg
Collector	Jarrell
Date/Time Sampled	7/17/20 9:10 AM

Flow Rate: 2.7 MGD

Sample	Preservation	Analysis
-01b	H2SO4	Oil and Grease
-01d	naoh	Cyanide
-01f	NA2S2O3	625.1 SVOC WW
-01h	Na2S2O3	Duplicate
-02a	H2SO4	AMMONIA
-02c	H2SO4	NO2/NO3
-02e	None	TDS
-02g	None	Hardness

Preservation CK

PH 5.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20

Sample	Preservation	Analysis
-01c	None	subcontract
-01e	H2SO4	Phenol
-01g	Na2S2O3	Duplicate
-01j	NA2S2O3	624.1 WWVOC
-02b	H2SO4	TKN
-02d	H2SO4	Total Phosphorus
-02f	HNO3	ICP-MS WW
-04a	None	subcontract

Preservation CK

PH 5.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20

7.2

CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.
 Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
 Tel. (334) 502-3444 Fax (334) 502-8888


☐ Standard
☐ Expedite (Addition Fees Apply)
 Date Required _____

Page 2 of 2

Date Prepared: <u>070920 TM</u>		For Client Use:	
Relinquished By: <u>J. Wall</u>	Date/Time: <u>7/17/20 1040</u>	Received By: <u>[Signature]</u>	Date/Time: <u>7/17/20 1040</u>
Relinquished By: <u>[Signature]</u>	Date/Time: <u>7/17/20 1105</u>	Received By: _____	Date/Time: _____
Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____
Received at Lab By: <u>[Signature]</u>		Date/Time: <u>07/17/20 1105</u>	Relinquished To Sealed Container: <input type="checkbox"/>

Relinquished by [Signature]
 to UPS or Fed Ex

ups 7/17/20 1030 mp Race 7/17/20 1030 This 29.3

	Document Name:	Document Revised:
	Sample Condition Upon Receipt Form	May 30, 2018
	Document No.: F-FL-C-007 rev. 13	Issuing Authority: Pace Florida Quality Office

Sample Condition Upon Receipt Form (SCUR)

Project #
Project Manager:
Client:

WO# : 35565814

PM: CLG Due Date: 08/10/20
CLIENT: 37-ENVRES

Date and Initials of person:
Examining contents: mvl
Label: 712712
Deliver:
pH: NA

Thermometer Used: T120 Date: 7/27/20 Time: 1030 Initials: mvl

State of Origin: AL

☐ For WV projects, all containers verified to $\pm 6^\circ\text{C}$

Cooler #1 Temp. °C 29.0 (Visual) 29.3 (Correction Factor) 29.3 (Actual)
Cooler #2 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)
Cooler #3 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)
Cooler #4 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)
Cooler #5 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)
Cooler #6 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)

☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun

Courier: ☐ Fed Ex ☒ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other _____
Shipping Method: ☐ First Overnight ☐ Priority Overnight ☐ Standard Overnight ☒ Ground ☐ International Priority
☐ Other _____

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☒ Unknown PIP

Tracking # 1Z 1F2 324 03 5469 0278

Custody Seal on Cooler/Box Present: ☒ Yes ☐ No Seals Intact: ☒ Yes ☐ No Ice: Wet Blue Dry None

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Samples shorted to lab (If Yes, complete) Shorted Date: _____ Shorted Time: _____ Qty: _____

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC, O&G, Carbamates	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Client Notification/ Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution (use back for additional comments):

only received sample 206713-04 206713-04
206713-04 only in 1 bag

Project Manager Review:

Date: _____



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Sample #: 206713

All results are reported in Central Time.

Definitions

BMDL – Below Method Detection Limit
BOD – Biochemical Oxygen Demand
BTEX – Benzene, Ethylbenzene, Toluene, Xylenes
cBOD – Carbonaceous Biochemical Oxygen Demand
CCV – Continuing Calibration Verification
COD – Chemical Oxygen Demand
DO – Dissolved Oxygen
DOC – Dissolved Organic Carbon
DW – Drinking Water
HAA – Halo Acetic Acid
HPC – Heterotrophic Plate Count
HR – High Range
ICP – Inductively Coupled Plasma
LCS – Laboratory Control Sample
LR – Low Range
MDL – Method Detection Limit
MS – Mass Spectrometer
MS – Matrix Spike
ND – Not Detected at or above the MDL
NPDES – National Pollutant Discharge Elimination System
PQL – Practical Quantitation Limit
RECRA – Resource Conservation and Recovery Act
RL – Reporting Limit
SID – State Indirect Discharge
SOC – Synthetic Organic Compound
SVOC – Semi-volatile Organic Compound
TCLP – Toxic Characteristic Leaching Procedure
TD – Total Dissolved
TDS – Total Dissolved Solids
TKN – Total Kjeldahl nitrogen
TNI – The NELAC Institute
TOC – Total Organic Carbon
TOX – Toxicity
TS – Total Solids
TSS – Total Suspended Solids
TTHM – Total Trihalomethanes
UV – Ultraviolet
VOC – Volatile Organic Compound
VS – Volatile Solids
WW – Wastewater

End of Report

December 09, 2019

Erin Consuegra

,

RE: Project: 375-1119
Pace Project No.: 35515583

Dear Erin Consuegra:

Enclosed are the analytical results for sample(s) received by the laboratory on December 02, 2019. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Chelsea Gagne
chelsea.gagne@pacelabs.com
813-855-1844
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: 375-1119
Pace Project No.: 35515583

Pace Analytical Services Tampa
110 South Bayview Blvd., Tampa, FL 34677

Florida Certification #:E84129

REPORT OF LABORATORY ANALYSIS

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SAMPLE SUMMARY

Project: 375-1119

Pace Project No.: 35515583

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35515583001	197227-01	Water	11/20/19 08:45	12/02/19 11:10
35515583003	197227-04	Water	11/20/19 08:55	12/02/19 11:10

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: 375-1119

Pace Project No.: 35515583

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35515583001	197227-01	EPA 1631E	NMT	1	PASI-Tp
35515583003	197227-04	EPA 1631E	NMT	1	PASI-Tp

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 375-1119

Pace Project No.: 35515583

Sample: 197227-01		Lab ID: 35515583001		Collected: 11/20/19 08:45		Received: 12/02/19 11:10		Matrix: Water	
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
1631E Mercury, Low Level Tampa									
Analytical Method: EPA 1631E Preparation Method: EPA 1631E									
Mercury	19.3	ng/L	0.50	0.20	1	12/05/19 17:18	12/06/19 13:30	7439-97-6	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 375-1119

Pace Project No.: 35515583

Sample: 197227-04		Lab ID: 35515583003		Collected: 11/20/19 08:55		Received: 12/02/19 11:10		Matrix: Water	
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
Analytical Method: EPA 1631E Preparation Method: EPA 1631E									
1631E Mercury, Low Level Tampa									
Mercury	0.402 I	ng/L	0.50	0.20	1	12/05/19 17:18	12/06/19 13:10	7439-97-6	

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: 375-1119

Pace Project No.: 35515583

QC Batch: 592660

Analysis Method: EPA 1631E

QC Batch Method: EPA 1631E

Analysis Description: 1631E Mercury, Low Level

Associated Lab Samples: 35515583001, 35515583003

METHOD BLANK: 3223400

Matrix: Water

Associated Lab Samples: 35515583001, 35515583003

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.20 U	0.50	0.20	12/06/19 12:40	

METHOD BLANK: 3223401

Matrix: Water

Associated Lab Samples: 35515583001, 35515583003

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.20 U	0.50	0.20	12/06/19 12:45	

METHOD BLANK: 3223402

Matrix: Water

Associated Lab Samples: 35515583001, 35515583003

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.20 U	0.50	0.20	12/06/19 12:50	

LABORATORY CONTROL SAMPLE: 3223403

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	ng/L	5	5.24	105	77-123	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3223404

3223405

Parameter	Units	35515580001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	ng/L	0.986	2	2	2.79	2.94	90	98	71-125	5	24	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3223406

3223407

Parameter	Units	35515676004 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	ng/L	0.00249 ug/L	10	10	10.5	11.8	80	93	71-125	12	24	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: 375-1119
Pace Project No.: 35515583

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.
ND - Not Detected at or above adjusted reporting limit.
TNTC - Too Numerous To Count
MDL - Adjusted Method Detection Limit.
PQL - Practical Quantitation Limit.
RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.
S - Surrogate
1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.
LCS(D) - Laboratory Control Sample (Duplicate)
MS(D) - Matrix Spike (Duplicate)
DUP - Sample Duplicate
RPD - Relative Percent Difference
NC - Not Calculable.
SG - Silica Gel - Clean-Up
U - Indicates the compound was analyzed for, but not detected.
N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.
Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.
TNI - The NELAC Institute.

LABORATORIES

PASI-Tp Pace Analytical Services - Tampa

ANALYTE QUALIFIERS

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U Compound was analyzed for but not detected.

REPORT OF LABORATORY ANALYSIS

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 375-1119

Pace Project No.: 35515583

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35515583001	197227-01	EPA 1631E	592660	EPA 1631E	593040
35515583003	197227-04	EPA 1631E	592660	EPA 1631E	593040

REPORT OF LABORATORY ANALYSIS

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CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888



Standard

Expedite (Addition Fees Apply)

Date Required

Page 10 of 12

Client: ESG - Opelika West Side WWTP

Project: 375-1019

Sample No.	Location	Collector	Date/Time Sampled	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
197227-01	effluent PR	JOE	11-20-19 7:45Am	grab			

Flow Rate: 1.9 mgd

Sample No.	Location	Collector	Date/Time Sampled	comp	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
197227-02	effluent PR	JOE	11-20-19 7:30Am	comp	1 PER/HR 24HR	7:00 Am 11-19-19	7Am 11-20-19

Flow Rate: 1.9 mgd

Sample No.	Location	Collector	Date/Time Sampled	grab	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
197227-04	Field Blank LLHg	JOE	11-20-19 7:55Am	grab			

Flow Rate: 1.9 mgd

Sample	Preservation	Analysis
-01b	H2SO4	O&G
-01d	naoh	CN-
-01f	NA2S2O3	625.1 SVOC WW
-01h	None	2-Chloroethylvinyl ether
-02a	H2SO4	AMMONIA
-02c	H2SO4	NO2-NO3
-02e	None	TDS
-02g	None	Hardness

Preservation CK

PH=2
PH=12
BP
BP
PH=2
PH=2
BP
BP

Sample	Preservation	Analysis
-01c	None	subcontract
-01e	H2SO4	Phenol
-01g	HCl	Acrolein/Acrylonitrile
-01j	NA2S2O3	624.1 WWVOC
-02b	H2SO4	TKN
-02d	H2SO4	Total Phosphorus
-02f	HNO3	ICP Metals
-04a	None	subcontract

Preservation CK

BP
PH=2
BP
BP
PH=2
PH=2
BP
BP

WO#: 35515583





CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888

☐

Standard

☐ Expedite (Addition Fees Apply)

Date Required

Page 11 of 12

Date Prepared: 111519

For Client Use:

Relinquished By: Joseph Adams

Date/Time: 11-20-19 9:45

Received By: Diana Hughes

Date/Time: 11/21/19 9:45

Relinquished By: FEDX

Date/Time: 12-2-19 11:10

Received By: Mike Soley

Date/Time: 12-2-19 11:10

Relinquished By: _____

Date/Time: _____

Received By: _____


Date/Time: T203 24.7

Received at Lab By: Diana Hughes

Date/Time: 11/21/19 10:15

Relinquished To Sealed Container: ☐

Relinquished by D. Adams
11/21/19 to UPS or Fed Ex

	Document Name:	Document Revised:
	Sample Condition Upon Receipt Form	May 30, 2018
	Document No.: F-FL-C-007 rev. 13	Issuing Authority: Pace Florida Quality Office

Sample Condition Upon Receipt Form (SCUR)

Project # **WO# : 35515583**
Project Manager: PM: CLG **Due Date:** 12/16/19
Client: CLIENT: 37-ENVRES

Date and Initials of person:
Examining contents: DS
Label: 12/2/19
Deliver: 12/2/19
pH:

Thermometer Used: T-203 **Date:** 12-2-19 **Time:** 11:10 **Initials:** WJM

State of Origin: AL ☐ For WV projects, all containers verified to ≤6 °C

Cooler #1 Temp. °C <u>24.8</u> (Visual) <u>0.0</u> (Correction Factor) <u>24.7</u> (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #2 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #3 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #4 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #5 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #6 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun

Courier: ☐ Fed Ex ☒ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other _____
Shipping Method: ☐ First Overnight ☐ Priority Overnight ☐ Standard Overnight ☐ Ground ☐ International Priority
☐ Other _____
Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☐ Unknown

Tracking # _____

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No **Seals Intact:** ☐ Yes ☐ No **Ice:** Wet Blue Dry None
Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____
Samples shorted to lab (If Yes, complete) **Shorted Date:** _____ **Shorted Time:** _____ **Qty:** _____

Comments:

Chain of Custody Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
Chain of Custody Filled Out	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC, O&G, Carbamates		
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Client Notification/ Resolution:
Person Contacted: _____ **Date/Time:** _____

Comments/ Resolution (use back for additional comments): _____

March 12, 2018

Erin Consuegra

RE: Project: ESG-Opelika West Side WWTP
Pace Project No.: 35377358

Dear Erin Consuegra:

Enclosed are the analytical results for sample(s) received by the laboratory on March 02, 2018. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Amy Atkins
amy.atkins@pacelabs.com
(813) 881-9401
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: ESG-Opelika West Side WWTP
Pace Project No.: 35377358

Tampa Certification IDs

110 South Bayview Blvd., Tampa, FL 34677

Florida Certification #: E84129

Alabama Certification #: 41560

Georgia Certification #: 949

Georgia Certification #: #949

Maine DHHS/CDC FL00237

Maine Certification #: 2015035

New Hampshire Certification #: 2955

REPORT OF LABORATORY ANALYSIS

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SAMPLE SUMMARY

Project: ESG-Opelika West Side WWTP

Pace Project No.: 35377358

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35377358001	176739-01	Water	02/20/18 07:00	03/02/18 12:40

REPORT OF LABORATORY ANALYSIS

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Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar, FL 34677
(813)881-9401

SAMPLE ANALYTE COUNT

Project: ESG-Opelika West Side WWTP
Pace Project No.: 35377358

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35377358001	176739-01	EPA 1631E	NMT	1	PASI-Tp

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: ESG-Opelika West Side WWTP

Pace Project No.: 35377358

Sample: 176739-01		Lab ID: 35377358001		Collected: 02/20/18 07:00		Received: 03/02/18 12:40		Matrix: Water	
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
1631E Mercury, Low Level Tampa									
Analytical Method: EPA 1631E Preparation Method: EPA 1631E									
Mercury	2.31	ng/L	0.50	0.25	1	03/09/18 17:26	03/10/18 15:59	7439-97-6	V

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: ESG-Opelika West Side WWTP
Pace Project No.: 35377358

QC Batch: 431660 Analysis Method: EPA 1631E
QC Batch Method: EPA 1631E Analysis Description: 1631E Mercury, Low Level
Associated Lab Samples: 35377358001

METHOD BLANK: 2347557 Matrix: Water
Associated Lab Samples: 35377358001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.25 U	0.50	0.25	03/10/18 14:34	

METHOD BLANK: 2347558 Matrix: Water
Associated Lab Samples: 35377358001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.25 U	0.50	0.25	03/10/18 14:39	

METHOD BLANK: 2347559 Matrix: Water
Associated Lab Samples: 35377358001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.25 U	0.50	0.25	03/10/18 14:44	

METHOD BLANK: 2348658 Matrix: Water
Associated Lab Samples: 35377358001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.25 U	0.50	0.25	03/10/18 14:49	

METHOD BLANK: 2348663 Matrix: Water
Associated Lab Samples: 35377358001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.361 I	0.50	0.25	03/10/18 14:54	

LABORATORY CONTROL SAMPLE: 2347560

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	ng/L	5	4.99	100	77-123	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: ESG-Opelika West Side WWTP

Pace Project No.: 35377358

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2347561													2347562				
Parameter	Units	35376697001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	Max RPD	Max RPD	Qual					
Mercury	ng/L	0.593	.5	.5	1.01	1.05	83	92	71-125	5	24						

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2347563					2347564							
Parameter	Units	35377360001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	Max RPD	Max RPD	Qual
Mercury	ng/L	0.822	.5	.5	1.39	1.34	113	103	71-125	4	24	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: ESG-Opelika West Side WWTP

Pace Project No.: 35377358

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

LABORATORIES

PASI-Tp Pace Analytical Services - Tampa

ANALYTE QUALIFIERS

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

U Compound was analyzed for but not detected.

V Indicates that the analyte was detected in both the sample and the associated method blank.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: ESG-Opelika West Side WWTP
Pace Project No.: 35377358

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35377358001	176739-01	EPA 1631E	431660	EPA 1631E	431961

REPORT OF LABORATORY ANALYSIS



CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888



Standard

Expedite (Addition Fees Apply)

Date Required: _____

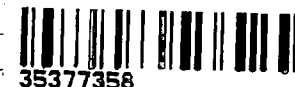
Client: ESG - Opelika West Side WWTP
Project: 375-0218

G or C	Composite Sample(s)			Analytical Measurements Taken By ERA				
	Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time	Test	Analyst	Date/Time	Meter #	Probe #

Sample No. 176739-01
Location Effluent PP
Collector LARRY GRANGER
Date/Time Sampled 2-20-18 7AM

ONE PER HOUR
2-20-18 7AM
2-21-18 7AM
LG

WO#: 35377358



Sample No. 176739-02
Location Effluent PP
Collector LARRY GRANGER
Date/Time Sampled

ONE PER HOUR
2-20-18 7AM
2-21-18 7AM

Sample No. 176739-03
Location trip blank voc
Collector LARRY GRANGER
Date/Time Sampled 2-20-18 7AM

ONE PER HOUR
2-20-18 7AM
2-21-18 7AM
LG

Sample	Preservation	Analysis
-01b	H2SO4	O&G
-01d	naoh/aa	CN-
-01f	NA2S2O3	TPO 624 and 625
-02a	H2SO4	AMMONIA
-02c	H2SO4	NO2-/NO3-
-02e	None	TDS
-02g	None	Hardness
-03b	None	

Preservation CK
pH ≤ 2.0
pH 2.0
DO
pH ≤ 2.0
DO
DO
DO

Sample	Preservation	Analysis
-01c	None	subcontract
-01e	H2SO4	Phenol
-01g	None	Acrolein/Acrylonitrile
-02b	H2SO4	TKN
-02d	H2SO4	Total Phosphorus
-02f	HNO3	ICP Metals
-03a	NA2S2O3	WW VOC 624


Preservation CK
DO
pH ≤ 2.0
DO
pH ≤ 2.0
DO
DO
DO

Relinquished By: Larry Granger
Relinquished By: UPS
Relinquished By:

Date/Time: 2-21-18 7AM
Date/Time: 3-2-18 1240
Date/Time: TIME
Received By: UPS
Received By: LMC/ALW/PACE
Date/Time: 2-21-18 7AM
Date/Time: 3-2-18 1240
T203 23-8

Received at Lab By: J. Debbins Date/Time: 02/21/18 Method of Transfer: client Arrival Temp (°C): Custody Seals Intact: Y

Relinquished by J. Debbins 02/21/18 1405 to UPS

	Document Name:	Document Revised:
	Sample Condition Upon Receipt Form	August 2, 2017
	Document No.: F-FL-C-007 rev. 12	Issuing Authority: Pace Florida Quality Office

Sample Condition Upon Receipt Form (SCUR)

Project # WO# : 35377358
Project Manager: PM: ADA **Due Date:** 03/16/18
Client: CLIENT: 37-ENVRES

Date and Initials of person:

Examining contents: DS
 Label: 3/2/18
 Deliver: 3/2/18
 pH: 7.0

Thermometer Used: T-203 Date: 3-2-18 Time: 1240 Initials: LOM

State of Origin: FL

Cooler #1 Temp. °C 23.8 (Visual) 0.0 (Correction Factor) 23.8 (Actual)
 Cooler #2 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)
 Cooler #3 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)
 Cooler #4 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)
 Cooler #5 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)
 Cooler #6 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)

☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun

Courier: ☐ Fed Ex ☒ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other _____

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☐ Standard Overnight ☒ Ground ☐ International Priority

☐ Other _____

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☐ Unknown

Tracking # 1Z 1E2 3RA 63 5421 3499

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☐ No Ice: Wet Blue Dry None

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Samples shorted to lab (If Yes, complete) Shorted Date: _____ Shorted Time: _____ Qty: _____

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC, O&G, Carbamates		
Headspace in VOA Vials? (>6mm):	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

Client Notification/ Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution (use back for additional comments): _____

Project Manager Review: _____

Date: _____

August 03, 2020

Erin Consuegra
Environmental Resource Analysts, Inc.
2975 Brown Court
Auburn, AL 36830

RE: Project: 375-0720
Pace Project No.: 35565814

Dear Erin Consuegra:

Enclosed are the analytical results for sample(s) received by the laboratory on July 27, 2020. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Indianapolis

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Chelsea Gagne
chelsea.gagne@pacelabs.com
813-855-1844
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
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CERTIFICATIONS

Project: 375-0720
Pace Project No.: 35565814

Pace Analytical Services Indianapolis

7726 Moller Road, Indianapolis, IN 46268
Illinois Accreditation #: 200074
Indiana Drinking Water Laboratory #: C-49-06
Kansas/TNI Certification #: E-10177
Kentucky UST Agency Interest #: 80226
Kentucky WW Laboratory ID #: 98019
Michigan Drinking Water Laboratory #9050

Ohio VAP Certified Laboratory #: CL0065
Oklahoma Laboratory #: 9204
Texas Certification #: T104704355
West Virginia Certification #: 330
Wisconsin Laboratory #: 999788130
USDA Soil Permit #: P330-19-00257

REPORT OF LABORATORY ANALYSIS

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SAMPLE SUMMARY

Project: 375-0720

Pace Project No.: 35565814

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35565814001	206713-01	Water	07/17/20 09:02	07/27/20 10:30
35565814002	206713-04	Water	07/17/20 09:10	07/27/20 10:30

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: 375-0720

Pace Project No.: 35565814

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35565814001	206713-01	EPA 1631E	CEL	1	PASI-I
35565814002	206713-04	EPA 1631E	CEL	1	PASI-I

PASI-I = Pace Analytical Services - Indianapolis

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 375-0720
Pace Project No.: 35565814

Sample: 206713-01		Lab ID: 35565814001		Collected: 07/17/20 09:02		Received: 07/27/20 10:30		Matrix: Water	
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
1631E Mercury, Low Level Analytical Method: EPA 1631E Preparation Method: EPA 1631E Pace Analytical Services - Indianapolis									
Mercury	6.92	ng/L	0.50	0.19	1	07/31/20 17:20	08/01/20 11:08	7439-97-6	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 375-0720
Pace Project No.: 35565814

Sample: 206713-04		Lab ID: 35565814002		Collected: 07/17/20 09:10		Received: 07/27/20 10:30		Matrix: Water	
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
1631E Mercury, Low Level Analytical Method: EPA 1631E Preparation Method: EPA 1631E Pace Analytical Services - Indianapolis									
Mercury	1.22	ng/L	0.50	0.19	1	07/31/20 17:20	08/01/20 10:13	7439-97-6	

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: 375-0720
Pace Project No.: 35565814

QC Batch: 574796	Analysis Method: EPA 1631E
QC Batch Method: EPA 1631E	Analysis Description: 1631E Mercury
	Laboratory: Pace Analytical Services - Indianapolis

Associated Lab Samples: 35565814001, 35565814002

METHOD BLANK: 2650676 Matrix: Water

Associated Lab Samples: 35565814001, 35565814002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.19 U	0.50	0.19	08/01/20 08:33	

METHOD BLANK: 2650677 Matrix: Water

Associated Lab Samples: 35565814001, 35565814002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.19 U	0.50	0.19	08/01/20 08:41	

METHOD BLANK: 2650678 Matrix: Water

Associated Lab Samples: 35565814001, 35565814002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Mercury	ng/L	0.19 U	0.50	0.19	08/01/20 08:56	

LABORATORY CONTROL SAMPLE: 2650679

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	ng/L	5	4.89	98	80-120	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2650680 2650681

Parameter	Units	35565816001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	ng/L	2.44	10	10	13.4	13.6	109	112	75-125	2	24	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: 375-0720
Pace Project No.: 35565814

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.
ND - Not Detected at or above adjusted reporting limit.
TNTC - Too Numerous To Count
MDL - Adjusted Method Detection Limit.
PQL - Practical Quantitation Limit.
RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.
S - Surrogate
1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.
LCS(D) - Laboratory Control Sample (Duplicate)
MS(D) - Matrix Spike (Duplicate)
DUP - Sample Duplicate
RPD - Relative Percent Difference
NC - Not Calculable.
SG - Silica Gel - Clean-Up
U - Indicates the compound was analyzed for, but not detected.
N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.
Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.
TNI - The NELAC Institute.

ANALYTE QUALIFIERS

U Compound was analyzed for but not detected.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 375-0720

Pace Project No.: 35565814

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35565814001	206713-01	EPA 1631E	574796	EPA 1631E	574811
35565814002	206713-04	EPA 1631E	574796	EPA 1631E	574811

REPORT OF LABORATORY ANALYSIS

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CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888

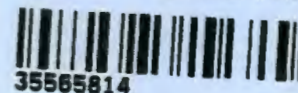
☐ Standard
☐ Expedite (Addition Fees Apply)

Date Required _____

Client: ESG - Opelika West Side WWTP
Project: 375-0720

Sample No.	Location	Collector	Date/Time Sampled	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
206713-01	effluent PR	Jarrell	7/11/20 8:02 AM	grab			

WO#: 35565814



35565814

Flow Rate:

Sample No.	Location	Collector	Date/Time Sampled	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
206713-02	effluent PR	Jarrell	7/17/20 9:30 AM	comp	24 HR 1 Per HR	7/11/20 7 AM	7/17/20 7 AM

Flow Rate:

Sample No.	Location	Collector	Date/Time Sampled	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
206713-04	Field Blank LLHg	Jarrell	7/17/20 9:10 AM	grab			

Flow Rate: 2.7 MGD

Sample	Preservation	Analysis
-01b	H2SO4	Oil and Grease
-01d	naoh	Cyanide
-01f	NA2S2O3	625.1 SVOC WW
-01h	Na2S2O3	Duplicate
-02a	H2SO4	AMMONIA
-02c	H2SO4	NO2-/NO3
-02e	None	TDS
-02g	None	Hardness

Preservation CK

PH 5.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20

Sample	Preservation	Analysis
-01c	None	subcontract
-01e	H2SO4	Phenol
-01g	Na2S2O3	Duplicate
-01j	NA2S2O3	624.1 WWVOC
-02b	H2SO4	TKN
-02d	H2SO4	Total Phosphorus
-02f	HNO3	ICP-MS WW
-04a	None	subcontract

Preservation CK

PH 5.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20
PH 4.20

7.2



CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888

☐

Standard

Expedite (Addition Fees Apply)

Date Required

Date Prepared: 070920 TM

For Client Use:

Relinquished By: G. Wall

Date/Time: 7/17/20 1040

Received By: [Signature]

Date/Time: 7/17/20 1040

Relinquished By: [Signature]

Date/Time: 7/17/20 1205

Received By: _____

Date/Time: _____

Relinquished By: _____

Date/Time: _____

Received By: _____

Date/Time: _____


Received at Lab By: [Signature]

Date/Time: 07/17/20 1105

Relinquished To Sealed Container: ☐

Relinquished by [Signature]
to UPS or Fed Ex

UPS 7/17/20 1030 The Race 7/17/20 1030 This 29.3

	Document Name:	Document Revised:
	Sample Condition Upon Receipt Form	May 30, 2018
	Document No.: F-FL-C-007 rev. 13	Issuing Authority: Pace Florida Quality Office

Sample Condition Upon Receipt Form (SCUR)

Project #
Project Manager:
Client:

WO#: 35565814

PM: CLG Due Date: 08/10/20
CLIENT: 37-ENVRES

Date and Initials of person:

Examining contents: MVL
Label: 7/27/20
Deliver: RT
pH: 7.2

Thermometer Used: T103

Date: 7/27/20

Time: 1030

Initials: MVL

State of Origin: AL

☐ For WV projects, all containers verified to $\leq 8^{\circ}\text{C}$

Cooler #1 Temp. $^{\circ}\text{C}$ 29.0 (Visual) 29.3 (Correction Factor) 29.3 (Actual)
Cooler #2 Temp. $^{\circ}\text{C}$ _____ (Visual) _____ (Correction Factor) _____ (Actual)
Cooler #3 Temp. $^{\circ}\text{C}$ _____ (Visual) _____ (Correction Factor) _____ (Actual)
Cooler #4 Temp. $^{\circ}\text{C}$ _____ (Visual) _____ (Correction Factor) _____ (Actual)
Cooler #5 Temp. $^{\circ}\text{C}$ _____ (Visual) _____ (Correction Factor) _____ (Actual)
Cooler #6 Temp. $^{\circ}\text{C}$ _____ (Visual) _____ (Correction Factor) _____ (Actual)

☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun
☐ Samples on ice, cooling process has begun

Courier: ☐ Fed Ex ☒ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other _____

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☐ Standard Overnight ☒ Ground ☐ International Priority
☐ Other _____

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☒ Unknown P18

Tracking # 1Z IE2 324 03 5469 0278

Custody Seal on Cooler/Box Present: ☒ Yes ☐ No Seals Intact: ☒ Yes ☐ No Ice: Wet Blue Dry None

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Samples shorted to lab (If Yes, complete) Shorted Date: _____ Shorted Time: _____ Qty: _____

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<u>NO TIME</u> Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC, O&G, Carbamates		
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Client Notification/ Resolution:

Person Contacted: _____

Date/Time: _____

Comments/ Resolution (use back for additional comments):

206713-04 only in 1 bag only received sample 206713-04 206713-04

Project Manager Review: _____

Date: _____

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
OCT 15 2021
MUNICIPAL SECTION

PURPOSE OF THIS APPLICATION

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

- ☐ Initial Permit Application for Existing Facility*
☒ Reissuance of Existing Permit

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

SECTION A – GENERAL INFORMATION

1. Facility Name: Opelika Westside Facility County: Lee

a. Operator Name: City of Opelika

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

If No, provide the following information:

Operator Name: _____

Operator Address (Street or PO Box): _____

City: _____ Zip: _____

Phone Number: _____ Email Address: _____

Operator Status:

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

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

c. Name of Permittee* if different than Operator: _____

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

2. NPDES Permit Number: AL 0050130 (Not applicable if initial permit application)

3. Facility Location (Front Gate): Latitude: 32° 39' 35" Longitude: -85° 27' 02"

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

Name and Title: Mike Hilyer, Public Works Director

Address: PO Box 390

City: Opelika State: AL Zip: 36801

Phone Number: (334) 705-5410 Email Address: mhilyer@opelika-al.gov

OCT 15 2021

MUNICIPAL SECTION

5. Designated Facility/DMR Contact:

Name: Derrick Askew

Title: Wastewater Superintendent

Phone Number: (334) 705-5470

Email Address: daskew@opelika-al.gov

6. Designated Emergency Contact:

Name: Mike Hilyer

Title: Public Works Director

Phone Number: (334) 705-5410

Email Address: mhilyer@opelika-al.gov

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

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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.)

Upgrade of facility from capacity of 4.0 mgd to 5.9 mgd.
Waste Load allocation for new discharge prepared by ADEM

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
Waste Activated Sludge	25 Acre Sludge Storage Lagoon

*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?
				<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
				<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:

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Does the project require new construction? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the project be a source of new air emissions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Does the project involve dredging and/or filling of a wetland area or water way? | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> |
| 5. Are oyster reefs located near the project site? | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> |
| 7. Does the project involve mitigation of shoreline or coastal area erosion? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Does the project involve construction on beaches or dune areas? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Will the project interfere with public access to coastal waters? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Does the project lie within the 100-year floodplain? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Does the project involve the registration, sale, use, or application of pesticides? | <input type="checkbox"/> | <input checked="" 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 checked="" 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?

Expanding the discharge capacity of the West Wastewater Treatment Plant within the limits of the Wasteload Allocation issued by ADEM will allow the City of Opelika to receive wastewater flows from residential, commercial, and industrial sources within the City's service area and prevent the discharge of untreated wastes and reduce the proliferation of septic tank systems in developing areas.

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

10 to 20 thousand. Expanding the capacity of the wastewater treatment plant by 2,000,000 gallons per day will allow it to have the capacity to receive flow from about 8,000 new equivalent dwelling units. The City has been growing its industrial capacity to support the increasing demand for companies and workers that support the car industries such as KIA and HYUNDAI that have located near Opelika. These automobile jobs and the jobs created from the construction of new homes and businesses is significant to the City of Opelika.

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

10 to 20 thousand. Without this added capacity, the City cannot continue to grow its industrial capacity to support the increasing demand for automobile companies and workers to locate near Opelika. These automobile jobs and the jobs created from the construction of new homes and businesses will be adversely affected.

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

None. This is a municipal wastewater treatment plant.

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

This is the City of Opelika Alabama. Its sole purpose is to serve the public, specifically in this instance by providing wastewater treatment and disposal for the customers of the City's wastewater service area.

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

This is the City of Opelika Alabama. Its sole purpose is to serve the public, specifically in this instance by providing wastewater treatment and disposal for the customers of the City's wastewater service area.

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).

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SECTION I – RECEIVING WATERS

Outfall No.	Receiving Water(s)	303(d) Segment?	Included in TMDL?*
001	Sougahatchee Creek	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<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: May 13, 2021

Name: Mike Hilyer

Title: Public Works Director

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

Mailing Address: PO Box 390

City: Opelika

State: AL

Zip: 36801

Phone Number: (334) 705-5400

Email Address: mhilyer@opelika-al.gov

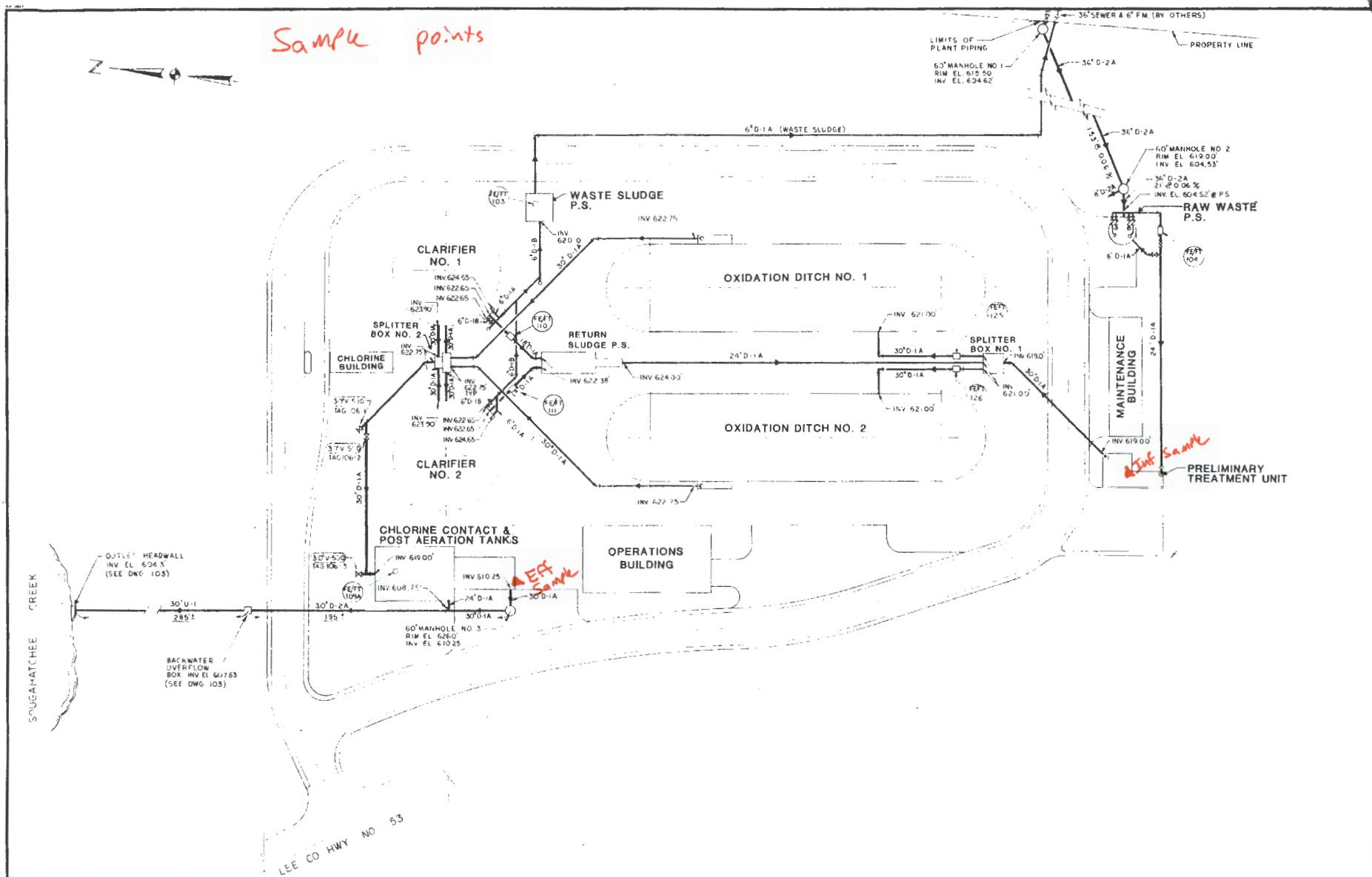
335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.

- (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.

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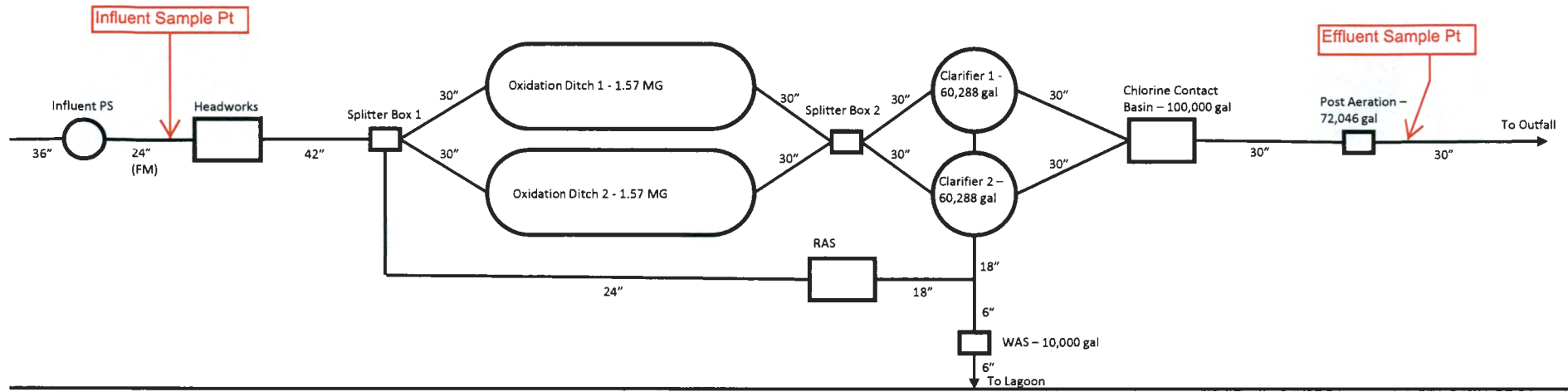
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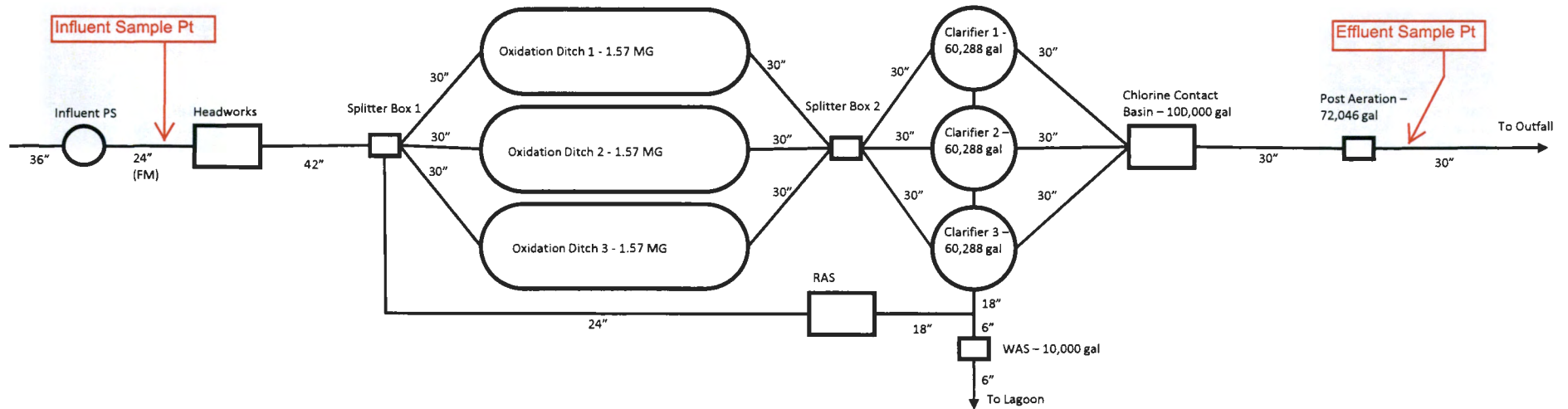


<div>NO. DESCRIPTION DATE CHECK</div>			<div>DESIGNED BY <u>N.C.E.</u></div> <div>CHECKED BY <u>E.S.</u></div> <div>APPROVED BY <u>E.S.</u></div> <div>DATE <u>JUNE 1983</u></div> <div>SCALE <u>1" = 30'</u></div>	Montgomery Birmingham	<div>J. B. Converse & Co. Inc.</div> <div>Consulting Engineers</div> <div>Mobile, Alabama</div>	Panama City Albany	<div>CITY OF OPELIKA, ALABAMA</div> <div>WESTSIDE</div> <div>WASTEWATER TREATMENT PLANT</div> <div>YARD PIPING PLAN</div> <div>PROCESS PIPING</div>	<div>ALABAMA</div> <div>PROFESSIONAL</div> <div>SEAL</div> <div>NO. 1854</div> <div>J. B. CONVERSE</div> <div>SHEET</div> <div>106</div> <div>OF 85</div>
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Original Layout – 4 MGD



New Layout – 5.9 MGD



Facility: **Westside WWTP**
 Operating Condition: **Design MMADF=5.9 mgd**
Peak Daily Flow=12.7 mgd

Steady-State Activated Sludge Design and Operation Model. Kinetic Model
 Incorporates Monod Kinetics for Organic Matter Removal and Nitrification
 Kinetics Using US EPA Nitrogen Control Manual Values. Stoichiometry
 Incorporates Inert Influent Total and Volatile Suspended Solids and the
 Generation of Inert Biological Solids. Detailed Nitrogen, Phosphorus,
 and Alkalinity Balances are Calculated, Including Denitrification.
 Model Allows Estimation of the Effects of Primary Treatment on Activated
 Sludge Process Performance. Effluent Quality and Process Oxygen
 Requirements are Calculated During Diurnal Peak Loadings Based on
 Steady-State Assumptions. All Process Parameters are Adjustable.
 The Model Assumes Complete Degradation of Influent Particulate BOD.
 Consequently, It Should Not Be Applied to MCRTs Less Than Three Days.

WASTEWATER CHARACTERISTICS

Loadings

	MMADF		Diurnal Peak	
Flow (mgd)	5.9		12.73	
BOD5 (lb/day)	12302	250 mg/L	14862	140 mg/L
TSS (lb/day)	12302	250 mg/L	14862	140 mg/L
TKN-N (lb/day)	1968	40 mg/L	3185	30 mg/L
Total-P (lb/day)	148	3.0 mg/L	425	4.0 mg/L
Alkalinity (lb/day as CaCO3)	7381	150 mg/L	13269	125 mg/L
H2S (lb/day)	148	3.0 mg/L	159	1.5 mg/L
Influent pH	6.8	SU	7.2	SU

Characteristics

Ratio of Ultimate BOD/BOD5	1.55	
Nonbiodegradable TKN, as % of Influent TKN	4	
Nonbiodegradable SCOD, as % of Influent COD	14	
TSS Characteristics		
Volatile Fraction (%)	70	
Nonbiodegradable Fraction of VSS (%)	40	
Volatile Content of Nonbiodegradable VSS (%)	90	
COD/VSS Ratio	1.5	
N-Content of VSS (% N/VSS)	8	
P-Content of VSS (% P/VSS)	1	
TSS Removal in Primary Treatment (%)	0	
Estimated Primary Treatment Removals		
Based on Reported TSS Characteristics (%)		
BOD5	0	
TKN	0	
Total-P	0	
Estimated COD/BOD	2.48	
Estimated Soluble BOD5/Total BOD5 (%)	59	
COD:TP Ratio	207.1	>40:1
Notes: BOD:TP Ratio	83.3	>18:1

Facility: **Westside WWTP**
 Operating Condition: **Design MMADF=5.9 mgd**

STOICHIOMETRIC AND KINETIC CONSTANTS

Heterotrophs

Mu Max 20 =	10.00	Day-1, Theta for Mu Max =	1.035
Mu Max T =	11.88	Day-1	
Ks =	50	mg/L	
Yg =	0.73	mg TSS/mg BOD5	
Kd 20 =	0.23	Day-1, Theta for Kd =	1.035
Kd T =	0.27	Day-1	
Volatile Fraction of TSS (%) =			70
Nonbiodegradable Fraction of VSS (%) =			23
Oxygen Equivalent of VSS (mg COD/mg VSS) =			1.42
N-Content of VSS (% N/VSS) =			12
P-Content of VSS (% P/VSS) =			2

Nitrifiers

Mu Max T =	0.83502	Day-1	
Kn =	1.30918	mg-N/L	
KDO =	1	mg/L	
Yn =	0.15	mg TSS/mg NO3	
Kd T =	0.05	Day-1	
Volatile Fraction of TSS (%) =			70
N-Content of VSS (% N/VSS) =			12
P-Content of VSS (% P/VSS) =			2
Minimum MCRT for Nitrification =			1.3 Day
Nitrification Safety Factor			17.27

Nitrification

Oxygen Requirement (mg O2/mg NO3 generated) =	4.6
Alkalinity Consumed (mg as CaCO3/mg NO3) =	7.2

Denitrification

Oxygen Equivalent (mg O2/mg NO3 denitrified) =	2.86
Alkalinity Produced (mg as CaCO3/mg NO3) =	3.6

Hydrogen Sulfide Oxidation

Oxygen Requirement (lb O2/lb H2S) =	2
-------------------------------------	---

OPERATING PARAMETERS

Reactor

Volume =	4.72	MG	MCRT =	22	Days	Clarifier
HRT =	19.2	Hr	MLSS =	5,412	mg/L	
DO =	2	mg/L	Temp =	25	Deg Cent	
pH =	7.2	units	Denitrif =	0	%	Total

Clarifier

Area =	15,072	Sq Ft	TP Removal	0%	
Dia. =	80.0	feet	SOR =	391	gpd/Sq Ft
No. Clarifiers	3.0	each	30 Min SSV =	300	mg/L
SLR =	25.2	lb/sf-day	SVI =	55	mL/g
Underflow =	18,041	mg/L	RAS Req'd =	2.5	mgd

Less than 100

Facility: **Westside WWTP**
Condition: **Design MMADF=5.9 mgd**

EFFLUENT QUALITY

	Secondary Effluent	Secondary Effluent	Max Month Limits Summer
BOD5 (mg/L)			
Total Inhibited	1.4	2.0	10 (CBOD5)
Soluble	1.4	1.7	---
TSS (mg/L), Assumed	0.5	5	30.0
TKN-N (mg/L)	1.8	1.8	---
NH3-N (mg/L)	0.2	0.3	1.1
NOX-N (mg/L)	25.1	19.7	---
TN (mg/L)	26.9	21.5	---
Total-P (mg/L)	1.43	3.0	0.25
Alkalinity (mg/L as CaCO3)	-31	-17	---

Note: Residual Alkalinity Less Than 50 mg/L as CaCO3 Indicate Need
for Supplemental Alkalinity. (1:0.56 CaCO3:CaO-PL or 1:0.74 CaCO3:Ca(OH)2-QL)

BIOLOGICAL TREATMENT DESIGN

Number of Trains	3 ea
Total Design ADF	5.9 mgd
Anaerobic Zones	
HDT ea:	0.0 hrs
Vol ea:	- MG
Pre-Anoxic Zones	
HDT ea:	0.0 hrs
Vol ea:	- MG
Aeration Basins	
HDT ea:	19.2 hrs
Vol ea:	1.573 MG
Post-Anoxic Zones	
HDT ea:	0.0 hrs
Vol ea:	- MG
Post-Aeration Basins	
HDT ea:	0 hrs
Vol ea:	- MG
Total Vol ea:	1.57 MG
Total Aeration Basin Vol ea:	1.57 MG
Total Volumet All Basins On line	4.72 MG

Torbert, Shanda R

From: Joe Downey <jdowney@ardurra.com>
Sent: Tuesday, August 30, 2022 7:43 PM
To: Torbert, Shanda R
Subject: RE: [EXT]Westside Schematic Maps
Attachments: Westside WWTP 5.9 mgd Process Calcs.pdf; Westside WWTP Flow Schematics - 4 mgd and 5.9 mgd.pdf

Shanda,

Hope you are well, I haven't talked to you in a while. Opelika Public Works asked me to help answer your question below regarding the Westside WWTP Permit Application to expand to 5.9 MGD. Please see the attached schematic showing the current 4 MGD process trains and the expansion to 5.9 MGD. Also please see the attached process design calculations and modeling results based on the expansion design criteria for the Westside WWTP. With the addition of the third oxidation ditch and secondary clarifier, the total aeration reactor volume is 4.72 Mgal and total clarification surface area is 15,072 sq ft. In order to meet the permit limits for CBOD, TSS, phosphorus and ammonia, the design SRT (MCRT) is 22 days. This sets the design flow at 5.9 MGD.

Is this the information you need for the permit application? If this is insufficient, please let me know or call me at my cell number below.

Thank you!
Joe






Joe Downey, Jr., P.E.
Managing Principal

jdowney@ardurra.com
O: 334.610.1299
M: 256.996.3383
207 S. 8th Street, Suite 220
Opelika, AL 36801
www.ardurra.com



From: Hilyer, Michael J. <MHilyer@opelika-al.gov>
Sent: Monday, August 22, 2022 1:58 PM
To: Jim Kizer <jkizer@ardurra.com>; Joe Downey <jdowney@ardurra.com>
Cc: Askew, Derrick <DAskew@opelika-al.gov>
Subject: FW: [EXT]Westside Schematic Maps

*Michael Hilyer
Director, Public Works
City of Opelika/ESG*

EPA Identification Number		NPDES Permit Number AL0050130		Facility Name Opelika Westside		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2F NPDES		U.S Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY					
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))							
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below					
	Outfall Number	Receiving Water Name	Latitude			Longitude	
	A	Saugahatchee Creek	32°	39'	35.45"	-85°	27' 1.63" 
	B	Saugahatchee Creek	32°	39'	35.91"	-85°	26' 56.25"
	C	Saugahatchee Creek	32°	39'	31.09"	-85°	26' 54.94"
	D	Saugahatchee Creek	32°	39'	29.09" 	-85°	27' 0.65"
			°	'	"	°	' "
			°	'	"	°	' "
SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))							
Improvements	2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.					
	2.2	Briefly identify each applicable project in the table below.					
		Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge		Final Compliance Dates	
					Required	Projected	
	2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item) <input type="checkbox"/> Yes <input type="checkbox"/> No					

EPA Identification Number		NPDES Permit Number AL0050130		Facility Name Opelika Westsdie		Form Approved 03/05/19 OMB No. 2040-0004	
SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))							
Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)					
	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No				
SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))							
Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.					
		Outfall Number	Impervious Surface Area (within a mile radius of the facility)		Total Surface Area Drained (within a mile radius of the facility)		
				<i>specify units</i>		<i>specify units</i>	
				<i>specify units</i>		<i>specify units</i>	
				<i>specify units</i>		<i>specify units</i>	
				<i>specify units</i>		<i>specify units</i>	
				<i>specify units</i>		<i>specify units</i>	
	4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)					
	Wastewater, wastewater solids, lubricants, process chemicals						
	4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)					
Stormwater Treatment							
Outfall Number		Control Measures and Treatment				Codes from Exhibit 2F-1 (list)	
A, B, C, D		Best Management Practices					

EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westsdie
---------------------------	----------------------------------	-----------------------------------

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

SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges

5.1 I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.

Name (print or type first and last name)

Mike Hilyer

Official title

Director of Public Works

Signature

Michael Hilyer

Date signed

May 17, 2022

5.2 Provide the testing information requested in the table below.

Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test

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

Significant Leaks or Spills

6.1 Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years.
None

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

7.1 Is this a new source or new discharge?

☐ Yes → See instructions regarding submission of estimated data.

☒ No → See instructions regarding submission of actual data.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?

☒ Yes

☐ No

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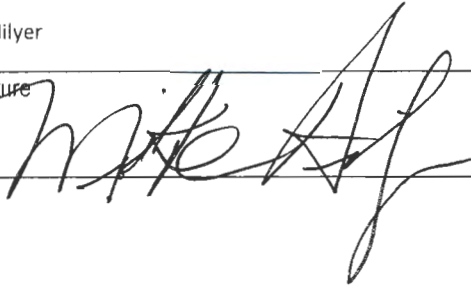
MUNICIPAL SECTION

EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside	Form Approved 03/05/19 OMB No. 2040-0004
Discharge Information Continued	7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.5.	
	7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.7.	
	7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No	
	7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.10.	
	7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.12.	
	7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.	
	7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.	
	7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.17	Have you provided information for the storm event(s) sampled in Table D? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

EPA Identification Number		NPDES Permit Number AL0050130		Facility Name Opelika Westsdie		Form Approved 03/05/19 OMB No. 2040-0004	
Discharge Information Continued	Used or Manufactured Toxics						
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.					
	7.19	List the pollutants below, including TCDD if applicable.					
	1.	4.	7.				
	2.	5.	8.				
	3.	6.	9.				
SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))							
Biological Toxicity Testing Data	8.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.					
	8.2	Identify the tests and their purposes below.					
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?		Date Submitted	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))							
Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.					
	9.2	Provide information for each contract laboratory or consulting firm below.					
			Laboratory Number 1	Laboratory Number 2	Laboratory Number 3		
		Name of laboratory/firm					
		Laboratory address					
		Phone number					
	Pollutant(s) analyzed						

EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westsdie	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	10.1	In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
		Column 1	Column 2
		<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3	<input checked="" type="checkbox"/> w/ site drainage map
		<input type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7	<input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
		<input type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
		<input type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
		<input type="checkbox"/> Section 10	<input type="checkbox"/>
	10.2	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) Mike Hilyer	Official title Public Works Director
	Signature 	Date signed May 13, 2021	

EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside	Outfall Number 002
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

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

Pollutant or Parameter		Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
		Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1.	Oil and grease	0		0		5	
2.	Biochemical oxygen demand (BOD ₅)	170	N/A	118.1	N/A	5	
3.	Chemical oxygen demand (COD)	N/A	N/A	N/A	N/A	N/A	
4.	Total suspended solids (TSS)	325	N/A	68.0	N/A	5	
5.	Total phosphorus	0.427	N/A	0.19	N/A	5	
6.	Total Kjeldahl nitrogen (TKN)	64.8	N/A	32.6	N/A	5	
7.	Total nitrogen (as N)	0.07	N/A	0.04	N/A	5	
8.	pH (minimum)	5.6		6.1		5	
	pH (maximum)	6.5		6.1		5	

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

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EPA Identification Number	NPDES Permit Number AL0050130	Facility name Opelika Westsdie	Outfall Number
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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

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

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

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

West Side

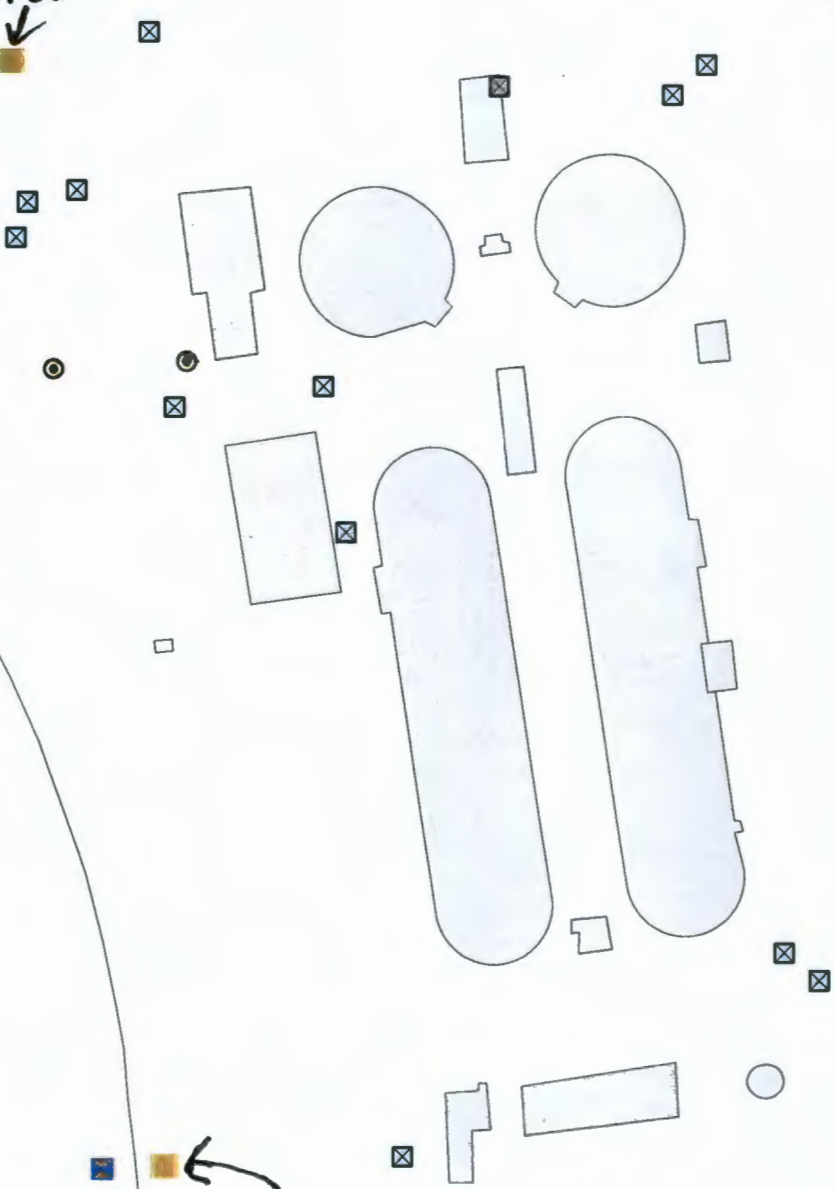
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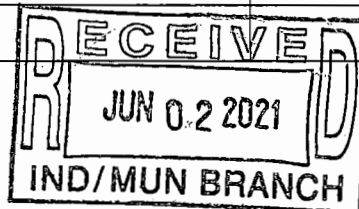
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Grand National Pkwy





EPA Identification Number		NPDES Permit Number AL0050130		Facility Name Opelika Westside		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)(iii)(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						



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

Pollutant Concentrations	4.1	<p>Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than 4.5 years old.</p> <p><input type="checkbox"/> Check here if you have provided a separate attachment with this information.</p>																																																																																		
	<table border="1"> <thead> <tr> <th style="text-align: center;">Pollutant</th> <th style="text-align: center;">Concentration (mg/kg dry weight)</th> <th style="text-align: center;">Analytical Method</th> <th style="text-align: center;">Detection Level for Analysis</th> </tr> </thead> <tbody> <tr><td>Arsenic</td><td></td><td></td><td></td></tr> <tr><td>Cadmium</td><td></td><td></td><td></td></tr> <tr><td>Chromium</td><td></td><td></td><td></td></tr> <tr><td>Copper</td><td></td><td></td><td></td></tr> <tr><td>Lead</td><td></td><td></td><td></td></tr> <tr><td>Mercury</td><td></td><td></td><td></td></tr> <tr><td>Molybdenum</td><td></td><td></td><td></td></tr> <tr><td>Nickel</td><td></td><td></td><td></td></tr> <tr><td>Selenium</td><td></td><td></td><td></td></tr> <tr><td>Zinc</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> </tbody> </table>				Pollutant	Concentration (mg/kg dry weight)	Analytical Method	Detection Level for Analysis	Arsenic				Cadmium				Chromium				Copper				Lead				Mercury				Molybdenum				Nickel				Selenium				Zinc				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____			
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EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside	Form Approved 03/05/19 OMB No. 2040-0004	
PART 1, SECTION 5. TREATMENT PROVIDED AT YOUR FACILITY (40 CFR 122.21(c)(2)(ii)(C))				
Treatment Provided at Your Facility	5.1	For each sewage sludge use or disposal practice, indicate the amount of sewage sludge used or disposed of, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option. Attach additional pages, as necessary.		
		Use or Disposal Practice (check one)	Amount (dry metric tons)	Pathogen Class and Reduction Alternative
		<input type="checkbox"/> Land application of bulk sewage <input type="checkbox"/> Land application of biosolids (bulk) <input type="checkbox"/> Land application of biosolids (bags) <input type="checkbox"/> Surface disposal in a landfill <input type="checkbox"/> Other surface disposal <input type="checkbox"/> Incineration		<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment
		Vector Attraction Reduction Option		
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11		
	5.2	For each of the use and disposal practices specified in Item 5.1, identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge. (Check all that apply.)		
		<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____	
PART 1, SECTION 6. SEWAGE SLUDGE SENT TO OTHER FACILITIES (40 CFR 122.21(c)(2)(ii)(C))				
Sewage Sludge Sent to Other Facilities	6.1	Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8)?		
		<input type="checkbox"/> Yes → SKIP to Part 1, Section 8 (Certification). <input type="checkbox"/> No		
	6.2	Is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 1, Section 7.		
	6.3	Receiving facility name		
		Mailing address (street or P.O. box)		
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
	6.4	Which activities does the receiving facility provide? (Check all that apply.)		
		<input type="checkbox"/> Treatment or blending <input type="checkbox"/> Land application <input type="checkbox"/> Incineration <input type="checkbox"/> Composting	<input type="checkbox"/> Sale or give-away in bag or other container <input type="checkbox"/> Surface disposal <input type="checkbox"/> Other (describe) _____	


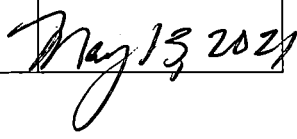
EPA Identification Number	NPDES Permit Number AL0050130	Facility Name Opelika Westside	Form Approved 03/05/19 OMB No. 2040-0004
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PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(c)(2)(ii)(C))

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

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

Checklist and Certification Statement	8.1	In Column 1 below, mark the sections of Form 2S, Part 1, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Facility Information	<input type="checkbox"/> w/ attachments
	<input checked="" 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 checked="" 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		NPDES Permit Number AL0050130	Facility Name Opelika Westside	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.

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PART 2	PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))
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Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit. Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.

PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1-7) AND (q)(13))			
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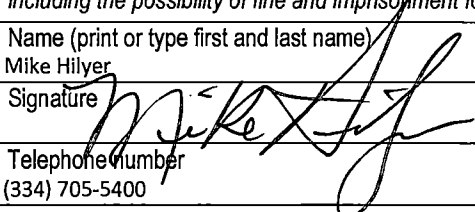
General Information

All Part 2 applicants must complete this section.													
Facility Information													
1.1	Facility name Opelika Westside Wastewater Treatment Plant <hr/> Mailing address (street or P.O. box) PO Box 390 <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City or town Opelika</td> <td style="width: 15%; border: none;">State AL</td> <td style="width: 20%; border: none;">ZIP code 36801</td> <td style="width: 32%; border: none;">Phone number (334) 705-5400</td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Contact name (first and last) Mike Hilyer</td> <td style="width: 20%; border: none;">Title Public Works Director</td> <td style="width: 47%; border: none;">Email address mhilyer@opelika-al.gov</td> </tr> </table> <hr/> Location address (street, route number, or other specific identifier) 1-17 Grand National Parkway <div style="float: right;"><input type="checkbox"/> Same as mailing address</div> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City or town Opelika</td> <td style="width: 15%; border: none;">State AL</td> <td style="width: 52%; border: none;">ZIP code 36803</td> </tr> </table>			City or town Opelika	State AL	ZIP code 36801	Phone number (334) 705-5400	Contact name (first and last) Mike Hilyer	Title Public Works Director	Email address mhilyer@opelika-al.gov	City or town Opelika	State AL	ZIP code 36803
City or town Opelika	State AL	ZIP code 36801	Phone number (334) 705-5400										
Contact name (first and last) Mike Hilyer	Title Public Works Director	Email address mhilyer@opelika-al.gov											
City or town Opelika	State AL	ZIP code 36803											
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	4 / 5/9 million gallons per day (mgd)											
1.4	Total Population Served	16,000											
1.5	Ownership Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input checked="" type="checkbox"/> Other public (specify) <u>City</u> <input 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 <hr/> Applicant mailing address (street or P.O. box) <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City or town</td> <td style="width: 15%; border: none;">State</td> <td style="width: 52%; border: none;">ZIP code</td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Contact name (first and last)</td> <td style="width: 20%; border: none;">Title</td> <td style="width: 20%; border: none;">Phone number</td> <td style="width: 35%; 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										
1.8	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Both												
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)												

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1.10	Facility's NPDES permit number <input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.	AK0050130
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.	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><input type="checkbox"/> RCRA (hazardous wastes)</div> <div style="width: 30%;"><input type="checkbox"/> Nonattainment program (CAA)</div> <div style="width: 30%;"><input type="checkbox"/> NESHAPs (CAA)</div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><input type="checkbox"/> PSD (air emissions)</div> <div style="width: 30%;"><input type="checkbox"/> Dredge or fill (CWA Section 404)</div> <div style="width: 30%;"><input type="checkbox"/> Other (specify) _____</div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><input type="checkbox"/> Ocean dumping (MPRSA)</div> <div style="width: 30%;"><input type="checkbox"/> UIC (underground injection of fluids)</div> <div style="width: 30%;"></div> </div>	
Indian Country		
1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below.	
1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.	
Topographic Map		
1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Line Drawing		
1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Contractor Information		
1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? <input 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 3	
Contractor company name	ESG Operations, Inc	
Mailing address (street or P.O. box)	700 Fox Trail	
City, state, and ZIP code	Opelika, AL 36801	
Contact name (first and last)	Mike Hilyer	
Telephone number	(334) 705-5400	
Email address	mhilyer@opelika-al.gov	

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General Information Continued	1.17			Contractor 1	Contractor 2	Contractor 3
	cont.	Responsibilities of contractor		Operation and Maintenance of POTW		
	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				
		Cadmium				
		Chromium				
		Copper				
	Lead					
	Mercury					
	Molybdenum					
	Nickel					
	Selenium					
	Zinc					
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 type="checkbox"/> w/ attachments			
		<input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)	<input type="checkbox"/> w/ attachments			
		<input checked="" 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 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.				
		Name (print or type first and last name) Mike Hilyer			Official title Director of Public Works	
		Signature 			Date signed 20 Jan 13, 2021	
		Telephone number (334) 705-5400				
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.						

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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:		218
	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.		
		Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
			<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11
	2.7	Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)		
		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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: 50%;"> <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>		

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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 checked="" 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
	<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 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.

☐ Check here if you have attached the description to the application package.

None

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?

☐ Yes ☒ No → SKIP to Item 2.14 (Part 2, Section 2) below.

2.12 Total dry metric tons per 365-day period of sewage sludge subject to this subsection that is applied to the land: 0

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?

☐ Yes ☒ No

☒ Check here once you have completed Items 2.11 to 2.13, then → SKIP to Item 2.32 (Part 2, Section 2) below.

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

Sale or Give-Away in a Bag or Other Container for Application to the Land			
2.14	Do you place sewage sludge in a bag or other container for sale or give-away for land application? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.		
2.15	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:		
2.16	Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. <input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.		
<input type="checkbox"/> Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.			
Shipment Off Site for Treatment or Blending			
2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.		
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.		
2.19	Name of receiving facility		
	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
2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:		
2.21	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below.		
2.22	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.		
	Pathogen Class and Reduction Alternative <input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	Vector Attraction Reduction Option <input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11	

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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.23	Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)		
		<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<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 checked="" type="checkbox"/> Yes <input 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:	218		
2.34	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? <input checked="" 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.		1	

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

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

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PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))

Land Application of Bulk Sewage Sludge	3.1	Does your facility apply sewage sludge to land? <input 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
		County County code <input type="checkbox"/> Not available
		City or town State ZIP code
		Latitude/Longitude of Land Application Site (see instructions)
		Latitude Longitude
		" " " "
		Method of Determination
		<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____
	3.5	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input 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)	
	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)	
	City or town State ZIP code	
	Contact name (first and last) Title Phone number Email address	

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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								

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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 checked="" type="checkbox"/> Yes <input 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 Sludge Lagoon		
		Mailing address (street or P.O. box) 700 Fox Trail		
		City or town Opelika	State AL	ZIP code 36801
		Contact name (first and last) Mike Hilyer	Title Public Works Director	Phone number (334) 705-5400
		Email address mhilyer@opelika-al.gov		
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address		
		County Lee	County code <input type="checkbox"/> Not available	
		City or town Opelika	State AL	ZIP code 36803
		Latitude/Longitude of Active Sewage Sludge Unit (see instructions)		
		Latitude		Longitude
		32° 40' 2"		-85° 27' 21"
		Method of Determination		
	<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input checked="" type="checkbox"/> Other (specify) <u>Google</u>			
4.4	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input checked="" type="checkbox"/> Check here to indicate 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:		218	
4.6	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:		3146	
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 checked="" 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. Uncertain of liner permeability			
4.9	Does the active sewage sludge unit have a leachate collection system? <input type="checkbox"/> Yes <input checked="" 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.			



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Surface Disposal Continued	4.11	Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?		
	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No → SKIP to Item 4.13 (Part 2, Section 4) below.	
	4.12	Provide the actual distance in meters:		300+ meters
	4.13	Remaining capacity of active sewage sludge unit in dry metric tons:		unknown 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 checked="" 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>			

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

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Incineration Continued

Dispersion Factor													
5.13	Dispersion factor in micrograms/cubic meter per gram/second:												
5.14	Name and type of dispersion model:												
5.15	Submit a copy of the modeling results and supporting documentation. <input type="checkbox"/> Check here to indicate that you have attached this information.												
Control Efficiency													
5.16	Provide the control efficiency, in hundredths, for each of the pollutants listed below.												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Pollutant</th> <th style="width: 50%;">Control Efficiency, in Hundredths</th> </tr> <tr><td>Arsenic</td><td></td></tr> <tr><td>Cadmium</td><td></td></tr> <tr><td>Chromium</td><td></td></tr> <tr><td>Lead</td><td></td></tr> <tr><td>Nickel</td><td></td></tr> </table>	Pollutant	Control Efficiency, in Hundredths	Arsenic		Cadmium		Chromium		Lead		Nickel	
Pollutant	Control Efficiency, in Hundredths												
Arsenic													
Cadmium													
Chromium													
Lead													
Nickel													
5.17	Attach a copy of the results or performance testing and supporting documentation (including testing dates). <input type="checkbox"/> Check here to indicate that you have attached this information.												
Risk-Specific Concentration for Chromium													
5.18	Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter:												
5.19	Was the RSC determined via Table 2 in 40 CFR 503.43? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.21 (Part 2, Section 5) below.												
5.20	Identify the type of incinerator used as the basis. <input type="checkbox"/> Fluidized bed with wet scrubber <input type="checkbox"/> Other types with wet scrubber <input type="checkbox"/> Fluidized bed with wet scrubber and wet electrostatic precipitator <input type="checkbox"/> Other types with wet scrubber and wet electrostatic precipitator												
5.21	Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.23 (Part 2, Section 5) below.												
5.22	Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas:												
5.23	Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application. <input type="checkbox"/> Check here to indicate that you have attached this information. <input type="checkbox"/> Not applicable												
Incinerator Parameters													
5.24	Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No												
5.25	Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No												
5.26	Indicate the type of sewage sludge incinerator.												
5.27	Incinerator stack height in meters:												
5.28	Indicate whether the value submitted in Item 5.27 is (check only one response): <input type="checkbox"/> Actual stack height <input type="checkbox"/> Creditable stack height												

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

END of PART 2

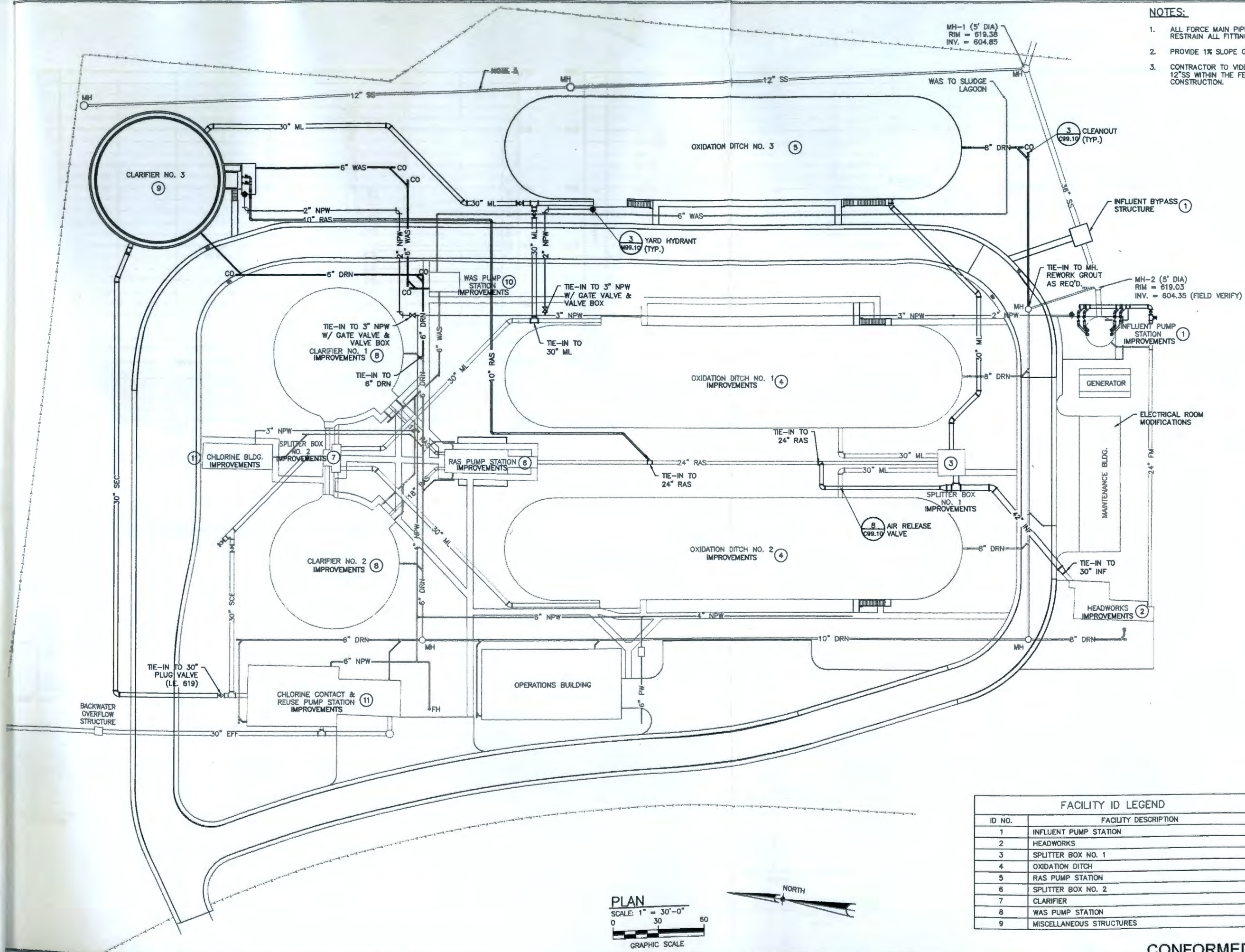
Submit completed application package to your NPDES permitting authority.



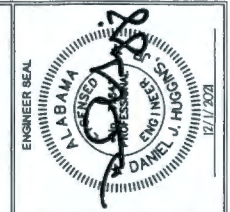








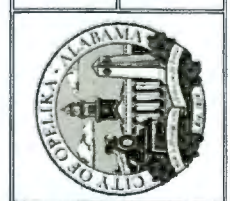
- NOTES:**
1. ALL FORCE MAIN PIPING TO BE RESTRAINED JOINT. RESTRAIN ALL FITTINGS FOR NON-PRESSURE PIPE.
 2. PROVIDE 1% SLOPE ON DRAIN LINES.
 3. CONTRACTOR TO VIDEO SURVEY THE EXISTING 12"SS WITHIN THE FENCELINE PRE AND POST CONSTRUCTION.



NO.	DATE	DESIGNED BY:	DH	DRAWN BY:	DH	CHECKED BY:	MB	APPROVED BY:	JK
REVISION									

YARD PIPING PLAN

CITY OF OPELIKA WESTSIDE WASTEWATER TREATMENT PLANT IMPROVEMENTS



Constantine Engineering

4000 FABER PLACE DRIVE, SUITE 300
NORTH CHARLESTON, SC 29405
PH. 843-628-3352

FACILITY ID LEGEND	
ID NO.	FACILITY DESCRIPTION
1	INFLUENT PUMP STATION
2	HEADWORKS
3	SPLITTER BOX NO. 1
4	OXIDATION DITCH
5	RAS PUMP STATION
6	SPLITTER BOX NO. 2
7	CLARIFIER
8	WAS PUMP STATION
9	MISCELLANEOUS STRUCTURES



CONFORMED DOCUMENTS

FILE	SEE LEFT
	VERIFY SCALE
	BAR IS ONE INCH ON ORIGINAL DRAWING
DATE	JUNE 2021
PROJ.	100387.05
DWG.	C00.30