



May 2, 2022

Alabama Department of Environmental Management  
adem.alabama.gov

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Montgomery, Alabama 36130-1463  
(334) 271-7700 ■ FAX (334) 271-7950

Gary W. Davenport  
Mayor  
Town of Eclectic  
507 Main Street  
Eclectic, AL 36024

RE: Draft Permit  
NPDES Permit No. AL0067903  
Eclectic Lagoon and Sprayfield  
Elmore County, Alabama

Dear Mr. Davenport:

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:

1. The user has logged in to E2 since October 1, 2019; and

**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)

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 [slee@adem.alabama.gov](mailto:slee@adem.alabama.gov)

Sincerely,



Sandra Lee  
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: TOWN OF ECLECTIC  
507 MAIN STREET  
ECLECTIC, ALABAMA 36024

FACILITY LOCATION: ECLECTIC LAGOON AND SPRAYFIELD (0.175) MGD  
700 NORTH COLLEGE AVENUE  
ECLECTIC, ALABAMA  
ELMORE COUNTY

PERMIT NUMBER: AL0067903

RECEIVING WATERS: LAND APPLICATION

*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**

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Alabama Department of Environmental Management

**MUNICIPAL SECTION  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
PERMIT**

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## PART I DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

### A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. DSN 001-1 Land Application

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 001, 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 See note (5)		Units	Quality or Concentration See note (5)			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
pH (00400) Effluent Gross Value	****	****	****	6.0 Minimum Daily	****	8.5 Maximum Daily	S.U.	Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	30.0 Monthly Average	45.0 Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Nitrogen, Total (As N) (00600) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Nitrogen, Nitrate Total (As N) (00620) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	30.0 Monthly Average	45.0 Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) See note (3) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	****	****	****	****	Daily	Continuous	Not Seasonal

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

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

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

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) Flow to sprayfield.

(4) Flow to holding pond

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

DSN 001-1 (Continued): Land Application

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 001, 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 See note (5)		Units	Quality or Concentration See note (5)			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
	(Report) Monthly Average	(Report) Maximum Daily		****	****	****				
Flow, In Conduit or Thru Treatment Plant (50050) See note (4) Raw Sew/Influent	(Report) Monthly Average	(Report) Maximum Daily	MGD	****	****	****	****	Daily	Continuous	Not Seasonal
Coliform, Fecal General (74055) Effluent Gross Value	****	****	****	****	2000 Monthly Average	4000 Maximum Daily	col/100mL	Monthly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	45.0 Monthly Average	67.5 Weekly Average	mg/l	Monthly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	Not Seasonal

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

- (1) Sample Frequency – See also Part I.B.2  
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
- (2) S = Summer (April – October)  
W = Winter (November - March)  
ECS = E. coli Summer (May - October)  
ECW = E. coli Winter (November - April)
- (3) Flow to sprayfield.
- (4) Flow to holding pond
- (5) If only one sampling event occurs during the months, the sample result shall be reported on the DMR as both the monthly average, weekly average, and/or daily maximum.

2. DSN 003-U Surface Stream Monitoring Upstream

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall 003-U, which is a designated outfall for upstream monitoring. Such outfall shall be monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See notes (1,3)	Sample Type	Seasonal See note (2)
Oxygen, Dissolved (DO) (00300) Upstream Monitoring	*****	*****	*****	(Report) Minimum Daily	*****	*****	mg/l	Quarterly	Grab	Not Seasonal
pH (00400) Upstream Monitoring	*****	*****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Quarterly	Grab	Not Seasonal
Solids, Total Suspended (00530) Upstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Quarterly	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Upstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Quarterly	Grab	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Upstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Quarterly	Grab	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Upstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Quarterly	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Upstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Quarterly	Grab	Not Seasonal
E. Coli (51040) Upstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	Quarterly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Upstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/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

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

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) \*F (Insufficient Flow for Sampling) should be utilized on the DMR if the sprayfield was utilized during the monitoring period but there was insufficient water instream to collect a sample during the monitoring period.



3. DSN 004-D Surface Stream Monitoring Downstream

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall 004-D, which is a designated outfall for downstream monitoring. Such outfall shall be monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See notes (1,3)	Sample Type	Seasonal See note (2)
Oxygen, Dissolved (DO) (00300) Downstream Monitoring	*****	*****	*****	(Report) Minimum Daily	*****	*****	mg/l	Quarterly	Grab	Not Seasonal
pH (00400) Downstream Monitoring	*****	*****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Quarterly	Grab	Not Seasonal
Solids, Total Suspended (00530) Downstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Quarterly	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Downstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Quarterly	Grab	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Downstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Quarterly	Grab	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Downstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Quarterly	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Downstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Quarterly	Grab	Not Seasonal
E. Coli (51040) Downstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	Quarterly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Downstream Monitoring	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/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

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

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) \*F (Insufficient Flow for Sampling) should be utilized on the DMR if the sprayfield was utilized during the monitoring period but there was insufficient water instream to collect a sample during the monitoring period.

4. Outfall: MW11, MW21, MW31, and MW41 Discharge Limits: Monitoring wells #1-#4

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfalls MW11, MW21, MW31, and MW41 which represents monitoring wells. Such outfalls shall be monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1,3,4)	Sample Type	Seasonal See note (2)
Nitrogen, Total (As N) (00600) Groundwater	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	See Permit Requirements	Grab	Mar, Sep
Nitrogen, Ammonia Total (As N) (00610) Groundwater	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	See Permit Requirements	Grab	Mar, Sep
Nitrogen, Nitrite Total (As N) (00615) Groundwater	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	See Permit Requirements	Grab	Mar, Sep
Nitrogen, Nitrate Total (As N) (00620) Groundwater	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	See Permit Requirements	Grab	Mar, Sep
Phosphorus, Total (As P) (00665) Groundwater	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	See Permit Requirements	Grab	Mar, Sep
Carbon, Tot Organic (TOC) (00680) Groundwater	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	See Permit Requirements	Grab	Mar, Sep
Methylene Blue Active Substances (47021) Groundwater	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	See Permit Requirements	Grab	Mar, Sep
E. Coli (51040) Groundwater	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	See Permit Requirements	Grab	Mar, Sep
Coliform, Fecal General (74055) Groundwater	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	See Permit Requirements	Grab	Mar, Sep
Water Level At Samp. Collection Time (85327) Groundwater	*****	(Report) Maximum Daily	feet	*****	*****	*****	*****	See Permit Requirements	Grab	Mar, Sep

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

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

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

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) Semiannual Groundwater monitoring is required in accordance with Part IV.E.2 of the Permit during the months of March and September.

(4) \*F (Insufficient Flow for Sampling) should be utilized on the DMR if the sprayfield was utilized during the monitoring period but there was insufficient water in the monitoring well to collect a sample during the monitoring period.

## B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

### 1. Representative Sampling

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

### 2. Measurement Frequency

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

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

### 3. Test Procedures

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

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

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

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

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

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

### 4. Recording of Results

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

- a. The facility name and location, point source number, date, time and exact place of sampling;
- b. The name(s) of person(s) who obtained the samples or measurements;

- c. The dates and times the analyses were performed;
  - d. The name(s) of the person(s) who performed the analyses;
  - e. The analytical techniques or methods used, including source of method and method number; and
  - f. The results of all required analyses.
5. Records Retention and Production
- a. The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the above reports or the application for this permit, for a period of at least three years from the date of the sample measurement, report or application. This period may be extended by request of the Director at any time. If litigation or other enforcement action, under the AWPCA and/or the FWPCA, is ongoing which involves any of the above records, the records shall be kept until the litigation is resolved. Upon the written request of the Director or his designee, the permittee shall provide the Director with a copy of any record required to be retained by this paragraph. Copies of these records should not be submitted unless requested.
  - b. All records required to be kept for a period of three years shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.
6. Reduction, Suspension or Termination of Monitoring and/or Reporting
- a. The Director may, with respect to any point source identified in Provision I.,A., of this permit, authorize the permittee to reduce, suspend or terminate the monitoring and/or reporting required by this permit upon the submission of a written request for such reduction, suspension or termination by the permittee, supported by sufficient data which demonstrates to the satisfaction of the Director that the discharge from such point source will continuously meet the discharge limitations specified in Provision I.,A., of this permit.
  - b. It remains the responsibility of the permittee to comply with the monitoring and reporting requirements of this permit until written authorization to reduce, suspend or terminate such monitoring and/or reporting is received by the permittee from the Director.
7. Monitoring Equipment and Instrumentation
- All equipment and instrumentation used to determine compliance with the requirements of this permit shall be installed, maintained, and calibrated in accordance with the manufacturer's instructions or, in the absence of manufacturer's instructions, in accordance with accepted practices. At a minimum, flow measurement devices shall be calibrated at least once every 12 months.

## C. DISCHARGE REPORTING REQUIREMENTS

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

- b. The permittee shall submit discharge monitoring reports (DMRs) on the forms approved by the Department and in accordance with the following schedule:
- (1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the first complete calendar quarter the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. 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 28<sup>th</sup> day of the month in which the DMR is due or is down for an extended period of time, as determined by the Department, when a DMR is required to be submitted, the permittee may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the 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.  
  
A permittee with an approved electronic reporting waiver for DMRs may submit hard copy DMRs for the period that the approved electronic reporting waiver request is effective. The permittee shall submit the Department-approved DMR forms to the address listed in Provision I.C.1.e.
  - (3) If a permittee is allowed to submit a hard copy DMR, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit.
  - (4) If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A. of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR and the increased frequency shall be indicated on the DMR.
  - (5) In the event no discharge from a point source identified in Provision I.A. of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR.
- d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and Regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear the following certification:

**"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel**

properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

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

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

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

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

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

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

Certified and Registered Mail shall be addressed to:

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

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

## 2. Noncompliance Notifications and Reports

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

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

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

- b. If, for any reason, the Permittee's discharge does not comply with any limitation of this permit, then the Permittee shall submit a written report to the Director or Designee, as provided in Provision I.C.2.c below. This

report must be submitted with the next Discharge Monitoring Report required to be submitted by Provision I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.

- c. Except for notifications and reports of notifiable SSOs which shall be submitted in accordance with the applicable Provisions of this permit, the Permittee shall submit the reports required under Provisions I.C.2.a. and b. to the Director or Designee on ADEM Form 421, available on the Department's website (<http://www.adem.state.al.us/DeptForms/Form421.pdf>). The completed Form must document the following information:

- (1) A description of the discharge and cause of noncompliance;
- (2) The period of noncompliance, including exact dates, times, and duration of the noncompliance. If the noncompliance is not corrected by the due date of the written report, then the Permittee shall provide an estimated date by which the noncompliance will be corrected; and
- (3) A description of the steps taken by the Permittee and the steps planned to be taken by the Permittee to reduce or eliminate the noncompliant discharge and to prevent its recurrence.

- d. Immediate notification

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

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

2. Removed Substances

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

3. Loss or Failure of Treatment Facilities

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

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

4. Compliance With Statutes and Rules

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

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

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

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

2. Change in Discharge

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

3. Transfer of Permit

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

4. Permit Modification and Revocation

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

- (2) There are material and substantial alterations or additions to the facility or activity generating wastewater which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit;
- (3) The Director has received new information that was not available at the time of permit issuance and that would have justified the application of different permit conditions at the time of issuance;
- (4) A new or revised requirement(s) of any applicable standard or limitation is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA;
- (5) Errors in calculation of discharge limitations or typographical or clerical errors were made;
- (6) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, when the standards or regulations on which the permit was based have been changed by promulgation of amended standards or regulations or by judicial decision after the permit was issued;
- (7) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, permits may be modified to change compliance schedules;
- (8) To agree with a granted variance under 301(c), 301(g), 301(h), 301(k), or 316(a) of the FWPCA or for fundamentally different factors;
- (9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;
- (10) When required by the reopener conditions in this permit;
- (11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);
- (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
- (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
- (14) When requested by the permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules; 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 – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
36. Receiving Stream – means the "waters" receiving a "discharge" from a "point source".
37. Severe property damage - means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
38. Significant Source – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work's capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
39. TKN – means the pollutant parameter Total Kjeldahl Nitrogen.
40. TON – means the pollutant parameter Total Organic Nitrogen.
41. TRC – means Total Residual Chlorine.
42. TSS – means the pollutant parameter Total Suspended Solids.
43. 24HC – means 24-hour composite sample, including any of the following:
  - (a) The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
  - (b) A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected;
  - (c) A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
44. Upset - means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
45. Waters - means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 22 U.S.C. Section 1362(7), which are within the State of Alabama.
46. Week - means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.
47. Weekly (7-day and calendar week) Average – is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a

calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

**I. SEVERABILITY**

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

## **PART IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS**

### **A. SLUDGE MANAGEMENT PRACTICES**

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

### **B. EFFLUENT TOXICITY TESTING REOPENER**

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

### **C. SANITARY SEWER OVERFLOW RESPONSE PLAN**

#### 1. SSO Response Plan

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

- a. General Information:
  - (1) Approximate population of City/Town, if applicable
  - (2) Approximate number of customers served by the Permittee
  - (3) Identification of any subbasins designated by the Permittee, if applicable
  - (4) Identification of estimated linear feet of sanitary sewers
  - (5) Number of Pump/Lift Stations in the collection system
- b. Responsibility Information:

- (1) The title(s) and contact information of key position(s) who will coordinate the SSO response, including information for a backup coordinator in the event that the primary SSO coordinator is unavailable. The SSO coordinator is the person responsible for assessing the SSO and initiating a series of response actions based on the type, severity, and destination of the SSO, except for routine SSOs for which the coordinator may pre-approve written procedures. Routine SSOs are those for which the corrective action procedures are generally consistent.
  - (2) The title(s), and contact information of key position(s) who will respond to SSOs, including information for backup responder(s) in the event the primary responder(s) are unavailable (i.e., position(s) who provide notification to the Department, the public, the county health department, and other affected entities such as public water systems; position(s) responsible for organizing crews for response; position(s) responsible for addressing public inquiries)
- c. SSO and Surface Water Assessment
- (1) Identification of locations within the collection system at which an SSO is likely to occur (e.g., based upon historical SSOs, lift stations where electricity may be lost, etc.)
  - (2) A map of the general collection system area, including identification of surface waterbodies and the location(s) of public drinking water source(s). Mapping of all collection system piping, pump stations, etc. is not required; however, if this information is already available, it should be included.
  - (3) Identification of surface waterbodies within the collection system area which are classified as Swimming according to ADEM Admin. Code chap. 335-6-11. References available to assist in this requirement include: <http://www.adem.alabama.gov/alEnviroRegLaws/files/Division6Vol1.pdf> and [http://gis.adem.alabama.gov/ADEM\\_Dash/use\\_class/index.html](http://gis.adem.alabama.gov/ADEM_Dash/use_class/index.html)
  - (4) Identification of surface waterbodies within the collection system area which are not classified as Swimming as indicated in paragraph c above, but are known locally as areas where swimming occurs or as areas that are heavily recreated
- d. Public Reporting of SSOs
- (1) Contact information for the public to report an SSO to the Permittee, during both normal and outside of normal business hours (e.g., telephone number, website, email address, etc.)
  - (2) Information requested from the person reporting an SSO to assist the Permittee in identifying the SSO (e.g., date, time, location, contact information)
  - (3) Procedures for communication of the SSO report to the appropriate positions for follow-up investigation and response, if necessary
- e. Procedures to immediately notify the Department, the county health department, and other affected entities (such as public water systems) upon becoming aware of notifiable SSOs
- f. Public Notification Methods for SSOs
- (1) A listing of methods that are feasible, as determined by the Permittee, for public notifications (e.g., flyers distributed to nearby residents; signs posted at the location of the SSO, where the SSO enters a water of the state, and/or at a central public location; signs posted at fishing piers, boat launches, parks, swimming waterbodies, etc.; website and/or social media notifications; local print or radio and broadcast media notifications; “opt in” email, text message, or automated phone message notifications)
    - (a) If signage is a feasible method for public notification, procedures for use and removal of signage (e.g., availability and maintenance of signs, appropriate duration of postings)
  - (2) Minimum information to be included in public notifications (e.g., identification that an SSO has occurred, date, duration if known, estimated volume if known, location of the SSO by street address or other appropriate method, initial destination of the SSO)
  - (3) Procedures developed by the Permittee for determining the appropriate public notification method(s) based upon the potential for public exposure to health risks associated with the SSO
- g. Standard Procedures shall be developed by the Permittee and shall include, at a minimum:

- (1) General SSO Response Procedures (e.g., procedures for dispatching staff to assess/correct an SSO; procedures for routine SSO corrective actions such as those for sewer blockages, overflowing manholes, line breakages, pump station power failure, etc.; procedures for disinfection of affected area, if applicable);
  - (2) Procedures for collection and proper disposal of the SSO, if feasible.
  - (3) General procedures for coordinating instream water quality monitoring, including, but not limited to, procedures for mobilizing staff, collecting samples, and typical test methods should the Department or the Permittee determine monitoring is appropriate following an SSO. Identification of a contractor who will collect and analyze the sample(s) may be listed in lieu of the procedures.
  - (4) References to other documents (such as Standard Operating Procedures for SSO Responses) may be acceptable for this section; however, the referenced document shall be identified and shall be reviewed at a frequency of at least that required by the Administrative Procedures Section.
- h. Date of the SSO Response Plan, dates of all modifications and/or reviews, the title and signature of the reviewer(s) for each date and the signature of the responsible official or the appropriate designee.
2. SSO Response Plan Implementation
- Except as otherwise required by this Permit, the Permittee shall fully implement the SSO Response Plan as soon as practicable, but no later than 180 days after the effective date of this Permit.
3. Department Review of the SSO Response Plan
- a. When requested by the Director or his designee, the Permittee shall make the SSO Response Plan available for review by the Department.
  - b. Upon review, the Director or his designee may notify the Permittee that the SSO Response Plan is deficient and require modification of the Plan.
  - c. Within thirty days of receipt of notification, or an alternate timeframe as approved by the Department, the Permittee shall modify any SSO Response Plan deficiency identified by the Director or his designee and shall certify to the Department that the modification has been made.
4. SSO Response Plan Administrative Procedures
- a. The Permittee shall maintain a copy of the SSO Response Plan at the permitted facility or an alternate location approved by the Department in writing and shall make it available for inspection by the Department.
  - b. The Permittee shall make a copy of the SSO Response Plan available to the public upon written request within 30 days of such request. The Permittee may redact information which may present security issues, such as location of public water supplies, identification of specific details of vulnerabilities, employee information, etc.
  - c. The Permittee shall provide training for any personnel required to implement the SSO Response Plan and shall retain at the facility documentation of such training. This documentation shall be available for inspection by the Department. Training shall be provided for existing personnel prior to the date by which implementation of the SSO Response Plan is required and for new personnel as soon as possible. Should significant revisions be made to the SSO Response Plan, training regarding the revisions shall be conducted as soon as possible.
  - d. The Permittee shall complete a review and evaluation of the SSO Response Plan at least once every three years. Documentation of the SSO Response Plan review and evaluation shall be signed and dated by the responsible official or the appropriate designee as part of the SSO Response Plan.

#### **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. OTHER REQUIREMENTS FOR LAND APPLICATION**

1. Flow Monitoring

- a. Influent flow to the treatment plant or to the holding pond shall be recorded continuously. This data is subject to the records retention requirements of this permit. The monthly average and daily maximum flows shall be reported on the DMRs in accordance with Part I.A. of this permit.
- b. Wastewater flow to the sprayfield shall be recorded continuously. This data is subject to the records retention requirements of this permit. The monthly average and daily maximum flows shall be reported on the DMRs in accordance with Part I.A. of this permit.

2. Groundwater Monitoring

- a. All sprayfield groundwater monitoring wells identified in the approved "Semi-Annual Groundwater Monitoring Plan" shall be monitored in accordance with the following schedule:

MEASUREMENT PARAMETER	SAMPLE FREQUENCY	SAMPLING TYPE	POINT
Total Organic Carbon (TOC)	Semiannual	Grab	Monitoring Wells
Ammonia (N)	"	"	"
Nitrite (N)	"	"	"
Nitrate (N)	"	"	"
Nitrogen, Total	"	"	"
Phosphorus, Total	"	"	"
Coliform, Fecal	"	"	"
E. coli	"	"	"
Methylene-Blue Active Substances	"	"	"
Static Water Level	"	"	"

- b. All groundwater monitoring wells should be sampled prior to initiating any application of treated wastewater to the land application site. Groundwater sampling after commencement of land application shall be conducted during the months of **March and September**.
- c. The Permittee must determine if there is a statistically significant increase in contaminant levels in comparison to background water quality at each well. Should groundwater monitoring reveal that the concentration of parameters listed in Part IV. E. 2. statistically exceed background (upgradient) concentrations; or that the concentration exceeds primary or secondary drinking water standards promulgated under ADEM Administrative Code Division 335-7; or that the concentrations exceed EPA Region 9 preliminary remediation goals, the Department may require the Permittee to revise the groundwater monitoring program to conduct a groundwater assesment and/or to implement a groundwater corrective action program.
- d. Groundwater samples must be analyzed using EPA approved analytical methods.
- e. The Permittee must submit an annual report in the month of **January** summarizing the collective semi-annual groundwater sampling results. The annual report should include the following:
  - (a) The nature and the extent of groundwater contamination (if any). Include contour maps showing the groundwater flow direction;
  - (b) Discussion of all analytical results;
  - (c) Discussion of concentration trends in each monitoring well;
  - (d) All potentiometric data collected during each monitoring event including top casing elevations, measured water level, total well depths, and calculated groundwater elevations;
  - (e) A potentiometric map illustrating the groundwater flow direction for each monitoring event;
  - (f) All field parameter data collected during the well purging activities;
  - (g) The specific dates that the groundwater sampling activities were conducted; and
  - (h) The report shall be prepared by and bear the signature and the license number of a licensed professional geologist or professional engineer registered in the State of Alabama.
- f. The Permittee shall submit and adhere to the schedule of compliance in accordance with Part I. E.

3. Stream Monitoring Requirements

The Permittee shall sample all surface streams immediately upstream and downstream of the land application site in accordance with Part I.A.3 – I.A.4 of this permit. Samples shall be collected at mid-channel and at a depth of 5 ft. or mid-depth, whichever is less. The sampling locations shall be approved by the Department. Results shall be reported on DMR forms provided by the Department.

4. Sprayfield Operation Requirements

- a. A healthy cover crop shall be maintained at all times during land application of wastewater. If necessary, the cover crop shall be maintained by fertilization, reseeding, re-planting, etc.

- b. Best management practices erosion control measures shall be implemented to minimize soil loss.
- c. Wastewater shall not be applied to the sprayfield during periods of rain and/or high winds that may cause release of wastewater flow or any wastewater mist or residual to any off site location. Wastewater shall not be applied to the sprayfield when the ground is saturated, prior to periods of rain, when the ground is frozen or at any similar time when percolation will not readily occur.
- d. Wastewater shall not be applied to fields with a slope greater than 30% and shall not be applied within 100 feet of any creeks, drainage ways, sinkholes, and springs.
- e. All spray equipment and monitoring provisions shall be properly operated and maintained at all times to prevent leaks and spills. The equipment shall be installed so that there is no overlap of spray patterns from individual sprinklers.
- f. As a minimum, the following records shall be maintained by the permittee and will be subject to inspection by the Department:
  - (1) All information required by land application monitoring reports;
  - (2) Field, date, and time span of application and volume applied;
  - (3) Field, date, quantity, and type of fertilizer applied;
  - (4) Date and amount of rainfall; and
  - (5) Daily nitrogen loading (ppd) for each field or zone/pivot
- g. The Permittee shall not apply wastewater to areas where depth to groundwater is less than 5 feet or where land application sites are located within the 100 year floodplain.
- h. Excessive rainwater run-on must be diverted from the land application area.
- i. The following buffer zones shall be maintained along ditches, gulleys, swales, and other features that have any potential to convey storm water to an adjacent stream or sink hole:
  - (1) 100 feet from all property lines
  - (2) 100 feet from all sinkholes
  - (3) 100 feet from any perennial stream or lake
  - (4) 300 feet from public or private wells
  - (5) 300 feet from existing habitable residences

The buffer zone around sinkholes will also include terracing or another appropriate method of diversion to prevent any potential runoff from entering the area.
- j. Wastewater shall be applied in such a manner that surface run-off does not occur.

## NPDES PERMIT RATIONALE

NPDES Permit No: **AL0067903**

Date: March 25, 2022

Permit Applicant: Town of Eclectic  
507 Main Street  
Eclectic, AL 36024

Location: **Eclectic Lagoon and Sprayfield**  
700 North College Avenue  
Eclectic, AL 36024

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

Basis for Limitations: Water Quality Model: NA  
Reissuance with no modification: pH, CBOD<sub>5</sub>, TKN, TSS, FC  
Instream calculation at 7Q10: NA  
Toxicity based: NA  
Secondary Treatment Levels: NA  
Other (described below): All Parameters

Design Flow in Million Gallons per Day: 0.175 MGD

Major: No

Description of Discharge:

Feature ID	Description	Receiving Water	WBC	303(d)	TMDL
001	Sprayfield/Land Application	Land Application	N/A	N/A	N/A
MW1	Monitoring Well	Groundwater	N/A	N/A	N/A
MW2	Monitoring Well	Groundwater	N/A	N/A	N/A
MW3	Monitoring Well	Groundwater	N/A	N/A	N/A
MW4	Monitoring Well	Groundwater	N/A	N/A	N/A
003	Stream Monitoring	Tumkeehatchee Creek	Fish and Wildlife (F&W)	No	No
004	Stream Monitoring	Tumkeehatchee Creek	Fish and Wildlife (F&W)	No	No

Discussion: This is a permit reissuance due to expiration.

The facility is a combination of a lagoon system and a package plant. The lagoon system is a 0.1 MGD system and the package plant is a 0.075 MGD system for a combined total Design Flow of 0.175 MGD. According to the facility's letter to the Department dated March 29, 2022, the 0.075 MGD package plant treats 90% of the daily influent flow when the Elmore County Schools are at full capacity, and 100% during the months that the Elmore County School system is not in session.



The limits for Carbonaceous Biochemical Oxygen Demand (CBOD<sub>5</sub>), Total Suspended Solids (TSS), and pH are established based upon best professional judgment (BPJ) to be consistent with 40 CFR part 133.105. The monthly average CBOD<sub>5</sub> limit is 45.0 mg/L. The monthly average TSS limit is 30 mg/L since the Permittee has indicated that the daily influent is currently treated almost exclusively by the package plant. The pH limits are 6.0 s.u. (daily minimum) and 8.5 s.u. (daily maximum).

Monitoring and reporting requirements for Total Phosphorus (TP), Total Nitrogen (TN), Total Nitrate-Nitrogen (NO<sub>3</sub>-N), and Total Ammonia-Nitrogen (NH<sub>3</sub>-N) have been imposed in this permit. A monthly average Total Kjeldahl Nitrogen (TKN) limit of 30 mg/L is being imposed. An August 12, 2014 report submitted by the Permittee indicated nitrogen loading to the sprayfield could be increased without adversely affecting the sprayfield soil or groundwater. These results will provide an overall indication of the total nutrient loading to the spray field.

Fecal Coliform (FC) limits are imposed in the permit in accordance with the Municipal Section disinfection strategy for land application facilities. The FC limits for the restricted site are 2000 col/100mL (monthly average) and 4000 col/100mL (daily maximum).

No toxicity testing is required because the facility is a land application system.

The Permittee's application indicated that there is one significant industrial wastewater source contributing to this facility.

The monitoring frequency for most parameters is monthly. Flow to the treatment facility or to the holding pond is to be continuously monitored daily. Flow to the sprayfield is also to be continuously monitored daily.

In order to monitor the potential for the land application system to impact nearby waterways, the Department is requiring that the Permittee monitor the quality of the stream adjacent to the land application site. Upstream and downstream water quality shall be monitored on a quarterly basis at designated Outfalls 003U and 004D. This monitoring is required in order to provide an indication of whether the sprayfield is being properly maintained and operated such that the sprayfield application does not impact nearby streams.

In the permit application, the Permittee certified that during rain events, due to the permeability of the soil and the vegetative cover, a representative sample cannot be obtained, therefore, stormwater monitoring is being removed from the permit. The removal of stormwater monitoring is not considered backsliding because the revision is consistent with the Department's antidegradation policy.

The Permittee has indicated that there are four groundwater monitoring wells at the facility. In order to monitor potential impacts of the sprayfield on the groundwater, monitoring at these wells will be required twice per year, during the months of March and September at designated outfalls MW11, MW21, MW31, and MW41.

ADEM Administrative Rule 335-6-10-.12 requires applicants for new or expanded discharges to Tier II waters demonstrate that the proposed discharge is necessary for important economic or social development in the area in which the waters are located. The application submitted by the facility is not for a new or expanded point source 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: Sandra Lee

3/29/22

Town of Eclectic  
Wastewater Facility Classification

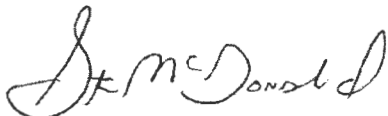
Mrs. Lee,

I am writing in response to the current permit renewal for the Town of Eclectic's (AL0067903) wastewater treatment facility to assure that the facility is ranked correctly for the current facility operations MWS is performing. The addition of the .075 MGD aerated WWTF in 2017 was initially used simply for the removal of biosolids prior to solids entering two lagoon polishing ponds. In 2017 the lagoon system's TKN limit was out of compliance due to a reduction in treatment process retention time because the sludge blankets in the primary one-acre aerated lagoon cell being at approximately 75% capacity full with only 25% free board room for raw sewage treatment. The Town of Eclectic started the EPA 503 Biosolids Program in 2017 for land application of waste solids when the new .075 MGD package plant was added to the treatment system with an aerated digester for processing biosolids. Operating the WWTF in this manner for the past 36 months by removing our waste solids for land application has now given the aerated primary lagoon cell a reduction in sludge blanket levels at an average of 50%. The standard daily operations of the .075 MGD package is now at the point that when the Elmore County Schools are at full capacity the .075 MGD package plant treats 90 % of the daily influent flows.

During the summer months when Elmore County School system is not in session and during all schools breaks throughout the year 100% of the influent flow is treated by the .075 MGD package plant. The lagoon system is now used primarily for higher flows during heavy rain events and when Madix Industries is performing maintenance at their paint coating facility. MWS feels we are currently operating the WWTF as a Grade II WWTF as defined by the ADEM. The current permit has limits that reflect the operations of a lagoon system. The Town of Eclectic would like to be assured that we are in full compliance with the department when the new permit is issued.

Please call anytime with any questions or concerns.

Thank you for your time,



Steve McDonald  
McDonald Wastewater Services

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MUNICIPAL SECTION

Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>
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**SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))**

<b>Facility Information</b>	1.1	Facility name Eclectic Lagoon and Sprayfield			
	Mailing address (street or P.O. box) 507 Main Street				
	City or town Eclectic		State Alabama	ZIP code 36024	
	Contact name (first and last) Gary Davenport	Title Mayor	Phone number (334) 541-4429	Email address mayor@townofeclectic.com	
	Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 700 North College Avenue				
	City or town Eclectic		State Alabama	ZIP code 36024	
	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				
<b>Applicant Information</b>	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 NA				
	Applicant address (street or P.O. box) NA				
	City or town NA		State NA	ZIP code NA	
	Contact name (first and last) NA	Title NA	Phone number	Email address NA	
	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 checked="" type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)					
<b>Existing Environmental Permits</b>	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)			
	<b>Existing Environmental Permits</b>				
	<input type="checkbox"/> NPDES (discharges to surface water)	<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 checked="" type="checkbox"/> Other (specify) Land Application/Sprayfield			

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Outfalls Other Than to Waters of the United States			
1.12	Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14.		
1.13	Provide the location of each surface impoundment and associated discharge information in the table below.		
<b>Surface Impoundment Location and Discharge Data</b>			
	<b>Location</b>	<b>Average Daily Volume Discharged to Surface Impoundment</b>	<b>Continuous or Intermittent (check one)</b>
	NA	NA gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	NA	NA gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	NA	NA gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
1.14	Is wastewater applied to land? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.16.		
1.15	Provide the land application site and discharge data requested below.		
<b>Land Application Site and Discharge Data</b>			
	<b>Location</b>	<b>Size</b>	<b>Average Daily Volume Applied</b>
	32 Degrees 37' 46.74" N 86 Degrees 01' 06.37" W	14 acres	106,000 gpd
		NA acres	NA gpd
		NA acres	NA gpd
			<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent
			<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
1.16	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.21.		
1.17	Describe the means by which the effluent is transported (e.g., tank truck, pipe). NA		
1.18	Is the effluent transported by a party other than the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.20.		
1.19	Provide information on the transporter below.		
<b>Transporter Data</b>			
	Entity name NA	Mailing address (street or P.O. box) NA	
	City or town NA	State NA	ZIP code NA
	Contact name (first and last) NA	Title NA	
	Phone number	Email address NA	

Outfalls and Other Discharge or Disposal Methods

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JAN 04 2022

EPA Identification Number  
110055974815

NPDES Permit Number  
AL0067903

Facility Name  
Eclectic Lagoon and Sprayfield

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

Outfalls and Other Discharge or Disposal Methods Continued

1.20 In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.

**Receiving Facility Data**

Facility name NA	Mailing address (street or P.O. box) NA		
City or town NA	State NA	ZIP code NA	
Contact name (first and last) NA	Title NA		
Phone number	Email address NA		
NPDES number of receiving facility (if any) <input checked="" type="checkbox"/> None	Average daily flow rate NA 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)?  
 Yes  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)
NA	NA	NA acres	NA gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
NA	NA	NA acres	NA gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
NA	NA	NA acres	NA 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.)  
 Discharges into marine waters (CWA Section 301(h))  Water quality related effluent limitation (CWA Section 302(b)(2))  
 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?  
 Yes  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)	McDonald Wastewater		
Mailing address (street or P.O. box)	189 Menowa Drive		
City, state, and ZIP code	Dadeville, Alabama 36853		
Contact name (first and last)	Stephen McDonald		
Phone number	(334) 740-9485		
Email address	smac8219@gmail.com		
Operational and maintenance responsibilities of contractor	Facility Process Control & Maintenance of Equipment; Collection System Operator		

EPA Identification Number  
110055974815

NPDES Permit Number  
AL0067903

Facility Name  
Eclectic Lagoon and Sprayfield

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

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

<b>Design Flow</b>	<b>Outfalls to Waters of the United States</b>					
	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.				
<b>Inflow and Infiltration</b>	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	<b>Average Daily Volume of Inflow and Infiltration</b> 79,000 gpd			
	Indicate the steps the facility is taking to minimize inflow and infiltration. Check sewage pumping stations daily and record run times to check for abnormalities . TV camera inspection of Madix sewer main .					
<b>Topographic Map</b>	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				
<b>Flow Diagram</b>	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				
<b>Scheduled Improvements and Schedules of Implementation</b>	2.5	Are improvements to the facility scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.				
	Briefly list and describe the scheduled improvements.					
	1. NA					
	2. NA					
	3. NA					
	4. NA					
	2.6	Provide scheduled or actual dates of completion for improvements.				
<b>Scheduled or Actual Dates of Completion for Improvements</b>						
	<b>Scheduled Improvement (from above)</b>	<b>Affected Outfalls (list outfall number)</b>	<b>Begin Construction (MM/DD/YYYY)</b>	<b>End Construction (MM/DD/YYYY)</b>	<b>Begin Discharge (MM/DD/YYYY)</b>	<b>Attainment of Operational Level (MM/DD/YYYY)</b>
	1.	NA				
	2.	NA				
	3.	NA				
	4.	NA				
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None required or applicable					
Explanation: NA						

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

<b>Description of Outfalls</b>	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		<b>Outfall Number</b> <u>0011</u>	<b>Outfall Number</b> <u>NA</u>	<b>Outfall Number</b> <u>NA</u>
	State	Alabama		
	County	Elmore		
	City or town	Eclectic		
	Distance from shore	NA ft.	ft.	ft.
	Depth below surface	NA ft.	ft.	ft.
	Average daily flow rate	.106 mgd	mgd	mgd
	Latitude	32° 37' 46.7" N	° ' "	° ' "
	Longitude	86° 01' 6.37" W	° ' "	° ' "
<b>Seasonal or Periodic Discharge Data</b>	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.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Number of times per year discharge occurs	NA	NA	NA
	Average duration of each discharge (specify units)	NA	NA	NA
Average flow of each discharge	mgd	mgd	mgd	
Months in which discharge occurs	NA	NA	NA	
<b>Diffuser Type</b>	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.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
		NA	NA	NA
<b>Waters of the U.S.</b>	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.		

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EPA Identification Number  
110055974815

NPDES Permit Number  
AL0067903

Facility Name  
Eclectic Lagoon and Sprayfield

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 <sup>NA</sup>	Outfall Number <sup>NA</sup>	Outfall Number <sup>NA</sup>		
	Receiving water name		NA	NA	NA		
	Name of watershed, river, or stream system		NA	NA	NA		
	U.S. Soil Conservation Service 14-digit watershed code		NA	NA	NA		
	Name of state management/river basin		NA	NA	NA		
	U.S. Geological Survey 8-digit hydrologic cataloging unit code		NA	NA	NA		
	Critical low flow (acute)		NA cfs	NA cfs	NA cfs		
	Critical low flow (chronic)		NA cfs	NA cfs	NA cfs		
	Total hardness at critical low flow		NA mg/L of CaCO <sub>3</sub>	NA mg/L of CaCO <sub>3</sub>	NA mg/L of CaCO <sub>3</sub>		
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.					
			Outfall Number <sup>0011</sup>	Outfall Number <sup>NA</sup>	Outfall Number <sup>NA</sup>		
	Highest Level of Treatment (check all that apply per outfall)		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input 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 <sub>5</sub> or CBOD <sub>5</sub>		85 %	%	%		%
	TSS		65 %	%	%		%
	Phosphorus		<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %		%
	Nitrogen		<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %		%
Other (specify)		<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %		%	

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<b>Treatment Description Continued</b>	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below. NA			
			Outfall Number <u>0011</u>	Outfall Number _____	Outfall Number _____
		Disinfection type	NA	NA	NA
		Seasons used	NA	NA	NA
		Dechlorination used?	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Effluent Testing Data</b>	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.13.			
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.	Outfall Number _____	Outfall Number _____	Outfall Number _____
			Acute	Chronic	Acute
			Chronic	Acute	Chronic
		Number of tests of discharge water			
		Number of tests of receiving water			
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.			
	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.			
	3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> <li>• The facility has a design flow greater than or equal to 1 mgd.</li> <li>• The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>• The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).</li> </ul> <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input checked="" type="checkbox"/> No → SKIP to Section 4.				
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No additional sampling required by NPDES permitting authority.				

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 checked="" type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.				
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width:50%;">Summary of Results</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
	3.23	Describe the cause(s) of the toxicity:				
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.					
3.25	Provide details of any toxicity reduction evaluations conducted.					
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.					

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

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

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<b>Industrial Discharges and Hazardous Wastes Continued</b>	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:				
		<b>Hazardous Waste Number</b>	<b>Waste Transport Method (check all that apply)</b>		<b>Annual Amount of Waste Received</b>	<b>Units</b>
		NA	<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	NA	NA
		NA	<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	NA	NA
		NA	<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	NA	NA
		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 checked="" 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 checked="" type="checkbox"/> No				
<b>SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))</b>						
<b>CSO Map and Diagram</b>	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 checked="" 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 checked="" type="checkbox"/> No				

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<b>CSO Outfall Description</b>	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	City or town	NA		
	State and ZIP code	NA		
	County	NA		
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
<b>CSO Monitoring</b>	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	Rainfall	<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
	CSO flow volume	<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
	CSO pollutant concentrations	<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
	Receiving water quality	<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
	CSO frequency	<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
Number of storm events	<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	
<b>CSO Events in Past Year</b>	5.6	Provide the following information for each of your CSO outfalls.		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	Number of CSO events in the past year	NA events	NA events	events
	Average duration per event	NA 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	NA 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	NA 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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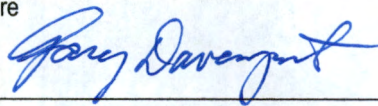
CSO Receiving Waters

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	NA		
	Name of watershed/ stream system	NA		
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		NA		
	Name of state management/river basin	NA		
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
NA				
Description of known water quality impacts on receiving stream by CSO (see instructions for examples)	NA			

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

Checklist and Certification Statement

6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.		
	<b>Column 1</b>	<b>Column 2</b>	
	<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 type="checkbox"/> w/ additional attachments	<input type="checkbox"/> w/ process flow diagram
	<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input type="checkbox"/> w/ Table F
	<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

6.2	<b>Certification Statement</b>	
	<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) Gary Davenport	Official title MAYOR
Signature 	Date signed 5/03/2021	

EPA Identification Number 110055974815	NPDES Permit Number AL0067903	Facility Name Eclectic Lagoon and Sprayfield	Outfall Number 0011
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**TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	9.2	mg/l	3.4	mg/l	12	SM 5210 B-0211	2.00 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fecal coliform	727	COL/100ml	62.3	COL/100ml	12	Colilert-18	1.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Design flow rate	.164	MGD	.106	MGD	12		
pH (minimum)	6.2	S.U					
pH (maximum)	6.9	S.U					
Temperature (winter)	NA	NA	NA	NA	NA		
Temperature (summer)	NA	NA	NA	NA	NA		
Total suspended solids (TSS)	12.6	mg/l	5.5	mg/l	12	SM 2540D	2.5 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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

EPA Identification Number 110055974815	NPDES Permit Number AL0067903	Facility Name Eclectic Lagoon and Sprayfield	Outfall Number 0011
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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 <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	23.0	mg/N/L	7.2	mg/N/L	12	EPA 350.1	.20 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	NA	NA	NA	NA	NA	NA	NA <input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	NA	NA	NA	NA	NA	NA	NA <input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	37.0	mg/N/L	7.1	mg/N/L	12	EPA 353.2	.035 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	20.3	mg/N/L	7.9	mg/N/L	12	EPA 353.2	.843 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	NA	NA	NA	NA	NA	NA	NA <input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	11.4	mg / P/L	3.8	mg / P/L	12	EPA 365.4	.10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	NA	NA	NA	NA	NA	NA	NA <input type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> 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).

<sup>2</sup> 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 F. INDUSTRIAL DISCHARGE INFORMATION**

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

	SIU <u>001</u>	SIU <u>NA</u>	SIU <u>NA</u>
Name of SIU	Madix, Inc. - Eclectic Facility		
Mailing address (street or P.O. box)	PO BOX 177		
City, state, and ZIP code	Goodwater AL 35072		
Description of all industrial processes that affect or contribute to the discharge.	Metal Finishing & Painting		
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Commercial Metal Shelving		
Indicate the average daily volume of wastewater discharged by the SIU.	8500 gpd	gpd	gpd
How much of the average daily volume is attributable to process flow?	8500 gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	gpd	gpd
Is the SIU subject to local limits?	<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
Is the SIU subject to categorical standards?	<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



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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

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

	SIU <u>001</u>	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	Part 433 Sub Part A / Metal Finishing		
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			

# Town of Eclectic /Lagoon & Sprayfield

Legend



**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 location if 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

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**PURPOSE OF THIS APPLICATION**

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

**SECTION A – GENERAL INFORMATION**

1. Facility Name: Eclectic Lagoon and Sprayfield Facility County: Elmore

a. Operator Name: Stephen F. McDonald

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

If No, provide the following information:

Operator Name: Stephen F. McDonald / McDonald Wastewater Service L.L.C

Operator Address (Street or PO Box): 189 Menowa Drive

City: Dadeville Alabama Zip: 36853

Phone Number: 334-740-9485 Email Address: smac8219@gmail.com

Operator Status:

Public-federal  Public-state  Public-other (please specify): \_\_\_\_\_

Private  Other (please specify): \_\_\_\_\_

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

Operations & Maintenance of .175 MGD package plant & lagoon treatment system with sprayfield land application site. Oversee operations and maintenance of sewer collection system and six sewage pumping stations. Assistance with permit renewals and compliance issues. Management of 503 Biosolids program for land application. Annual MWPP Report and monthly and quarterly DMR's.

c. Name of Permittee\* if different than Operator: Town of Eclectic

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

2. NPDES Permit Number: AL 0067903 (Not applicable if initial permit application)

3. Facility Location (Front Gate): Latitude: 32 Deg. 37'45.41"N Longitude: 86°1'33.59"W

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

Name and Title: Gary Davenport

Address: 507 Main Street

City: Eclectic State: Alabama Zip: 36024

Phone Number: 334-541-4429 Email Address: mayor@townofeclectic.com

5. Designated Facility/DMR Contact:

Name: Steve McDonald Title: Facility Operator  
 Phone Number: 334-740-9485 Email Address: smac8219@gmail.com

6. Designated Emergency Contact:

Name: Chris George Title: Plant Operator  
 Phone Number: 334-580-0117 Email Address: Georgefamilyfarm00@gmail.com

7. Please complete this section if the Applicant's business entity is a Proprietorship or Limited Liability Company (LLC) with a responsible official not listed in A.4.

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

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>
<u>Eclectic Lagoon &amp; Sprayfield</u>	<u>AL0067903</u>	<u>Permit Violation / Coliform, Fecal Monthly Avg.</u>	<u>05/6/18</u>
<u>Eclectic Lagoon &amp; Sprayfield</u>	<u>AL0067903</u>	<u>Permit Violation / Coliform, Fecal weekly Avg.</u>	<u>05/6/18</u>
<u>Eclectic Lagoon &amp; Sprayfield</u>	<u>AL0067903</u>	<u>Permit Violation / Coliform, Fecal Monthly Avg.</u>	<u>10/10/18</u>
<u>Eclectic Lagoon &amp; Sprayfield</u>	<u>AL0067903</u>	<u>Permit Violation / Coliform, Fecal Monthly Avg.</u>	<u>02/6/19</u>
<u>Eclectic Lagoon &amp; Sprayfield</u>	<u>AL0067903</u>	<u>Permit Violation / Coliform, Fecal Weekly Avg.</u>	<u>02/6/19</u>

**SECTION B – WASTEWATER DISCHARGE INFORMATION**

- Attach a process flow schematic of the treatment process, including the size of each unit operation and sample collection locations.
- 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>
<u>NA</u>	<u></u>	<u></u>	<u></u>
<u>NA</u>	<u></u>	<u></u>	<u></u>
<u>NA</u>	<u></u>	<u></u>	<u></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:

Influent flow meter / Badger Meter Model M2000 / Electronic Mag Meter  
 Effluent flow meter / McCrometer Model MW506 / Propeller Meter

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.)

NA

**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
Processed Biosolids from wastewater facility's 7500 Gallon Digester	Biosolids are ground injected at off-site farm managed under the EPA 503 Biosolids Regulations . Location of disposal site is George Family Farms, 10760 Georgia Road , Eclectic Ala. 36024

\*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?
Madix Industries	Treated effluent from metal fabrication & painting	Existing	.020	<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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance?  Yes  No

If yes, please attach a copy of the ordinance.

**SECTION E – COASTAL ZONE INFORMATION**

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

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

**SECTION F – ANTI-DEGRADATION EVALUATION**

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

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

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

If yes, do not complete this section.

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

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

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

NA

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

NA

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

NA

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

NA

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

NA

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

NA

---

**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.

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**SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS**

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

**SECTION I – RECEIVING WATERS**

Outfall No.	Receiving Water(s)	303(d) Segment?		Included in TMDL?*	
0011	NA / Land Application	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

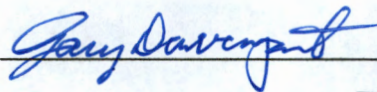
\*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

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

**SECTION J – APPLICATION CERTIFICATION**

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

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

Signature of Responsible Official:  Date Signed: 5/03/2021  
 Name: Gary Davenport Title: Mayor

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

Mailing Address: 507 Main Street  
 City: Eclectic State: Alabama Zip: 36024  
 Phone Number: 334-541-4429 Email Address: mayor@townofeclectic.com

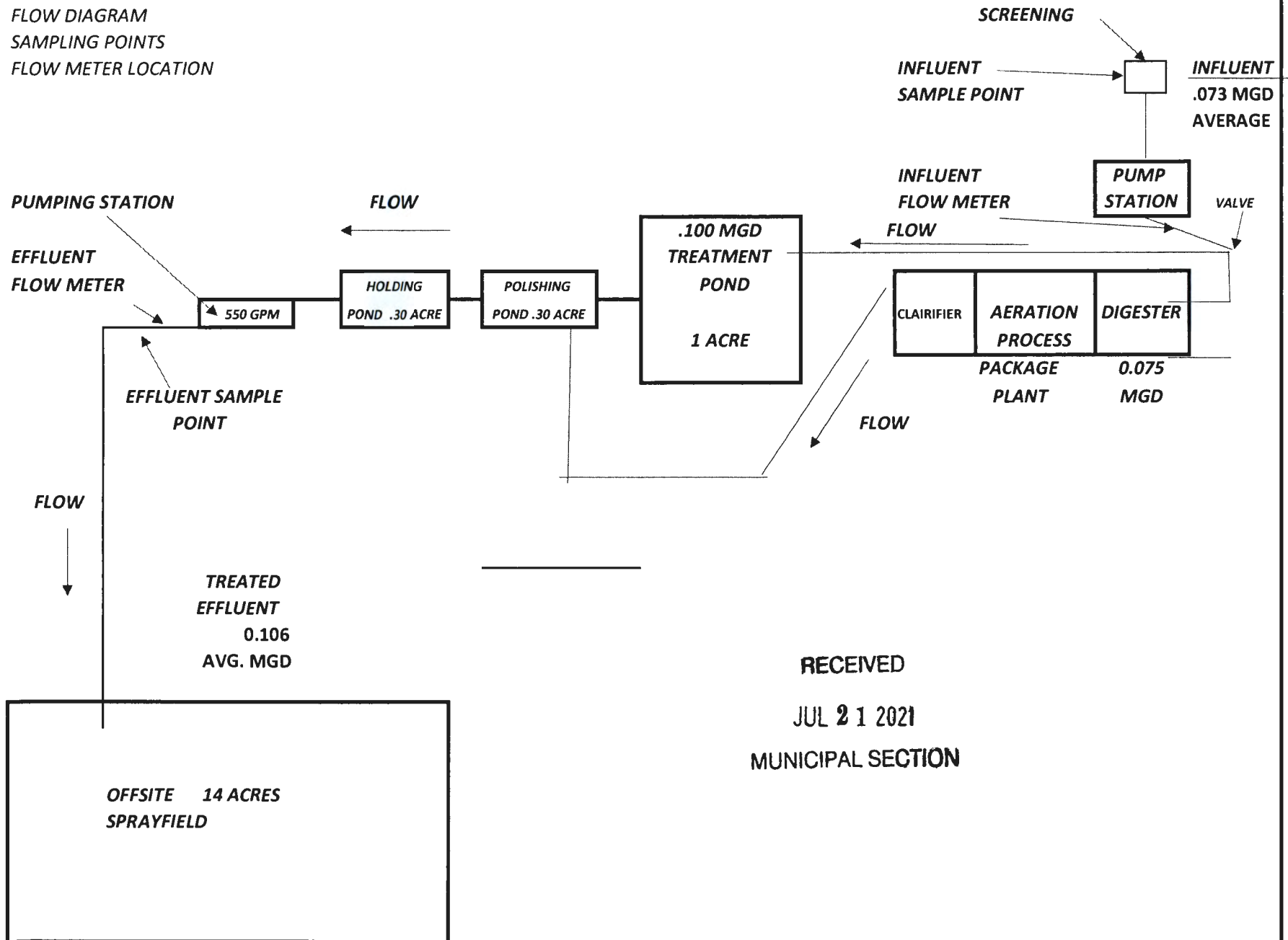
**335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.**

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



TOWN OF ECLECTIC  
WASTEWATER TREATMENT FACILITY

FLOW DIAGRAM  
SAMPLING POINTS  
FLOW METER LOCATION



RECEIVED  
JUL 21 2021  
MUNICIPAL SECTION

**Lee, Sandra**

---

**From:** McDonald Wastewater Services LLC <smac8219@gmail.com>  
**Sent:** Thursday, July 22, 2021 8:04 AM  
**To:** Lee, Sandra  
**Subject:** Re: Eclectic Lagoon and Sprayfield Permit application  
**Attachments:** image001.gif

The package plant by the manufacturers engineered design is 75000 gallons per day . That is to include all components, equipment, and tank capacity . It takes all three components of the package plant to achieve 75000 gallons of treatment per day.

The Lagoon system is 100000 gallons per day which does include all three ponds as one treatment system working together. I cannot find any information in my original O & M that indicates how the engineers came up with this design in 1997. If need i will need to get our engineer Speaks and Associates involved to answer your questions. Please call to discuss. Thanks Steve

On Thu, Jul 22, 2021, 7:46 AM Lee, Sandra <[SLee@adem.alabama.gov](mailto:SLee@adem.alabama.gov)> wrote:

What is the flow rate of the aeration and the clarifier? Is the 0.075 MGD under the digester just for the whole package plant? I need the breakdown of the design flows of each individual component. Also, I believe you stated before that the 0.100 MGD for the lagoon system is the three ponds being used simultaneously. Could you specify how this is calculated?

Thanks,

Sandra Lee

Municipal Section

Email: [slee@adem.alabama.gov](mailto:slee@adem.alabama.gov) (note changed email)

334-274-4223



*Did you know you can submit your DMRs and SSOs online using our newly enhanced E2 DMR/SSO Reporting System? To sign up and learn more, please visit the Department's E2 Reporting System webpage [here](#).*

# ECLECTIC SPRAYFIELD

Legend  
Feature 1

Castleberry Rd

UPSTREAM SAMPLE POINT 32°37'49.28"N 86° 1'22.51"W

TEST WELL #1 32°37'49.31"N 86° 01'10.11"W

TEST WELL #2 32°37'46.67"N 86° 01'21.10"W

FRONT GATE 32°37'46.71"N 86° 1'6.37"W

73

TEST WELL #3 32°37'37.69"N 86° 1'11.33"

DOWNSTREAM SAMPLE POINT 32°37'37.05"N 86° 1'19.96"W

TEST WELL #4 32°37'37.63"N 86° 1'19.68"W

N College Ave

S Ann St

29

Rhod

Google Earth

©2021 Google

RECEIVED

JUN 28 2021

MUNICIPAL SECTION



1000 ft

<b>PART 2</b>	<b>PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))</b>
---------------	--

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.

<b>PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1-7) AND (q)(13))</b>
---

**General Information**

All Part 2 applicants must complete this section.			
<b>Facility Information</b>			
1.1	Facility name Eclectic Lagoon & Sprayfield		
	Mailing address (street or P.O. box) 507 Main Street		
	City or town Eclectic	State Alabama	ZIP code 36024
	Phone number (334) 541-4429		
	Contact name (first and last) Gary Davenport	Title Mayor	Email address mayor@townofeclectic.com
	Location address (street, route number, or other specific identifier) 700 North College Street		<input type="checkbox"/> Same as mailing address
	City or town Eclectic	State Alabama	ZIP code 36024
1.2	Is this facility a Class I sludge management facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
1.3	<b>Facility Design Flow Rate</b>	.175 million gallons per day (mgd)	
1.4	<b>Total Population Served</b>	1290	
1.5	<b>Ownership Status</b>		
	<input type="checkbox"/> Public—federal	<input checked="" type="checkbox"/> Public—state	<input type="checkbox"/> Other public (specify) _____
	<input type="checkbox"/> Private	<input type="checkbox"/> Other (specify) _____	
<b>Applicant Information</b>			
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	<b>Applicant name</b> NA		
	Applicant mailing address (street or P.O. box) NA		
	City or town NA	State NA	ZIP code NA
	Contact name (first and last) NA	Title NA	Phone number NA
	Email address NA		
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 checked="" type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)		

**RECEIVED**  
**MAY 05 2021**  
**MUNICIPAL SECTION**

EPA Identification Number  
110055974815

NPDES Permit Number  
AL0067903

Facility Name  
Eclectic Lagoon & Sprayfield

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

1.10	Facility's NPDES permit number	
	<input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.	AL0067903

1.11 Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.

<input type="checkbox"/> RCRA (hazardous wastes) NA	<input type="checkbox"/> Nonattainment program (CAA) NA	<input type="checkbox"/> NESHAPs (CAA) NA
--	--	--

<input type="checkbox"/> PSD (air emissions) NA	<input type="checkbox"/> Dredge or fill (CWA Section 404) NA	<input type="checkbox"/> Other (specify) NA
--	---	--

<input type="checkbox"/> Ocean dumping (MPRSA) NA	<input type="checkbox"/> UIC (underground injection of fluids) NA	
--	--	--

**Indian Country**

1.12 Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?  
 Yes  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.)  
 Yes  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.)  
 Yes  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?  
 Yes  No → SKIP to Item 1.18 (Part 2, Section 1) below.

1.17 Provide the following information for each contractor.  
 Check here if you have attached additional sheets to the application package.

	Contractor 1	Contractor 2	Contractor 3
Contractor company name	George Family Farms	McDonald Wastewater	
Mailing address (street or P.O. box)	1527 Old Salem Road	189 Menowa Drive	
City, state, and ZIP code	Eclectic, Al. 36024	Dadeville, Al. 36853	
Contact name (first and last)	Chris George	Steve McDonald	
Telephone number	(334) 580-0117	(334) 740-9485	
Email address	Georgefamilyfarm00@gm	smac8219@gmail.com	

EPA Identification Number  
110055974815

NPDES Permit Number  
AL0067903

Facility Name  
Eclectic Lagoon & Sprayfield

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

General Information Continued

1.17 cont.		<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
	Responsibilities of contractor	Transport and land apply by ground injection class B biosolids under EPA 503 regulation.	Wastewater facility operator	

**Pollutant Concentrations**

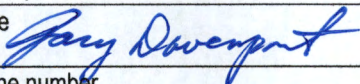
Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month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

Check here if you have attached additional sheets to the application package.

1.18	Pollutant	Average Monthly Concentration (mg/kg dry weight)	Analytical Method	Detection Level
	Arsenic	3.22 mg/kg	EPA 6010C	3.22 mg/kg
	Cadmium	.988 mg/kg	EPA 6010C	.460 mg/kg
	Chromium	63.1 mg/kg	EPA 6010C	.620 mg/kg
	Copper	319 mg/kg	EPA 6010C	1.521 mg/kg
	Lead	15.7 mg/kg	EPA 6010C	1.681 mg/kg
	Mercury	2.40 mg/kg	EPA 7471A	2.403 mg/kg
	Molybdenum	20.9 mg/kg	EPA 6010C	1.461 mg/kg
	Nickel	22.7 mg/kg	EPA 6010C	.981 mg/kg
	Selenium	6.68 mg/kg	EPA 6010C	3.182 mg/kg
	Zinc	593 mg/kg	EPA 6010C	9.126 mg/kg

**Checklist and Certification Statement**

1.19	In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.	
	Column 1	Column 2
	<input type="checkbox"/> Section 1 (General Information)	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)	<input checked="" type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)	<input checked="" type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 4 (Surface Disposal)	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 5 (Incineration)	<input type="checkbox"/> w/ attachments	

1.20	<b>Certification Statement</b>	
	<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) Gary Davenport	Official title MAYOR
	Signature 	Date signed <i>5/03/2021</i>
Telephone number (334) 541-4429		

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.

**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.		
	<b>Amount Generated Onsite</b>			
	2.2	Total dry metric tons per 365-day period generated at your facility:		7.6 DRY METRIC TONS
	<b>Amount Received from Off Site Facility</b>			
	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:		NA
	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 NA		
		Mailing address (street or P.O. box) NA		
		City or town NA	State NA	ZIP code NA
	Contact name (first and last) NA	Title	Phone number NA	
	Location address (street, route number, or other specific identifier) NA		<input type="checkbox"/> Same as mailing address	
	City or town NA	State NA	ZIP code NA	
	County NA	County code NA	<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 attraction reduction option provided at the offsite facility.			
	<b>Amount (dry metric tons)</b>	<b>Pathogen Class and Reduction Alternative</b>	<b>Vector Attraction Reduction Option</b>	
		<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.)			
	<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) _____		

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 type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable
<input checked="" type="checkbox"/> Land application of biosolids (bulk)	<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1
<input type="checkbox"/> Land application of biosolids (bags)	<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2
<input type="checkbox"/> Surface disposal in a landfill	<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3
<input type="checkbox"/> Other surface disposal	<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4
<input type="checkbox"/> Incineration	<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5
	<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6
	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Thickening (concentration)                                 |
| <input type="checkbox"/> Stabilization  | <input checked="" 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.

NA

**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:

NA

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.



EPA Identification Number  
110055974815

NPDES Permit Number  
AL0067903

Facility Name  
Eclectic Lagoon & Sprayfield

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

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

<b>Sale or Give-Away in a Bag or Other Container for Application to the Land</b>			
2.14	Do you place sewage sludge in a bag or other container for sale or give-away for land application?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.
2.15	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:	0	
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 checked="" type="checkbox"/> Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.			
<b>Shipment Off Site for Treatment or Blending</b>			
2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility.	NA	
<input type="checkbox"/> Check here if you have attached additional sheets to the application package.			
2.19	Name of receiving facility	NA	
	Mailing address (street or P.O. box)	NA	
	City or town	State	ZIP code
	NA	NA	NA
	Contact name (first and last)	Title	Phone number
	NA	NA	NA
	Location address (street, route number, or other specific identifier)	<input type="checkbox"/> Same as mailing address	
	NA		
	City or town	State	ZIP code
	NA	NA	NA
2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:	0	
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 checked="" 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.		
	<b>Pathogen Class and Reduction Alternative</b>	<b>Vector Attraction Reduction Option</b>	
	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	
	<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1	
	<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2	
	<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3	
	<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4	
	<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5	
	<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6	
	<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7	
	<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8	
	<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9	
	<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10	
	<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11	

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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.23	Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)	
	<input type="checkbox"/>	Preliminary operations (e.g., sludge grinding and dewatering)	<input type="checkbox"/> Thickening (concentration)
	<input type="checkbox"/>	Stabilization	<input type="checkbox"/> Anaerobic digestion
	<input type="checkbox"/>	Composting	<input type="checkbox"/> Conditioning
	<input type="checkbox"/>	Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
	<input type="checkbox"/>	Heat drying	<input type="checkbox"/> Thermal reduction
	<input type="checkbox"/>	Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____
	2.24	Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).	
	<input type="checkbox"/>	Check here to indicate that you have attached material.	
	2.25	Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?	
	<input type="checkbox"/>	Yes	<input checked="" 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.	
	<b>Land Application of Bulk Sewage Sludge</b>		
2.27	Is sewage sludge from your facility applied to the land?		
<input checked="" 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:	7.6 METRIC TONS	
2.29	Did you identify all land application sites in Part 2, Section 3 of this application?		
<input checked="" 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 checked="" 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.		
<b>Surface Disposal</b>			
2.32	Is sewage sludge from your facility placed on a surface disposal site?		
<input type="checkbox"/>	Yes		<input checked="" type="checkbox"/> No → SKIP to Item 2.39 (Part 2, Section 2) below.
2.33	Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:	0	
2.34	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?		
<input type="checkbox"/>	Yes → SKIP to Item 2.39 (Part 2, Section 2) below.		<input type="checkbox"/> No
2.35	Indicate the total number of surface disposal sites to which you send your sewage sludge. (Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.)		NA
<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

2.36	Site name or number of surface disposal site you do not own or operate NA		
	Mailing address (street or P.O. box) NA		
	City or Town NA	State NA	ZIP Code NA
	Contact Name (first and last) NA	Title NA	Phone Number NA
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:	0	
<b>Incineration</b>			
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:	0	
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.	NA	
2.43	Incinerator name or number NA		
	Mailing address (street or P.O. box) NA		
	City or town NA	State NA	ZIP code NA
	Contact name (first and last) NA	Title NA	Phone number NA
	Location address (street, route number, or other specific identifier) NA		<input type="checkbox"/> Same as mailing address
	City or town NA	State NA	ZIP code NA
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:	0	
<b>Disposal in a Municipal Solid Waste Landfill</b>			
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.	NA	

<b>Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge</b> Continued	2.48	Name of landfill NA			
	Mailing address (street or P.O. box) NA				
	City or town NA			State NA	ZIP code NA
	Contact name (first and last) NA		Title NA	Phone number	Email address
	Location address (street, route number, or other specific identifier) NA				<input type="checkbox"/> Same as mailing address
	County NA		County code NA		<input type="checkbox"/> Not available
	City or town NA		State NA	ZIP code NA	
	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:			0
	2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.			
		<b>Permit Number</b>	<b>Type of Permit</b>		
	NA	NA			
	NA	NA			
	NA	NA			
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 <span style="margin-left: 150px;"><input type="checkbox"/> No</span>				

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<b>PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))</b>								
Land Application of Bulk Sewage Sludge	3.1	Does your facility apply sewage sludge to land? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4.						
	3.2	Do any of the following conditions apply? <ul style="list-style-type: none"> <li>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);</li> <li>The sewage sludge is sold or given away in a bag or other container for application to the land; or</li> <li>You provide the sewage sludge to another facility for treatment or blending.</li> </ul> <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <input checked="" type="checkbox"/> No						
	3.3	Complete Section 3 for every site on which the sewage sludge is applied. <input type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites.						
	<b>Identification of Land Application Site</b>							
	3.4	Site name or number George Family Farm						
		Location address (street, route number, or other specific identifier) 1527 Old Salem Road					<input checked="" type="checkbox"/> Same as mailing address	
		County Elmore			County code		<input checked="" type="checkbox"/> Not available	
		City or town Eclectic		State Alabama		ZIP code 36024		
		Latitude/Longitude of Land Application Site (see instructions)						
		Latitude			Longitude			
		32° 37' 10" N			-86° 03' 28" W			
		<b>Method of Determination</b>						
		<input checked="" 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 checked="" type="checkbox"/> Check here to indicate you have attached a topographic map for this site.						
	<b>Owner Information</b>							
3.6	Are you the owner of this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <input checked="" type="checkbox"/> No							
3.7	Owner name Chris George							
	Mailing address (street or P.O. box) 1527 Old Salem Road							
	City or town Eclectic		State Alabama		ZIP code 36024			
	Contact name (first and last) Chris George		Title Owner	Phone number (334) 580-0117	Email address Georgefamilyfarm @ gmail .cc			
<b>Applier Information</b>								
3.8	Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <input checked="" type="checkbox"/> No							
3.9	Applier's name Chris George							
	Mailing address (street or P.O. box) 1527 Old Salem Road							
	City or town Eclectic		State Alabama		ZIP code 36024			
	Contact name (first and last) Chris George		Title Owner	Phone number (334) 580-0117	Email address Georgefamilyfarm @ gmail .cc			

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JUN 19 2021

MUNICIPAL SECTION

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Land Application of Bulk Sewage Sludge Continued

**Site Type**

- 3.10 Type of land application:
- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Agricultural land | <input type="checkbox"/> Forest              |
| <input type="checkbox"/> Reclamation site             | <input type="checkbox"/> Public contact site |
| <input type="checkbox"/> Other (describe)             |  |

**Crop or Other Vegetation Grown on Site**

3.11 What type of crop or other vegetation is grown on this site?  
Bahia grass & Bermuda Grass

3.12 What is the nitrogen requirement for this crop or vegetation?  
2 to 4 pounds per 1000 sq. feet of application site

**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?  
 Yes  No → SKIP to Item 3.16 (Part 2, Section 3) below.

3.14 Indicate which vector attraction reduction option is met. (Check only one response.)  
 Option 9 (injection below land surface)  Option 10 (incorporation into soil within 6 hours)

3.15 Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge.  
 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)?  
 Yes  No → SKIP to Part 2, Section 4.

3.17 Have you contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993?  
 Yes  No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4.

3.18 Provide the following information about your NPDES permitting authority:

NPDES permitting authority name	
Contact person	
Telephone number	
Email address	

3.19 Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?  
 Yes  No → SKIP to Part 2, Section 4.

3.20 Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.  
 Check here to indicate that additional pages are attached.

Facility name  
NA

Mailing address (street or P.O. box)  
NA

City or town  
NA

State  
NA

ZIP code  
NA

Contact name (first and last)  
NA

Title  
NA

Phone number

Email address  
NA

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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 5.		
4.2	Complete all items in Section 4 for each active sewage sludge unit that you own or operate. <input type="checkbox"/> Check here to indicate that you have attached material to the application package for one or more active sewage sludge units.		
<b>Information on Active Sewage Sludge Units</b>			
4.3	Unit name or number NA		
Mailing address (street or P.O. box) NA			
City or town NA	State NA	ZIP code NA	
Contact name (first and last) NA	Title	Phone number	Email address
Location address (street, route number, or other specific identifier) NA		<input type="checkbox"/> Same as mailing address	
County NA	County code	<input type="checkbox"/> Not available	
City or town NA	State NA	ZIP code NA	
<b>Latitude/Longitude of Active Sewage Sludge Unit (see instructions)</b>			
Latitude		Longitude	
. ' "		. ' "	
<b>Method of Determination</b>			
<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____			
4.4	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate that you have completed and attached a topographic map.		
4.5	Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:	0	
4.6	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:	0	
4.7	Does the active sewage sludge unit have a liner with a maximum permeability of $1 \times 10^{-7}$ centimeters per second (cm/sec)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.9 (Part 2, Section 4) below.		
4.8	Describe the liner. <input type="checkbox"/> Check here to indicate that you have attached a description to the application package.		
4.9	Does the active sewage sludge unit have a leachate collection system? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.11 (Part 2, Section 4) below.		
4.10	Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal. <input type="checkbox"/> Check here to indicate that you have attached the description to the application package.		

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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:	_____ meters	
4.13	Remaining capacity of active sewage sludge unit in dry metric tons:	_____ dry metric tons	
4.14	Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY): _____		
4.15	Attach a copy of any closure plan that has been developed for this active sewage sludge unit. <input type="checkbox"/> Check here to indicate that you have attached a copy of the closure plan to the application package.		
<b>Sewage Sludge from Other Facilities</b>			
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.		
	<b>Pathogen Class and Reduction Alternative</b>	<b>Vector Attraction Reduction Option</b>	
	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	
	<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1	
	<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2	
	<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3	
	<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4	
	<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5	
	<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6	
	<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7	
	<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8	
	<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9	
	<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10	
	<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11	
4.20	Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.)		
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)	<input type="checkbox"/> 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) _____	



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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?  
 Option 9 (Injection below and surface)  Option 11 (Covering active sewage sludge unit daily)  
 Option 10 (Incorporation into soil within 6 hours)  None

4.22 Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge.  
 Check here if you have attached your description to the application package.

**Groundwater Monitoring**

4.23 Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit?  
 Yes  No → SKIP to Item 4.26 (Part 2, Section 4) below.

4.24 Provide a copy of available groundwater monitoring data.  
 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.  
 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?  
 Yes  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.  
 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?  
 Yes  No → SKIP to Item 4.30 (Part 2, Section 4) below.

4.29 Submit a copy of the certification with this permit application.  
 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?  
 Yes  No → SKIP to Part 2, Section 5.

4.31 Submit information to support the request for site-specific pollutant limits with this application.  
 Check here to indicate you have attached the requested information.

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**PART 2, SECTION 5 INCINERATION (40 CFR 122.21(q)(11))**

Incineration

**Incinerator Information**

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

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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.  
 Check here to indicate that you have attached this information.

**Control Efficiency**

- 5.16 Provide the control efficiency, in hundredths, for each of the pollutants listed below.
- | Pollutant | Control Efficiency, in Hundredths |
|-----------|-----------------------------------|
| Arsenic   |                                   |
| Cadmium   |                                   |
| Chromium  |                                   |
| Lead      |                                   |
| Nickel    |                                   |
- 5.17 Attach a copy of the results or performance testing and supporting documentation (including testing dates).  
 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?  
 Yes  No → SKIP to Item 5.21 (Part 2, Section 5) below.
- 5.20 Identify the type of incinerator used as the basis.  
 Fluidized bed with wet scrubber  Other types with wet scrubber  
 Fluidized bed with wet scrubber and wet electrostatic precipitator  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)?  
 Yes  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.  
 Check here to indicate that you have attached this information.  Not applicable

**Incinerator Parameters**

- 5.24 Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator?  
 Yes  No
- 5.25 Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator?  
 Yes  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):  
 Actual stack height  Creditable stack height





United States  
Department of  
Agriculture

**NRCS**

Natural  
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Conservation  
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A product of the National  
Cooperative Soil Survey,  
a joint effort of the United  
States Department of  
Agriculture and other  
Federal agencies, State  
agencies including the  
Agricultural Experiment  
Stations, and local  
participants

# Custom Soil Resource Report for **Elmore County, Alabama**



August 1, 2019

**Tract Cropland: 91.64 acres**

CLU	Acres	HEL	Crop
1	14.82	UHEL	
2	223.25	UHEL	NC
3	24.57	UHEL	
4	52.25	UHEL	



**Wetland Determination Identifiers**  
 ) Restricted Use  
 ) Limited Restrictions  
 ) Exempt from Conservation  
 ) Compliance Provisions

Tract Boundary
  Cropland
  Non-cropland
  CRP

Date Exported 5/10/2019  
 Imagery Year: 2017

SDA FSA maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or the NAIP imagery. The producer captures the data 'as is' and assumes all risks associated with its use. The USDA Farm Service Agency assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland Identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact NRCS.

58749586310\_88B9B27B-F394-4296-87ED-54A00903821D.JPG

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Source: Esri, DigitalGlobe, GeoEye, Earthstar, Imagery, Inc., Swire, Inc., USDA, AeroGRID, IGN, The GeoEye



**LANCE R. LEFLEUR**  
DIRECTOR



**KAY IVEY**  
GOVERNOR

Alabama Department of Environmental Management  
adem.alabama.gov

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

**AUG 21 2020**

Gary W. Davenport, Mayor  
Town of Eclectic  
507 Main Street  
Eclectic, AL 36024

RE: Facility Inspection  
Town of Eclectic - Eclectic Lagoon and Spray Field  
NPDES Permit No. AL0067903  
Inspected 8/12/2020

Dear Mayor Davenport:

Enclosed is a copy of an inspection report for the above referenced facility. The Water Division is reviewing this inspection report for a compliance determination and any follow-up as appropriate. Please note that the correct street address for the facility is 700 North College Avenue, not 700 South College Street as indicated on the permit and in the permit application. Please ensure that the next application for reissuance or modification of the permit includes the correct street address.

Should you have any questions regarding permitting, compliance, enforcement, or any follow-up action you should take to address any deficiencies noted, please contact me at [slee@adem.alabama.gov](mailto:slee@adem.alabama.gov) or by phone at (334) 274-4223.

Sincerely,

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

Sandra Lee  
Industrial/Municipal Branch  
Water Division

File: INSPR

Enclosure: Inspection Report

**Birmingham Branch**  
110 Vulcan Road  
Birmingham, AL 35209-4702  
(205) 942-6188  
(205) 941-1803 (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)



**LARRY E. SPEAKS & ASSOCIATES, INC.**  
**CONSULTING ENGINEERS & LAND SURVEYORS**

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Montgomery, Alabama 36104  
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CONSTRUCTION SURVEYS  
TOPOGRAPHIC MAPS  
WATER SUPPLY, TREATMENT & DISTRIBUTION

April 21, 2021

Mrs. Sandra Lee  
Alabama Dept. of Environmental Management  
Municipal Section  
Water Division  
P.O. Box 301463  
Montgomery, AL 36130-1463

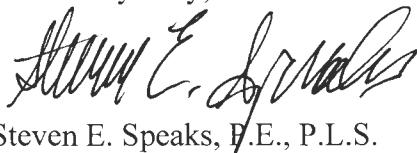
**Re: Request for Removal of Surface Water Sampling Requirements  
Eclectic Lagoon and Sprayfield  
Permit # AL 0067903  
Eclectic, Alabama  
Elmore County, Alabama**

Dear Mrs. Lee:

On behalf of the Town of Eclectic we are requesting the removal of the surface water sampling requirements for stormwater outfall 002S, (surface water runoff from the Eclectic Sprayfield). Discussions were held with Joseph Freda, Director of ERA Lab, he stated that during rain events, due to the permeability of the soils and the vegetative cover, he has not been able to obtain a representative sample of actual stormwater runoff. Mr. Freda further stated that the permittee cannot alter or modify the landform to create a discharge location where a representative sample could be collected. Therefore, we are requesting the removal of this sampling requirement.

Should you have questions or need additional information, please advise.

Yours very truly,



Steven E. Speaks, F.E., P.L.S.

SES/cole

Enclosures

Cc: File  
Steve McDonald – McDonald Wastewater Service, LLC

LAND APPLICATION OF TREATED WASTEWATER  
ENGINEERING REPORT (PHASE I AND II)  
FOR  
ECLECTIC, ALABAMA

1. Planning Area Description

- 1.1 The Town of Eclectic, Alabama is located in the east central portion of Elmore County along Alabama Highway 63, approximately 28 miles northeast of Montgomery, Alabama. The planning area, as determined by the Alabama Department of Environmental Management in conjunction with local officials, encompasses the entire Town of Eclectic, an area covering approximately 2,300 acres.
- 1.2 Elmore County, whose current populace is near 49,200, has made a transition from an agricultural based economy in the late 1970's and early 1980's to an economy based on industry and wage earnings today. The population in Eclectic grew from 926 in 1960 to 1,184 in 1970, an increase of 28%. The population continued to grow at a rate of 19% during the 1970's. During the 1980's, a decrease occurred, leading to a population of 1,087 in 1990.
- 1.3 The socioeconomic data for Eclectic, as collected by the 1990 census, indicates a population mix of 847 whites and 235 blacks. Eclectic is comprised mostly of married-couple family households which are under retirement age and have a mean of 2.64 persons per household.
- 1.4 The Town has recently upgraded its water system by adding a ground storage tank, two booster pumping stations and distribution lines to serve approximately 50 new customers. Eclectic does not have an existing public sewer and sewage treatment facility. At the present time, all waste is disposed by septic tank-field line method. The Alabama Power Company is the source of electrical energy distribution for Eclectic and surrounding areas.

2. Climate

- 2.1 The climate of Elmore County is characterized by long, warm summers and short, relatively mild winters. The difference between the average summer and winter temperatures is 31.6° F. The temperature is, therefore, favorable for the production of a large number of crops, including many winter ones.

2.2 The average annual temperature of the county, based on climatic data obtained at Wetumpka is 65.5° F. The average temperature in summer is 80.9° F and in winter 49.3° F. The summers are warm, with temperatures often exceeding 90° F between June and September. Frost and freezing temperatures occur from 10 to 20 times each winter. More than three frosts, or freezes, on successive nights are unusual and are generally followed by rain. The soil is seldom frozen to a depth of more than one inch, and it generally thaws out during the day. Snow is rare and several years may pass with no snowfall.

2.3 The average annual precipitation is about 52 inches. During the summer months gardens, farm crops, and pastures are often severely damaged by prolonged dry periods.

3. Population

<u>Elmore Co.</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>2020</u>
*ADECA	49,200	52,000	54,200	56,700

\*Bureau of Economic Analysis up to 2040 Published 1992.

The Town of Eclectic's overall population is quite similar to that of the county population. With the transition from an agricultural based economy to an economy based on industry, the town has grown in population of young people as they move toward their place of employment. This trend generates a younger population as a whole and indicates potential for growth.

4. Proposed Facilities

The proposed sanitary sewage system would be constructed in accordance with current EPA and ADEM Standards.

4.1 The Town of Eclectic has recently acquired from the Elmore County School Board an existing lagoon system that treats waste-water from Elmore County High School and Junior High School. The lagoon was designed in 1981 to handle a flow of 0.0325 MGD. Proposed expansion of this system consists of upgrading the existing lagoon system by adding four 3 horsepower aerators. This will increase the system's capacity to 0.100 MGD. The effluent would then be pumped using a force main to a selected spray-field irrigation site.

The design flow is found using 900 students in the school system and 1100 people as a design population of the Town of Eclectic.

(900 students) (10 gal/student/day)	=	9,000 GPD
(1,100 people) (80 gal/capita/day)	=	<u>88,000 GPD</u>
Total	=	97,000 GPD
	=	0.097 MGD

## 5. Detailed Soil Characteristics

- 5.1 The soils in the design area are characterized best by the Bowie series soils with some Chesterfield sandy loam present near the streams. These soils are characterized by light-gray or very pale-brown surface soils and pale-yellow to yellowish-brown upper subsoils. They are yellow or yellowish-brown mottled with red in the lower subsoil. The Bowie soils are slightly heavier in the lower subsoil than the similarly colored Norfolk soils that are commonly found on much of the Coastal Plain. They have developed from unconsolidated beds of acid sandy clay on gently undulating to gently rolling uplands. They have nearly level to sloping or rolling relief and are moderately well drained. This extensive soil is one of the best agricultural soils in the county. The soil is strongly acidic, contains a fair quantity of organic matter, and has a low to medium fertility. Permeability is moderately rapid in the surface soil and moderate in the subsoil. The soil has a moderate to high water holding capacity.
- 5.2 A limited geotechnical study of the proposed sprayfield site has been completed and is attached.

## 6. General Geology and Hydrology

- 6.1 The northern part of Elmore County lies near the boundary of the Northern and Southern Piedmont Upland physiographic district of the Piedmont Upland physiographic section. The terrain is rolling to hilly, and some streams are deeply entrenched. Drainage in the Piedmont Area of Elmore County is southward to westward to the Coosa River and eastward to the Tallapoosa River.
- 6.2 The southern part of Elmore County is in the Fall-Line Hills district of the East Gulf Coastal Plain physiographic section. It consists mainly of flat to moderately-rolling sandy uplands dissected by deeply-entrenched southward flowing streams.

- 6.3 Precambrian aged metamorphic and igneous rocks crop out in northern Elmore County and underlie most of the surrounding counties. Unconsolidated sedimentary deposits of Late Cretaceous age crop out in southern Elmore County, as shown in Figure 1 and Figure 2 supplied by U.S.G.S. - Geohydrology and Susceptibility of Major Aquifers to Surface Contamination in Alabama; Area 8.

## 7. Design Criteria

- 7.1 The current effluent limits designed to maintain water quality given by Shelton A. Prine, R.S., a pollution Control Specialist for the Alabama Department of Environmental Management in 1981 are as follows:

Flow	=	0.0325 MGD
BOD <sub>5</sub>	=	30 mg/l
Suspended Solids	=	90 mg/l
NH <sub>3</sub>	=	10 mg/l
Dissolved Oxygen	=	5 mg/l

- 7.2 To expand the lagoon to maintain water quality for the designed flow of 0.100 MGD, the effluent limits are as follows:

BOD <sub>5</sub>	=	30 mg/l
Suspended Solids	=	30 mg/l
NH <sub>3</sub>	=	10 mg/l
Dissolved Oxygen	=	5 mg/l

## 8. Nitrogen Loading

- 8.1 Other characteristics of the wastewater may sometimes be a limiting factor, such as nitrogen, phosphorus, organic matter or other constituents of abnormally high concentration. Experience has shown that nitrogen loading can be a critical design factor. The only constituent of significance in the lagoon effluent will be the nitrogen loading to the spray site.
- 8.2 Optimum nitrogen removal in spray irrigation operations generally occurs when the nitrogen is in the ammonia or organic state, such as from a stabilization pond. Application of the nitrogen in this state allows it to be retained in the soil and nitrify while still in the root zone, thus allowing for maximum plant uptake. Loadings of nitrogen should be such as to promote utilization by the vegetation and nitrification-denitrification reactions in the soil. The nitrogen loading rate may dictate spray field area depending upon the vegetation's estimated annual

nitrogen uptake. Harvesting operations must also be properly planned to actually remove the nutrients withdrawn from the site by the plants.

8.3 The calculations below indicate that the proposed nitrogen loading for Eclectic is not a controlling factor using average annual nitrogen uptake rates from the EPA Design Manual, Table 4-12.

Hydraulic Loading Rate Based on Nitrogen Loading

$$L_{w(n)} = \frac{(C_0)(Pr - Et) + (U)(10)}{(1-f)(C_n) - (C_p)}$$

Where  $L_{w(n)}$  = allowable annual hydraulic loading rate based on nitrogen limits, cm/yr

$C_p$  = nitrogen concentration in percolating water, mg/l. Generally 10 mg/l.

$Pr$  = precipitation rate, cm/yr; use 50.88 in/yr (Table 1, Column 1):  
50.88 in./yr x 2.54 cm/in. = 129.24 cm/yr

$Et$  = evapotranspiration rate, cm/yr; 48.29 in/yr (Table 1, Column 2):  
48.29 in./yr x 2.54 cm/in. = 122.66 cm/yr

$U$  = nitrogen uptake by crop, kg/ha.yr (EPA Table 4-11); use 500 kg/ha.yr.

Assume forage crops harvesting:

Crop: Coastal Bermuda Grass - 500 kg/ha.yr (100% coverage)  
500 kg/ha.yr x  $\frac{0.892 \text{ lb/ac}}{\text{kg/ha}}$  = 446.0 lb/ac./year

$C_n$  = nitrogen concentration in applied wastewater, mg/l (after losses in pre-application treatment); use 25 mg/l.

$f$  = fraction of applied nitrogen removed by denitrification and volatilization; use 0.2

$$(Pr-Et) = 129.24 - 122.66 = 6.58 \text{ cm/yr}$$

$$L_{w(n)} = \frac{(10)(6.58) + (500)(10)}{(1-0.2)(25) - (10)} = \frac{5065.8}{10} = 506.58 \text{ cm/yr}$$

$$L_{w(n)} = 506.58 \text{ cm/yr} \times 0.3937 \text{ in/cm} = 199.5 \text{ in/yr}$$

$$L_{w(n)} > L_{w(p)}$$

199.5 in/yr > 141.1 in/yr (Table 1)

The lower annual loading rate governs,  $L_{w(p)}$

8.4 BOD and Suspended Solids (SS) Loading BOD and SS are removed by filtration and bacterial action as the applied wastewater percolates through the soil matrix. BOD and SS are normally reduced to concentrations of less than 2 mg/l and less than 1 mg/l, respectively, following five-foot percolation. Thus, loading rates for BOD and SS are normally not a concern in the design of slow rate spray irrigation systems.

8.5 After having analyzed the hydraulic and nitrogen loading rates, a loading rate of 141.10 inches per year was selected. From this controlling loading rate, the actual wetted field area is determined. The calculations below indicate:

Field Area Requirements

$$A_w = \frac{(Q)(365 \text{ days/yr}) + V}{C(L_w)}$$

Where  $A_w$  = field area, (acre)

$Q$  = average daily community wastewater flow (ft<sup>3</sup>/d); use 0.100 MGD = 13,368 ft<sup>3</sup>/d

$V_s$  = net loss or gain in stored wastewater volume due to precipitation evaporation and seepage at storage pond, (ft<sup>3</sup>/yr); use 0 ft<sup>3</sup>/yr

$C$  = constant, (3,630); use 3,630

$L_w$  = design hydraulic loading rate, (in/yr); use 141.10 in/yr

$$A_w = \frac{(13,368)(365) + (0)}{(3,630)(141.10)} = 9.52 \text{ acres} \quad \text{Use 10 acres}$$

A minimum wetted area of approximately 10 acres has been determined to be satisfactory and conservative. This acreage does not include the required buffer zones which must completely surround the perimeter of the site.

9. Storage Requirements

9.1 Finally, after determining the hydraulic loading rate and land area required, a water balance must be performed to determine the necessary reserve storage capacity required. The hydraulic loading rate determination and the water balance determination are both performed on a monthly basis, assuming all wastewater infiltrates and no runoff. Also, potential evapotranspiration is included. Finally, the highest value of cumulative storage indicates the



volume of storage required. Table 2 outlines a storage volume determination based on the lowest perc rate and the above calculated field area required.

- 9.2 From the maximum positive value in Column (4) of Table 2, the storage volume required is calculated.

Storage Volume Required

$$V_s = S_c A_s$$

Where  $V_s$  = volume of storage required (acre-feet)

$S_c$  = maximum positive value of cumulative storage (feet)

Maximum positive value = 12.09 inches = 1 foot

$$V_s = (12.84)(10)(1/12)(43,560/1) = 466,092 \text{ ft}^3$$

$$A_s = (280)(280) + (74)(185) = 92,090 \text{ ft}^2 \text{ (Actual site of existing facilities)}$$

$$\text{Depth} = 466,092/92,090 = 5.06'$$

Taking into consideration gain and/or loss due to precipitation, evapotranspiration, and seepage, a final storage volume calculation is shown at Table 3. The resulting depth of 3.5' for the existing lagoon and storage pond size indicates adequacy.

## 10. Design Parameters

- 10.1 Based on the calculations contained in this report and on recommendations and standards from ADEM staff and literature, it is the intent of the Town of Eclectic to construct a sewage treatment system consisting of the following:

- (1) Collection system will be installed throughout the town over a period of time. The collection system will be a combination of gravity collection and force main transfer.
- (2) Treatment of sewage will consist of utilizing the existing lagoon located in Eclectic. This lagoon has recently been transferred from the Elmore County School Board to the Town of Eclectic. The lagoon will be upgraded by the addition of aeration. Initial calculations indicate that the lagoon is capable of providing adequate wastewater storage to account for down time of the sprayfield.
- (3) The sprayfield will consist of approximately 12 acres of wetted area. Buffers and minimum separation distance provided by ADEM will be adhered to. Two streams running near the sprayfield will be protected. The sprayfield will be graded as necessary to avoid run-off. Adequate controls over application rates of wastewater will be provided to avoid run-off. The controlling factor of hydraulic loading has been determined to be based on soil permeability. In order to provide adequate nitrogen uptake, Coastal Bermuda grass will be planted on the site. Hay will be harvested to provide optimum effectiveness of the crop in removing nitrogen from the wastewater. Monitoring wells will be constructed as directed by ADEM.