



Alabama Department of Environmental Management  
adem.alabama.gov

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MAY 2, 2024

Ed Turner, General Manager  
The Water Works & Sewer Board of the City of Anniston  
PO Box 2268  
Anniston, AL 36202

RE: Draft Permit  
NPDES Permit No. AL0022195  
Choccolocco Creek WWTP  
Calhoun County, Alabama

Dear Mr. Turner:

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
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 by email [michael.simmons@adem.alabama.gov](mailto:michael.simmons@adem.alabama.gov) or by phone at (334) 274 - 4220

Sincerely,

A handwritten signature in black ink, appearing to read "Michael N. Simmons".

Michael N. Simmons  
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

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

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



# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

**PERMITTEE:** THE WATER WORKS & SEWER BOARD OF THE CITY OF ANNISTON  
PO BOX 2268  
ANNISTON, AL 36202

**FACILITY LOCATION:** CHOCCOLOCCO CREEK WWTP (10.5 MGD)  
35 FRIENDSHIP ROAD  
OXFORD, ALABAMA  
CALHOUN COUNTY

**PERMIT NUMBER:** AL0022195

**RECEIVING WATERS:** CHOCCOLOCCO CREEK  
UT TO CHOCCOLOCCO CREEK (STORMWATER ONLY)

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

**ISSUANCE DATE:**

**EFFECTIVE DATE:**

**EXPIRATION DATE:**

## Draft

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Alabama Department of Environmental Management

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**PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS****A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS****1. DSN 0011: Municipal/Industrial Effluent Monitoring**

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

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Oxygen, Dissolved (DO) (00300) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	*****	mg/l	5X Weekly	Grab	Not Seasonal
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	8.5 Maximum Daily	S.U.	5X Weekly	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	2627 Monthly Average	3940 Weekly Average	lbs/day	*****	30.0 Monthly Average	45.0 Weekly Average	mg/l	5X Weekly	24-Hr Composite	Not Seasonal
Solids, Total Suspended (00530) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	5X Weekly	24-Hr Composite	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	1313 Monthly Average	1970 Weekly Average	lbs/day	*****	15.0 Monthly Average	22.5 Weekly Average	mg/l	5X Weekly	24-Hr Composite	W
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	175 Monthly Average	262 Weekly Average	lbs/day	*****	2.0 Monthly Average	3.0 Weekly Average	mg/l	5X Weekly	24-Hr Composite	S
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Copper Total Recoverable (01119) Effluent Gross Value	*****	*****	*****	*****	45.67 Monthly Average	62.21 Maximum Daily	ug/l	Monthly	Grab	Not Seasonal
Color (ADMI Units) (01290) Effluent Gross Value	*****	*****	*****	*****	*****	80 Maximum Daily	ADMI	Weekly	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.

See Permit Requirements for Stormwater in Part IV.F

(2) S = Summer (May - November)

W = Winter (December - April)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

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

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

(5) See Part IV.G for Peracetic Acid (PAA). Monitoring for PAA is applicable if Peracetic Acid is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “\*9” on the monthly DMR.

(6) During periods of high instream flow when the effluent flow meter may not be accurately recording effluent flows, the Permittee should report the facility peak flow of 21 MGD plus the sand filter effluent flow.

**1. DSN 0011 (continued): Municipal/Industrial Effluent Monitoring**

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

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
	(Report) Monthly Average	(Report) Maximum Daily		****	****	****				
Flow, In Conduit or Thru Treatment Plant (50050) See Note (6) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	****	****	****	****	Daily	Continuous	Not Seasonal
Chlorine, Total Residual (50060) See notes (3, 4) Effluent Gross Value	****	****	****	****	0.03 Monthly Average	0.06 Maximum Daily	mg/l	5X Weekly	Grab	Not Seasonal
E. Coli (51040) Effluent Gross Value	****	****	****	****	548 Monthly Average	2507 Maximum Daily	col/100mL	5X Weekly	Grab	ECW
E. Coli (51040) Effluent Gross Value	****	****	****	****	126 Monthly Average	298 Maximum Daily	col/100mL	5X Weekly	Grab	ECS
Peracetic Acid (51674) See Note (5) Effluent Gross Value	****	****	****	****	****	1.0 Maximum Daily	mg/l	5X Weekly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	2189 Monthly Average	3283 Weekly Average	lbs/day	****	25.0 Monthly Average	37.5 Weekly Average	mg/l	5X Weekly	24-Hr Composite	W
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	1313 Monthly Average	1970 Weekly Average	lbs/day	****	15.0 Monthly Average	22.5 Weekly Average	mg/l	5X Weekly	24-Hr Composite	S
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	5X Weekly	24-Hr Composite	Not Seasonal
BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091) Percent Removal	****	****	****	85.0 Monthly Average Minimum	****	****	%	Monthly	Calculated	Not Seasonal
Solids, Suspended Percent Removal (81011) Percent Removal	****	****	****	85.0 Monthly Average Minimum	****	****	%	Monthly	Calculated	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.F

- (2) S = Summer (May - November)

W = Winter (December - April)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

- (3) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “\*9” on the monthly DMR.
- (4) A measurement of TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as “\*B” on the monthly DMR.
- (5) See Part IV.G for Peracetic Acid (PAA). Monitoring for PAA is applicable if Peracetic Acid is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “\*9” on the monthly DMR.
- (6) During periods of high instream flow when the effluent flow meter may not be accurately recording effluent flows, the Permittee should report the facility peak flow of 21 MGD plus the sand filter effluent flow.

**2. DSN 001A: Mercury Monitoring**

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 001A, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)	
Mercury Total Recoverable (71901) See Notes (3,4) Effluent Gross Value	*****	*****	*****	*****	(Report) Monthly Average	(Report) Maximum Daily	ug/l	Annually	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.  
See Permit Requirements for Stormwater in Part IV.F
- (2) S = Summer (May - November)  
W = Winter (December - April)  
ECS = E. coli Summer (May - October)  
ECW = E. coli Winter (November - April)
- (3) EPA Method 1631E/1669 or an alternative method approved by the Department shall be used for the testing of Mercury
- (4) See Part IV.G for the Mercury Minimization Plan Requirements

### 3. DSN 001T: Toxicity Monitoring

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

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

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 (May - November)

W = Winter (December - April)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) See Parts IV.B.2.d and e (Toxicity testing without PAA utilization and with PAA utilization). Toxicity testing shall be required quarterly after initial utilization of PAA as stated in Part IV.B.2.e. Prior to initial utilization of PAA, toxicity testing shall be required annually as stated in Part IV.B.2.d of the Permit. If monitoring is not applicable during a quarterly period, enter “\*9” on the DMRs when toxicity testing is not required. Please indicate on the toxicity test reports the method of disinfection utilized during the test.



#### 4. DSN 002S and 003S: Stormwater Monitoring

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfalls 002S and 003S, which are described more fully in the Permittee's application. Such discharges shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
				(Report) Minimum Daily						
pH (00400) Storm Water	*****	*****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Annually	Grab	Not Seasonal
Solids, Total Suspended (00530) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Oil & Grease (00556) Storm Water	*****	*****	*****	*****	*****	15.0 Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Storm Water	*****	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Annually	Grab	Not Seasonal
E. Coli (51040) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	Annually	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	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.

See Permit Requirements for Stormwater in Part IV.F

(2) S = Summer (May - November)

W = Winter (December - April)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

## **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" or "\*B" 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" or "\*B" reported for values below the ML.

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

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

#### 4. Recording of Results

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

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

#### 5. Records Retention and Production

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

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

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

#### 7. Monitoring Equipment and Instrumentation

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

### C. DISCHARGE REPORTING REQUIREMENTS

#### 1. Reporting of Monitoring Requirements

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

- (3) **SEMIANNUAL MONITORING** shall be conducted at least once during the period of January through June and at least once during the period of July through December. The permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e., June and December DMRs).
  - (4) **ANNUAL MONITORING** shall be conducted at least once during the period of January through December. The permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter. Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.
- b. The permittee shall submit discharge monitoring reports (DMRs) in accordance with the following schedule:
- (1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the first complete calendar quarter the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
  - (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. electronically.
- (1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's electronic system (this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the date specified in Provision I.C.1.b., unless otherwise directed by the Department.  

If the Department's electronic system is down on the 28th day of the month in which the DMR is due or is down for an extended period of time, as determined by the Department, when a DMR is required to be submitted, the permittee may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the Department's electronic system resuming operation, the permittee shall enter the data into the Department's electronic system, unless an alternate timeframe is approved by the Department. A comment should be included on the electronic DMR submittal verifying the original submittal date (date of the fax, copy of dated e-mail, or hand-delivery stamped date), if applicable.
  - (2) The permittee may submit a request to the Department for a temporary electronic reporting waiver for DMR submittals. The waiver request should include the permit number; permittee name; facility/site name; facility address; name, address, and contact information for the responsible official or duly authorized representative; a detailed statement regarding the basis for requesting such a waiver; and the duration for which the waiver is requested. Approved electronic reporting waivers are not transferrable.
  - (3) A permittee with an approved electronic reporting waiver for DMRs may submit hard copy DMRs for the period that the approved electronic reporting waiver request is effective. The permittee shall submit the Department-approved DMR forms to the address listed in Provision I.C.1.e.

- (4) If a permittee is allowed to submit a hard copy DMR, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit.
  - (5) If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A. of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR and the increased frequency shall be indicated on the DMR.
  - (6) In the event no discharge from a point source identified in Provision I.A. of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR.
- d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and Regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear the following certification:
- "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."
- e. Discharge Monitoring Reports required by this permit, the AWPCA, and the Department's Rules that are being submitted in hard copy shall be addressed to:

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

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

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

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

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

Certified and Registered Mail shall be addressed to:

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

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

## 2. Noncompliance Notifications and Reports

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

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

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

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

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

- e. The Department is utilizing an electronic system for notification and submittal of SSO reports. Except as noted below, the Permittee must submit all SSO reports electronically in the Department's electronic system. If requested, waivers from utilization of the electronic system shall be submitted in accordance with ADEM Admin. Code 335-6-1-.04(6). The Department's electronic reporting system shall be utilized unless a written waiver has been granted. A waiver is not effective until receipt of written approval from the Department. Utilization of verbal notifications and hard copy SSO report submittals is allowed only if approved in writing by the Department. The Permittee shall include in the SSO reports the information requested by ADEM Form 415. In addition, the Permittee shall include the latitude and longitude of the SSO in the report except when the SSO is a result of an extreme weather event (e.g., hurricane). To participate in the electronic system for SSO reports, an account may be created at <https://aepacs.adem.alabama.gov/nviro/ncore/external/home>. If the electronic system is down (i.e., electronic submittal of SSO data cannot be completed due to technical problems originating with the Department's system), the Permittee is not relieved of its obligation to notify the Department or submit SSO reports to the Department by the required submittal date, and the Permittee shall submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include verbal reports, reports submitted via the SSO hotline, or reports submitted via fax, e-mail, mail, or hand-delivery such that they are

received by the required reporting date. Within five calendar days of the electronic system resuming operation, the Permittee shall enter the data into the electronic system, unless an alternate timeframe is approved by the Department. For any alternate notification, records of the date, time, notification method, and person submitting the notification should be maintained by the Permittee. If a Permittee is allowed to submit SSO reports via an alternate method, the SSO report must be in a format approved by the Department and must be legible.

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

#### **D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS**

##### **1. Anticipated Noncompliance**

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

##### **2. Termination of Discharge**

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

##### **3. Updating Information**

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

##### **4. Duty to Provide Information**

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

**E. SCHEDULE OF COMPLIANCE**

**1. Compliance with discharge limits**

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

**COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT**

**2. Schedule**

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



## **PART II: OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES**

### **A. OPERATIONAL AND MANAGEMENT REQUIREMENTS**

#### **1. Facilities Operation and Maintenance**

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

#### **2. Best Management Practices**

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

#### **3. Certified Operator**

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

### **B. OTHER RESPONSIBILITIES**

#### **1. Duty to Mitigate Adverse Impacts**

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

#### **2. Right of Entry and Inspection**

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

### **C. BYPASS AND UPSET**

#### **1. Bypass**

- a. Any bypass is prohibited except as provided in b. and c. below:
- b. A bypass is not prohibited if:
  - (1) It does not cause any discharge limitation specified in Provision I. A. of this permit to be exceeded;

- (2) It enters the same receiving stream as the permitted outfall; and
  - (3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.
- c. A bypass is not prohibited and need not meet the discharge limitations specified in Provision I. A. of this permit if:
- (1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;
  - (2) There are no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime (this condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance); and
  - (3) The permittee submits a written request for authorization to bypass to the Director at least ten (10) days prior to the anticipated bypass (if possible), the permittee is granted such authorization, and the permittee complies with any conditions imposed by the Director to minimize any adverse impact on human health or the environment resulting from the bypass.
- d. The permittee has the burden of establishing that each of the conditions of Provision II. C. 1. b. or c. have been met to qualify for an exception to the general prohibition against bypassing contained in a. and an exemption, where applicable, from the discharge limitations specified in Provision I. A. of this permit.

## 2. Upset

- a. A discharge which results from an upset need not meet the discharge limitations specified in Provision I. A. of this permit if:
- (1) No later than 24-hours after becoming aware of the occurrence of the upset, the Permittee orally reports the occurrence and circumstances of the upset to the Director or his designee; and
  - (2) No later than five (5) days after becoming aware of the occurrence of the upset, the Permittee furnishes the Director with evidence, including properly signed, contemporaneous operating logs, or other relevant evidence, demonstrating that:
    - (i) An upset occurred;
    - (ii) The Permittee can identify the specific cause(s) of the upset;
    - (iii) The Permittee's facility was being properly operated at the time of the upset; and
    - (iv) The Permittee promptly took all reasonable steps to minimize any adverse impact on human health or the environment resulting from the upset.
- b. The permittee has the burden of establishing that each of the conditions of Provision II. C. 2. a. of this permit have been met to qualify for an exemption from the discharge limitations specified in Provision I. A. of this permit.

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

### 1. Duty to Comply

- a. The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the AWPCA and the FWPCA and is grounds for enforcement action, permit termination, revocation and reissuance, suspension, modification, or denial of a permit renewal application.
- b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a permittee in an enforcement action.
- c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.
- d. The permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.

- e. Nothing in this permit shall be construed to preclude or negate the Permittee's responsibility to apply for, obtain, or comply with other Federal, State, or Local Government permits, certifications, or licenses or to preclude from obtaining other federal, state, or local approvals, including those applicable to other ADEM programs and regulations.

**2. Removed Substances**

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

**3. Loss or Failure of Treatment Facilities**

Upon the loss or failure of any treatment facilities, including but not limited to the loss or failure of the primary source of power of the treatment facility, the permittee shall, where necessary to maintain compliance with the discharge limitations specified in Provision I. A. of this permit, or any other terms or conditions of this permit, cease, reduce, or otherwise control production and/or all discharges until treatment is restored. If control of discharge during loss or failure of the primary source of power is to be accomplished by means of alternate power sources, standby generators, or retention of inadequately treated effluent, the permittee must furnish to the Director within six months a certification that such control mechanisms have been installed.

**4. Compliance with Statutes and Rules**

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

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

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

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

**2. Change in Discharge**

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

**3. Transfer of Permit**

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

be submitted to the Director at least 180 days prior to the change. Whenever the Director is notified of a change in name, ownership, or control, he may decide not to modify the existing permit and require the submission of a new permit application.

#### 4. **Permit Modification and Revocation**

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

#### 5. **Termination**

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

- a. Violation of any term or condition of this permit;
- b. The permittee's misrepresentation or failure to disclose fully all relevant facts in the permit application or during the permit issuance process or the permittee's misrepresentation of any relevant facts at any time;
- c. Materially false or inaccurate statements or information in the permit application or the permit;

- d. A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;
- e. The permittee's discharge threatens human life or welfare or the maintenance of water quality standards;
- f. Permanent closure of the facility generating the wastewater permitted to be discharged by this permit or permanent cessation of wastewater discharge;
- g. New or revised requirements of any applicable standard or limitation that is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA that the Director determines cannot be complied with by the permittee.
- h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

#### **6. Suspension**

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

#### **7. Stay**

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

### **F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION**

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

### **G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS**

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

### **H. PROHIBITIONS**

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

1. Pollutants which create a fire or explosion hazard in the treatment works;
2. Pollutants which will cause corrosive structural damage to the treatment works, or dischargers with a pH lower than 5.0 s.u., unless the works are specifically designed to accommodate such discharges;
3. Solid or viscous pollutants in amounts which will cause obstruction of flow in sewers, or other interference with the treatment works;
4. Pollutants, including oxygen demanding pollutants, released in a discharge of such volume or strength as to cause interference in the treatment works;

5. Heat in amounts which will inhibit biological activity in the treatment plant resulting in interference or in such quantities that the temperature of the treatment plant influent exceeds 40 °C (104 °F) unless the treatment plant is designed to accommodate such heat;
6. Pollutants in amounts which exceed any applicable pretreatment standard under Section 307 of FWPCA or any approved revisions thereof.

## **PART III: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS**

### **A. CIVIL AND CRIMINAL LIABILITY**

#### **1. Tampering**

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

#### **2. False Statements**

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

#### **3. Permit Enforcement**

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

#### **4. Relief from Liability**

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

### **B. OIL AND HAZARDOUS SUBSTANCE LIABILITY**

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

### **C. PROPERTY AND OTHER RIGHTS**

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

#### **D. AVAILABILITY OF REPORTS**

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

#### **E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES**

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

#### **F. COMPLIANCE WITH WATER QUALITY STANDARDS**

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

#### **G. GROUNDWATER**

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



## H. DEFINITIONS

1. **Average monthly discharge limitation** - means the highest allowable average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during that month (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
2. **Average weekly discharge limitation** - means the highest allowable average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
3. **Arithmetic Mean** – means the summation of the individual values of any set of values divided by the number of individual values.
4. **AWPCA** - means the Alabama Water Pollution Control Act.
5. **BOD** – means the five-day measure of the pollutant parameter biochemical oxygen demand.
6. **Bypass** - means the intentional diversion of waste streams from any portion of a treatment facility.
7. **CBOD** – means the five-day measure of the pollutant parameter carbonaceous biochemical oxygen demand.
8. **Daily discharge** - means the discharge of a pollutant measured during any consecutive 24-hour period in accordance with the sample type and analytical methodology specified by the discharge permit.
9. **Daily maximum** - means the highest value of any individual sample result obtained during a day.
10. **Daily minimum** - means the lowest value of any individual sample result obtained during a day.
11. **Day** - means any consecutive 24-hour period.
12. **Department** - means the Alabama Department of Environmental Management.
13. **Director** - means the Director of the Department.
14. **Discharge** - means "[t]he addition, introduction, leaking, spilling or emitting of any sewage, industrial waste, pollutant or other waste into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(9).
15. **Discharge Monitoring Report (DMR)** - means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
16. **DO** – means dissolved oxygen.
17. **8HC** – means 8-hour composite sample, including any of the following:
  - a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 1 hour over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
  - b. A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
18. **EPA** - means the United States Environmental Protection Agency.
19. **FC** – means the pollutant parameter fecal coliform.
20. **Flow** – means the total volume of discharge in a 24-hour period.
21. **FWPCA** - means the Federal Water Pollution Control Act.
22. **Geometric Mean** – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).

23. **Grab Sample** – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
24. **Indirect Discharger** – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
25. **Industrial User** – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category “Division D – Manufacturing” and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
26. **MGD** – means million gallons per day.
27. **Monthly Average** – means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
28. **New Discharger** – means a person, owning or operating any building, structure, facility, or installation:
  - a) From which there is or may be a discharge of pollutants;
  - b) That did not commence the discharge of pollutants prior to August 13, 1979, and which is not a new source; and
  - c) Which has never received a final effective NPDES permit for dischargers at that site.
29. **NH<sub>3</sub>-N** – means the pollutant parameter ammonia, measured as nitrogen.
30. **Notifiable sanitary sewer overflow** - means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:
  - a) Reaches a surface water of the State; or
  - b) May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.
31. **Permit application** - means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.
32. **Point source** - means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).
33. **Pollutant** - includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.
34. **Privately Owned Treatment Works** – means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a “POTW”.
35. **Publicly Owned Treatment Works (POTW)** – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
36. **Receiving Stream** – means the “waters” receiving a “discharge” from a “point source”.
37. **Severe property damage** - means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
38. **Significant Source** – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work’s capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
39. **TKN** – means the pollutant parameter Total Kjeldahl Nitrogen.
40. **TON** – means the pollutant parameter Total Organic Nitrogen.
41. **TRC** – means Total Residual Chlorine.

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

#### **I. SEVERABILITY**

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

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

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

#### **1. Applicability**

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

#### **2. Submitting Information**

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

#### **3. Reopener or Modification**

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

### **B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS FOR CHRONIC TOXICITY**

#### **1. Chronic Toxicity Test**

- a. The permittee shall perform short-term chronic toxicity tests on the wastewater at Outfall 0011.
- b. The samples shall be diluted using appropriate control water to the Instream Waste Concentration (IWC) which is **27 percent** effluent. The IWC is the actual concentration of effluent, after mixing, in the receiving stream during a 7-day, 10-year low flow period.
- c. Any test result that shows a statistically significant reduction in survival, growth, or reproduction between the control and test samples at the 95% confidence level indicates chronic toxicity and shall constitute noncompliance with this permit.

#### **2. General Test Requirements**

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

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

- b. Test results shall be deemed unacceptable and the Permittee shall rerun the tests as soon as practical within the monitoring period for the following:
  - (1) For testing with *P. promelas*: effluent toxicity tests with control survival of less than 80% or if dry weight per surviving control organism is less than 0.25 mg;
  - (2) For testing with *C. dubia*: if the number of young per surviving control organism is less than 15 or if less than 60% of surviving control females produce three broods; or
  - (3) If the other requirements of the EPA Test Procedure are not met.
- c. In the event of an invalid test, upon subsequent completion of a valid test, the results of all tests, valid and invalid, are to be reported to the Department along with an explanation of the tests performed and the test results.
- d. Prior to initial use of Peracetic Acid (PAA), toxicity tests shall be conducted in the month of **AUGUST**. Should results from the annual toxicity test indicate that Outfall 001T exhibits chronic toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. In addition, the Permittee may then also be required to conduct toxicity testing in the months of **FEBRUARY, MAY, AUGUST, and NOVEMBER**.
- e. **Within 30 days from initial utilization of Peracetic Acid (PAA) the Permittee must perform a toxicity test and submit the report to the Department, as required by Provision IV.B. The Permittee also must perform a toxicity test and submit the report to the Department, as required by Provision IV.B when PAA is used intermittently.** Toxicity tests shall be conducted quarterly in the months of **FEBRUARY, MAY, AUGUST, AND NOVEMBER**. Should results from the Quarterly Toxicity test indicate that Outfall 001T exhibits chronic toxicity, then the Permittee must conduct the follow-up testing described in Parts IV.B.4.a and b. Should results from four consecutive testing periods indicated that Outfall 001T does not exhibit chronic toxicity while utilizing PAA, the Permittee may provide a written request to reduce the testing frequency. **The Permittee may also request reduced toxicity testing frequency if PAA usage is not utilized for an extended period of time. Any reduction in test frequency must be approved by the Department in writing and shall be no less than frequent than annually.**

### 3. Reporting Requirements

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

### 4. Additional Testing Requirements

- a. If chronic toxicity is indicated (i.e., noncompliance with permit limit), then the Permittee must perform two additional valid chronic toxicity tests in accordance with these procedures to determine the extent and duration of the toxic condition. The toxicity tests shall run consecutively beginning on the first calendar week following the date that the Permittee became aware of the permit noncompliance. The results of these follow-up tests shall be submitted to the Department no later than 28 days following the month the tests were performed.
- b. If the additional chronic toxicity tests are performed when PAA is being utilized, then the Permittee must analyze the effluent test solution each day immediately prior to test initiation or daily test renewal for hydrogen peroxide when the appropriately diluted composite samples are added. **The concentrations of hydrogen peroxide shall be reported in the toxicity test report.**
- c. After evaluation of the results of the follow-up tests, the Department will determine if additional action is appropriate and may require additional testing and/or toxicity reduction measures. The permittee may be required to perform a Toxicity Identification Evaluation (TIE) and/or a Toxicity Reduction Evaluation (TRE). The TIE/TRE shall be performed in accordance with the most recent protocols and guidance outlined by EPA (e.g., EPA/600/2-88/062, EPA/600/R-92/080, EPA/600/R-91-003, EPA/600/R-92/081, EPA/833/B-99/022, and/or EPA/600/6-91/005F)

### 5. Test Methods

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

## 6. Effluent Toxicity Testing Reports

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

### a. Introduction

- (1) Facility name, location and county
- (2) Permit number
- (3) Toxicity testing requirements of permit
- (4) Name of receiving water body
- (5) Contract laboratory information (if tests are performed under contract)
  - (i) Name of firm
  - (ii) Telephone number
  - (iii) Address
- (6) Objective of test

### b. Plant Operations

- (1) Discharge Operating schedule (if other than continuous)
- (2) Volume of discharge during sample collection to include Mean daily discharge on sample collection dates (MGD, CFS, GPM)
- (3) Design flow of treatment facility at time of sampling

### c. Source of Effluent and Dilution Water

- (1) Effluent samples
- (2) Sampling point
- (3) Sample collection dates and times (to include composite sample start and finish times)
- (4) Sample collection method
- (5) Physical and chemical data of undiluted effluent samples (water temperature, pH, alkalinity, hardness, specific conductance, total residual chlorine (if applicable), etc.)
- (6) Lapsed time from sample collection to delivery
- (7) Lapsed time from sample collection to test initiation
- (8) Sample temperature when received at the laboratory
- (9) Dilution Water
- (10) Source
- (11) Collection/preparation date(s) and time(s)
- (12) Pretreatment (if applicable)
- (13) Physical and chemical characteristics (water temperature, pH, alkalinity, hardness, specific conductance, etc.)

### d. Test Conditions

- (1) Toxicity test method utilized
- (2) End point(s) of test

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

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

### C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

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

### D. PLANT CLASSIFICATION

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

### E. POLLUTANT SCANS

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

### F. MAJOR SOURCE STORMWATER REQUIREMENTS

#### 1. Prohibitions

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

#### 2. Operational and Management Practices

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

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



- (7) Designate by position or name the person or persons responsible for the day to day implementation of the SWPP Plan; and
  - (8) Bear the signature of an individual meeting signatory requirements as defined in ADEM Administrative Code, Rule 335-6-6-.09.
- b. The Director or his designee may notify the permittee at any time that the SWPP Plan is deficient and will require correction of the deficiency. The permittee shall correct any SWPP Plan deficiency identified by the Director or his designee within 30 days of receipt of notification and shall certify to the Department that the correction has been made and implemented.
- c. Administrative Procedures
- (1) A copy of the SWPP Plan shall be maintained at the facility and shall be available for inspection by the Department.
  - (2) A log of daily inspections required by Provision IV.F.2.a.(3.) of the permit shall be maintained at the facility and shall be made available for inspection by the Department upon request. The log shall contain records of all inspections performed and each daily entry shall be signed by the person performing the inspection.
  - (3) The Permittee shall provide training for any personnel required to implement the SWPP Plan and shall retain documentation of such training at the facility. Training records for all personnel shall be available for inspection by the Department. Training shall be performed prior to the date implementation is required.

### 3. Monitoring Requirements

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

### G. PERACETIC ACID (PAA) REQUIREMENTS

1. The Permittee shall monitor PAA daily, but not required to exceed five days per week.
2. This permit contains a maximum allowable PAA level in the effluent. The Permittee is responsible for determining the minimum PAA level needed in the contact chamber to comply with E.coli limits.
3. The sample collection point for effluent PAA shall be at a point downstream of the contact chamber and shall be representative of the discharge.
4. Within 45 days of the effective date of this reissuance, the Permittee shall investigate and submit to the Department the PAA disinfection results in regards to neutralizing infectious agents, particularly viruses, as the discharge is to a waterbody that carries a Fish and Wildlife classification for incidental water contact and whole body water-contact (ADEM Administrative Code, Rule 335-6-10-.09).

### H. EFFLUENT ADMI COLOR LIMITATIONS AND REQUIREMENTS

1. The color of effluent shall be determined from samples collected two days per month at **Outfall 0011**. Color limitations are expressed as American Dye Manufacturers Institute (ADMI) units.
2. The discharge of treated wastewater effluent through **Outfall 0011** shall not exceed a daily maximum value of 170 ADMI color units as determined by measuring color of the effluent. Compliance with this requirement shall be determined by sampling the effluent two days per week, using grab samples collected on the same day as samples collected pursuant to Part I., **Pages 2 and 3** at a location approved by the Department for the measurement of color in the effluent discharged through **Outfall 0011**.
3. ADMI color shall be determined according to Section 2120 E., ADMI Tristimulus Filter Method, as described in Standards Methods for the Examination of Water and Wastewater, 17th Edition or the latest edition thereof.

## I. SANITARY SEWER OVERFLOW RESPONSE PLAN

### 1. SSO Response Plan

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

#### a. General Information

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

#### b. Responsibility Information

- (1) The title(s) and contact information of key position(s) who will coordinate the SSO response, including information for a backup coordinator in the event that the primary SSO coordinator is unavailable. The SSO coordinator is the person responsible for assessing the SSO and initiating a series of response actions based on the type, severity, and destination of the SSO, except for routine SSOs for which the coordinator may pre-approve written procedures. Routine SSOs are those for which the corrective action procedures are generally consistent.
- (2) The title(s), and contact information of key position(s) who will respond to SSOs, including information for backup responder(s) in the event the primary responder(s) are unavailable (i.e., position(s) who provide notification to the Department, the public, the county health department, and other affected entities such as public water systems; position(s) responsible for organizing crews for response; position(s) responsible for addressing public inquiries)

#### c. SSO and Surface Water Assessment

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

#### d. Public Reporting of SSOs

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

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

- f. Public Notification Methods for SSOs
- (1) A listing of methods that are feasible, as determined by the Permittee, for public notifications (e.g., flyers distributed to nearby residents; signs posted at the location of the SSO, where the SSO enters a water of the state, and/or at a central public location; signs posted at fishing piers, boat launches, parks, swimming waterbodies, etc.; website and/or social media notifications; local print or radio and broadcast media notifications; "opt in" email, text message, or automated phone message notifications)
    - (i) If signage is a feasible method for public notification, procedures for use and removal of signage (e.g., availability and maintenance of signs, appropriate duration of postings)
  - (2) Minimum information to be included in public notifications (e.g., identification that an SSO has occurred, date, duration if known, estimated volume if known, location of the SSO by street address or other appropriate method, initial destination of the SSO)
  - (3) Procedures developed by the Permittee for determining the appropriate public notification method(s) based upon the potential for public exposure to health risks associated with the SSO
- g. Standard Procedures shall be developed by the Permittee and shall include, at a minimum
- (1) General SSO Response Procedures (e.g., procedures for dispatching staff to assess/correct an SSO; procedures for routine SSO corrective actions such as those for sewer blockages, overflowing manholes, line breakages, pump station power failure, etc.; procedures for disinfection of affected area, if applicable);
  - (2) Procedures for collection and proper disposal of the SSO, if feasible.
  - (3) General procedures for coordinating instream water quality monitoring, including, but not limited to, procedures for mobilizing staff, collecting samples, and typical test methods should the Department or the Permittee determine monitoring is appropriate following an SSO. Identification of a contractor who will collect and analyze the sample(s) may be listed in lieu of the procedures.
  - (4) References to other documents (such as Standard Operating Procedures for SSO Responses) may be acceptable for this section; however, the referenced document shall be identified and shall be reviewed at a frequency of at least that required by the Administrative Procedures Section.
- h. Date of the SSO Response Plan, dates of all modifications and/or reviews, the title and signature of the reviewer(s) for each date and the signature of the responsible official or the appropriate designee.

## 2. SSO Response Plan Implementation

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

## 3. Department Review of the SSO Response Plan

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

## 4. SSO Response Plan Administrative Procedures

- a. The Permittee shall maintain a copy of the SSO Response Plan at the permitted facility or an alternate location approved by the Department in writing and shall make it available for inspection by the Department.
- b. The Permittee shall make a copy of the SSO Response Plan available to the public upon written request within 30 days of such request. The Permittee may redact information which may present security issues, such as location of public water supplies, identification of specific details of vulnerabilities, employee information, etc.
- c. The Permittee shall provide training for any personnel required to implement the SSO Response Plan and shall retain at the facility documentation of such training. This documentation shall be available for inspection by the Department. Training shall be provided for existing personnel prior to the date by which implementation of the

SSO Response Plan is required and for new personnel as soon as possible. Should significant revisions be made to the SSO Response Plan, training regarding the revisions shall be conducted as soon as possible.

- d. The Permittee shall complete a review and evaluation of the SSO Response Plan at least once every three years. Documentation of the SSO Response Plan review and evaluation shall be signed and dated by the responsible official or the appropriate designee as part of the SSO Response Plan.

**FACT SHEET**

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

**Date Prepared:** February 15, 2023

**By:** Michael Simmons

**NPDES Permit No.** AL0022195

**1. Name and Address of Applicant:**

The Water Works & Sewer Board of the City of Anniston  
PO Box 2268  
Anniston, AL 36202

**2. Name and Address of Facility:**

Choccolocco Creek WWTP  
35 Friendship Road  
Oxford, AL 36203

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

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

**4. Applicant's Receiving Waters**

<b>Feature ID</b>	<b>Receiving Water</b>	<b>Classification</b>
0011	Choccolocco Creek	Fish and Wildlife
002S	UT to Choccolocco Creek	Fish and Wildlife
003S	UT to Choccolocco Creek	Fish and Wildlife

For the Outfall latitude and longitude see the permit application.

**5. Permit Conditions:**

See attached Rationale and Draft Permit.

**6. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS**

**a. Comment Period**

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

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

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

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

**b. Public Hearing**

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

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

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

**c. Issuance of the Permit**

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

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

**d. Appeal Procedures**

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

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

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

## NPDES PERMIT RATIONALE

NPDES Permit No: **AL0022195** Date: May 2, 2024

Permit Applicant: The Water Works & Sewer Board of the City of Anniston  
PO Box 2268  
Anniston, AL 36202

Location: **Choccolocco Creek WWTP**  
35 Friendship Road  
Oxford, AL 36203

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

Basis for Limitations: Water Quality Model: CBOD<sub>5</sub>, DO, NH<sub>3</sub>-N  
Reissuance with no modification: CBOD<sub>5</sub>, CBOD<sub>5</sub> % Removal, Color, DO, E. Coli, NH<sub>3</sub>-N, pH, TRC, TSS, TSS % Removal  
Instream calculation at 7Q10: 27%  
Toxicity based: TRC  
Secondary Treatment Levels: CBOD<sub>5</sub> % Removal, TSS, TSS % Removal  
Other (described below): Color, E. Coli, Peracetic Acid, pH, Total Recoverable Copper

Design Flow in Million Gallons per Day: 10.5 MGD

Major: Yes

Description of Discharge:

Feature ID	Description	Receiving Water	WBC	303(d)	TMDL
0011	Municipal/Industrial Effluent Monitoring	Choccolocco Creek	Fish and Wildlife	Yes	No
002S and 003S	Stormwater Monitoring	UT to Choccolocco Creek	Fish and Wildlife	Yes	No

### Discussion:

This is a permit reissuance due to expiration. Limits for Five Day Carbonaceous Biochemical Oxygen Demand (CBOD<sub>5</sub>), Dissolved Oxygen (DO), and Total Ammonia-Nitrogen (NH<sub>3</sub>-N) were developed based on a Waste Load Allocation (WLA) model that was completed by ADEM's Water Quality Branch (WQB) on May 20, 2016. The monthly average limits for CBOD<sub>5</sub> summer (May - November) and winter (December - April) are 15.0 mg/L and 25.0 mg/L, respectively. The monthly average limits for NH<sub>3</sub>-N summer (May - November) and winter (December - April) are 2.0 mg/L and 15.0 mg/L, respectively. The daily minimum DO limit is 6.0 mg/L.

The pH daily minimum and daily maximum limits of 6.0 and 8.5 S.U, respectively, were developed to be supportive of the water-use classification of the receiving stream. The Total Residual Chlorine (TRC) limits of 0.03 mg/L (monthly average) and 0.06 mg/L (daily maximum) are based on EPA's recommended water quality values and on the current Toxicity Rationale, which considers the available dilution in the receiving stream. According to the calculations, it is allowable for an increase in TRC limits. However, , the TRC limits from the previous permit are being continued. In accordance with a letter dated August 11, 1998 from EPA Headquarters and a 1991 memorandum



from EPA Region 4's Environmental Services Division (ESD), due to testing and method detection limitations, a Total Residual Chlorine measurement below 0.05 mg/L shall be considered below detection for compliance purposes. Monitoring for TRC is only applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter "9" on the monthly DMR.

The Permittee has requested that Peracetic Acid (PAA) be included as a method of disinfection in the Permit. The PAA limit of 1.0 mg/L (daily maximum) is consistent with other Permit limits. Monitoring for PAA is only applicable if peracetic acid is utilized for disinfection purposes. Monitoring for PAA is required five days per week.

The imposed E. Coli limits were determined based on the water-use classification of the receiving stream. Since this segment of Choccolocco Creek is classified as Fish & Wildlife, the limits for May – October are 126 col/100ml (monthly average) and 298 col/100ml (daily maximum), while the limits for November – April are 548 col/100ml (monthly average) and 2507 col/100ml (daily maximum).

The Total Suspended Solids (TSS) and TSS % removal limits of 30.0 mg/L monthly average and 85.0%, respectively, are based on the requirements of 40 CFR part 133.102 regarding Secondary Treatment. A minimum percent removal limit of 85.0% is imposed for CBOD<sub>5</sub> also in accordance with 40 CFR 133.102 regarding Secondary Treatment.

The Municipal Section, in consultation with the Department's Water Quality Branch, has conducted a narrative nutrient reasonable potential analysis. Based on a review of the facility's current levels of nutrients in the discharge and current assessments of the available information, the Permittee is required to monitor and report effluent test results for Total Kjeldahl Nitrogen (TKN), Nitrite plus Nitrate (NO<sub>2</sub>+NO<sub>3</sub>), and Total Phosphorus (TP). Monitoring for these nutrient-related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose additional nutrient limits on this discharge.

Storm water runoff monitoring is being imposed by this permit based on 40 CFR Part 122. The outfalls for storm water runoff monitoring are 002S and 003S. Storm water runoff is to be monitored annually. The annual monitoring required includes: CBOD<sub>5</sub>, E. Coli, Flow Rate, NH<sub>3</sub>-N, NO<sub>2</sub>+NO<sub>3</sub>-N, Oil and Grease, pH, TKN, TP, and TSS. The removal of DO monitoring for both outfalls is not backsliding since the addition of DO monitoring was inadvertently added and being corrected in this reissuance. In addition, DO is not expected to be a pollutant of concern for the stormwater outfalls. The revision is consistent with the Department's anti-degradation policy.

Because this is a major facility (design capacity greater than 1 MGD) treating both municipal and industrial wastewater, chronic toxicity testing with two species (*Ceriodaphnia* and *Pimephales*) is being imposed on this permit. Toxicity testing is imposed for both survival and life-cycle impairment (i.e., growth and reproduction). Chronic toxicity at the IWC of 27 percent is required once per year during the month of August. If the toxicity tests of the effluent from Outfall 001T indicate chronic toxicity, then toxicity tests may be required to be conducted during the months of February, May, August and November.

Because this is a major facility treating both municipal and industrial wastewater, the Department completed a numeric reasonable potential analysis (RPA) of the discharge based on the application data, DMR data, and background data from station CHOC-10. The RPA indicates whether pollutants in treated effluent have potential to contribute to excursions of Alabama's in-stream water quality standards. Based on the analytical data submitted by the Permittee, it appears reasonable potential may exist to cause an in-stream water quality criteria exceedance for copper. The Department is imposing monthly average and daily maximum discharge limitations for Total Recoverable Copper of 45.67 µg/L and 62.21 µg/L, respectively. However, it appears that no reasonable potential exists to cause an in-stream water quality criteria exceedance for mercury. The Department in this reissuance will impose annual monitoring for Total Recoverable Mercury so sufficient info regarding mercury contributions from this discharge will be available for TMDL development of Choccolocco Creek. The decrease in frequency of monitoring for mercury is not backsliding since the decrease would result in water quality standards being obtained and the revision is consistent with the Department's anti-degradation policy.

The monitoring frequency for CBOD<sub>5</sub>, DO, E. Coli, NH<sub>3</sub>-N, pH, TRC and TSS is five times per week. The monitoring frequency for nutrient-related parameters NO<sub>2</sub>+NO<sub>3</sub>-N, TKN, and TP is once per month. CBOD<sub>5</sub> % removal and TSS % removal and are to be calculated once per month. Total Recoverable Copper is to be monitored monthly. Color is

to be monitored once per week. Flow is to be continuously monitored daily. During periods of high instream flow when the effluent flow meter may not be accurately recording effluent flows, the Permittee should report the facility peak flow of 21 MGD plus the peak sand filter effluent flow.

This segment of Choccolocco Creek is a Tier I stream and is listed on the most recent 303(d) list for metals (mercury), pathogens (E. Coli) and priority organics (PCBs). PCBs are not an expected pollutant of concern in the wastewater being treated at this facility; therefore, it is not expected to contribute to the PCB impairment or be a pollutant of concern; therefore, this permit does not include PCB monitoring. The discharge from this facility should not be causing the impairment since the E. Coli limits are consistent with the Fish and Wildlife classification for this Choccolocco Creek. There are no TMDLs affecting this discharge. The Department in this reissuance will impose annual monitoring for Total Recoverable Mercury so sufficient info regarding mercury contributions from this discharge will be available for TMDL development of Choccolocco Creek.

UT to Choccolocco Creek is a Tier I stream and is on the most recent 303(d) list for Pathogens. Based on DMR data, the stormwater discharges from 003S to UT to Choccolocco Creek do not indicate significant E. Coli levels in the stormwater discharges. In the application, the Permittee indicated that corrective actions will be taken to lower the E. Coli levels in stormwater discharge from outfall 002S. The Storm Water Pollution Prevention (SWPP) Plan requires implementation of best management operation practices and a Best Management Practices (BMP) Plan and should not add significant levels to the impairment of UT to Choccolocco Creek. There are no Total Daily Maximum Daily Loads (TMDLs) affecting this discharge.

The permit language in Parts I.C.1.c and I.C.2.e has been updated to reflect the electronic discharge monitoring reporting and sanitary sewer overflow reporting requirements due to the transition to the Department's new Alabama Environmental Permitting and Compliance System (AEPACS) from the E2 Reporting System.

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

Prepared by: Michael N. Simmons





# Choccolocco Creek WWTP (AL0022195)

## Total Recoverable Mercury DMR Data

<i>Monitor Period End Date</i>	<i>Monthly Average (<math>\mu\text{g/l}</math>)</i>	<i>Daily Maximum (<math>\mu\text{g/l}</math>)</i>
12/31/2017	0.0041	0.0041
3/31/2018	0.00603	0.00603
6/30/2018	0.00341	0.00341
9/30/2018	0.00342	0.00342
12/31/2018	0.00291	0.00291
3/31/2019	0.00167	0.00167
6/30/2019	0.00602	0.00602
9/30/2019	0.00508	0.00508
12/31/2019	0.00088	0.00088
3/31/2020	0.005	0.005
6/30/2020	0.00225	0.00225
9/30/2020	0.00381	0.00381
12/31/2020	0.00284	0.00284
3/31/2021	0.0275	0.0275
6/30/2021	0.00228	0.00228
9/30/2021	0.00359	0.00359
12/31/2021	0.00289	0.00289
3/31/2022	0.00530	0.00530
6/30/2022	0.00189	0.00189

<i>Monthly Average (mg/l)</i>	0.0048
<i>Daily Maximum (mg/l)</i>	0.0275

# Choccolocco Creek WWTP (AL0022195)

## Raw Data Calculations

Copper (µg/l)	9.70	October 18, 2019 Test
	5.40	April 14, 2020 Test
	13.20	Feburary 19, 2021 Test
Avg.	9.43	
Max	13.20	

Zinc (µg/l)	24.20	October 18, 2019 Test
	15.80	April 14, 2020 Test
	24.60	Feburary 19, 2021 Test
Avg.	21.53	
Max	24.60	

Hardness (µg/l)	162000.00	October 18, 2019 Test
	89800.00	April 14, 2020 Test
	93900.00	Feburary 19, 2021 Test
Avg.	115233.33	
Max	162000.00	

Total Phenolic Compounds (µg/l)	0.00	October 18, 2019 Test
	0.00	April 14, 2020 Test
	0.00	Feburary 19, 2021 Test
Avg.	0.00	
Max	0.00	

p-chloro-m-cresol (µg/l)	0.00	October 18, 2019 Test
	0.00	April 14, 2020 Test
	0.00	Feburary 19, 2021 Test
Avg.	0.00	
Max	0.00	

3,4-benzofluoranthene (µg/l)	0.00	October 18, 2019 Test
	0.00	April 14, 2020 Test
	0.00	Feburary 19, 2021 Test
Avg.	0.00	
Max	0.00	

## TOXICITY AND DISINFECTION RATIONALE

Facility Name:	<b>Chocolocco Creek WWTP</b>	
NPDES Permit Number:	<b>AL0022195</b>	
Receiving Stream:	<b>Chocolocco Creek</b>	
Facility Design Flow (Q <sub>w</sub> ):	<b>10.500 MGD</b>	
Receiving Stream 7Q <sub>10</sub> :	<b>45.040 cfs</b>	
Receiving Stream 1Q <sub>10</sub> :	<b>43.190 cfs</b>	
Winter Headwater Flow (WHF):	<b>73.71 cfs</b>	
Summer Temperature for CCC:	<b>28 deg. Celsius</b>	
Winter Temperature for CCC:	<b>18 deg. Celsius</b>	
Headwater Background NH <sub>3</sub> -N Level:	<b>0.11 mg/l</b>	
Receiving Stream pH:	<b>7.0 s.u.</b>	
Headwater Background FC Level (summer):	<b>N/A.</b>	<b>(Only applicable for facilities with diffusers.)</b>
(winter)	<b>N/A.</b>	

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

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 26.51\%$$

### AMMONIA TOXICITY LIMITATIONS

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

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

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

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 26.51\% \quad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

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

	<u>CMC</u>	<u>CCC</u>
Allowable Summer Instream NH <sub>3</sub> -N:	<b>36.09 mg/l</b>	<b>2.48 mg/l</b>
Allowable Winter Instream NH <sub>3</sub> -N:	<b>36.09 mg/l</b>	<b>4.72 mg/l</b>

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 9.1 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= 25.7 \text{ mg/l NH}_3\text{-N at Winter Flow} \end{aligned}$$

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

	<u>DO-based NH<sub>3</sub>-N limit</u>	<u>Toxicity-based NH<sub>3</sub>-N limit</u>
Summer	<b>2.00 mg/l NH<sub>3</sub>-N</b>	<b>9.10 mg/l NH<sub>3</sub>-N</b>
Winter	<b>15.00 mg/l NH<sub>3</sub>-N</b>	<b>25.70 mg/l NH<sub>3</sub>-N</b>

**Summer: The DO based limit of 2.00 mg/l NH<sub>3</sub>-N applies.**

**Winter: The DO based limit of 15.00 mg/l NH<sub>3</sub>-N applies.**

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

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The following factors trigger toxicity testing requirements:

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

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

**Chronic toxicity testing is required**

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 26.51\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

**DISINFECTION REQUIREMENTS**

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

See the attached Disinfection Guidance for applicable stream standards.

(Non-coastal limits apply)  
 Applicable Stream Classification: **Fish & Wildlife**  
 Disinfection Type: **Chlorination**  
 Limit calculation method: **Limits based on meeting stream standards at the point of discharge.**

	Stream Standard (colonies/100ml)	Effluent Limit (colonies/100ml)
<b><u>E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)</u></b>		
Monthly limit as monthly average (November through April):	548	<b>548</b>
Monthly limit as monthly average (May through October):	126	<b>126</b>
Daily Max (November through April):	2507	<b>2507</b>
Daily Max (May through October):	298	<b>298</b>
<b><u>Enterococci (applies to Coastal)</u></b>		
Monthly limit as geometric mean (November through April):	Not applicable	<b>Not applicable</b>
Monthly limit as geometric mean (May through October):	Not applicable	<b>Not applicable</b>
Daily Max (November through April):	Not applicable	<b>Not applicable</b>
Daily Max (May through October):	Not applicable	<b>Not applicable</b>

**MAXIMUM ALLOWABLE CHLORINATION LIMITS**

---

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

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

Maximum allowable TRC in effluent:	0.041 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.072 mg/l (acute)	(0.019)/(SDR)

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

Prepared By: Michael Simmons Date: 2/15/2023



# Waste Load Allocation Summary

## REQUEST INFORMATION

Request Number: 3327

From:	Dustin Stokes	In Branch/Section	Municipal
Date Submitted	4/21/2016	Date Required	5/21/2016
		FUND Code	605
Receiving Waterbody	Choccolocco Creek	Date Permit application received by NPDES program	3/25/2016
Previous Stream Name			
Facility Name	Anniston Choccolocco WWTP	(Name of Discharger-WQ will use to file)	
		Previous Discharger Name	
River Basin	Coosa	Outfall Latitude	33.60239 (decimal degrees)
County	Calhoun	Outfall Longitude	-85.82574 (decimal degrees)
Permit Number	AL0022195	Permit Type	Permit Reissuance
		Permit Status	Active
		Type of Discharger	MUNICIPAL

Do other discharges exist that may impact the model?  Yes  No

If yes, impacting dischargers names.	NGC Industries, Inc WWTP Oxford Tull C. Allen WWTP Anniston Army Depot Talladega Airport Industrial Park WWTP Talladega Superspeedway	Impacting dischargers permit numbers.	AL0003930 AL0058408 AL0002658 AL0054658 AL0058238
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Existing Discharge Design Flow	10.5	MGD	Note: The flow rates given should be those requested for modeling.
Proposed Discharge Design Flow	10.5	MGD	

Comments included <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Information Verified By TCG	Year File Was Created 1985	Response ID Number 1548
---	-----------------------------	----------------------------	-------------------------

Lat/Long Method: GPS

12 Digit HUC Code	031501060507	Date of Site Visit	5/4/2016
Use Classification	F&W	Date of WLA Response	5/24/2016
Site Visit Completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved TMDL?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Waterbody Impaired?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date of TMDL	
Antidegradation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Waterbody Tier Level	Tier I		
Use Support Category	5		

## Waste Load Allocation Information

Modeled Reach Length	30.68	Miles	Date of Allocation	5/20/2016
Name of Model Used	SWQM		Allocation Type	2 Seasons
Model Completed by	Taylor Griswell		Type of Model Used	Desk-top
Allocation Developed by	Water Quality Branch			

# Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters				Other Parameters			
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD
	Season Summer		Season Winter		Season	Season		
	From May		From Dec		From	From		
	Through Nov		Through Apr		Through	Through		
CBOD5	CBOD5	15	mg/L	CBOD5	25	mg/L	TP	
NH3-N	NH3-N	2	mg/L	NH3-N	15	mg/L	TN	
TKN	TKN			TKN			TSS	
D.O.	D.O.	6	mg/L	D.O.	6	mg/L		

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

Water Quality Characteristics Immediately Upstream of Discharge				
Parameter	Summer		Winter	
CBODu	2	mg/l	2	mg/l
NH3-N	0.11	mg/l	0.11	mg/l
Temperature	28	°C	18	°C
pH	7	su	7	su

Hydrology at Discharge Location				Method Used to Calculate	
Drainage Area Qualifier Exact	Drainage Area	221.5	sq mi	ADEM Estimate w/USGS Gage Data	
	Stream 7Q10	45.04	cfs	ADEM Estimate w/USGS Gage Data	
	Stream 1Q10	43.19	cfs	ADEM Estimate w/USGS Gage Data	
	Stream 7Q2	73.71	cfs	ADEM Estimate w/USGS Gage Data	
	Annual Average	322.07	cfs	ADEM Estimate w/USGS Gage Data	

**Comments and/or Notations** Previous models omitted several tributaries which should have been included. Unclear why these tributaries were omitted. Updated model includes all tributaries with a drainage area greater than 5 square miles. Previous models have "user input" velocities. A WLA study from 1979 was found showing measured velocities. Spreadsheet model calculated velocities were double what was seen in study and previous models. Since there is documentation showing lower velocities, it was decided to use the velocities used in previous models. All temperature values were reset to default temp values. Five other facilities are included in this model.

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)

NPDES INDIVIDUAL PERMIT APPLICATION

SUPPLEMENTARY INFORMATION FOR PUBLICLY-OWNED TREATMENT WORKS (POTW), OTHER TREATMENT WORKS TREATING DOMESTIC SEWAGE (TWTDS), AND PUBLIC WATER SUPPLY TREATMENT PLANTS

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

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

PURPOSE OF THIS APPLICATION

- Initial Permit Application for New Facility\*
Modification of Existing Permit
Revocation & Reissuance of Existing Permit
Initial Permit Application for Existing Facility\*
Reissuance of Existing Permit
\* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.

SECTION A - GENERAL INFORMATION

1. Facility Name: Choccolocco Creek WWTP Facility County: Calhoun

a. Operator Name: The Water Works and Sewer Board of the City of Anniston

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

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MUNICIPAL SECTION

If No, provide the following information:

Operator Name:

Operator Address (Street or PO Box):

City: Zip:

Phone Number: Email Address:

Operator Status:

[ ] Public-federal [ ] Public-state [ ] Public-other (please specify):

[ ] Private [ ] Other (please specify):

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

[Empty box for describing operator's scope of responsibility]

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

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

2. NPDES Permit Number: AL 0022195 (Not applicable if initial permit application)

3. Facility Location (Front Gate): Latitude: 33 36 11 Longitude: 85 49 45

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

Name and Title: Edward A. Turner

Address: PO Box 2268

City: Anniston State: AL Zip: 36202

Phone Number: 256.241.2000 Email Address: eturner@awwsb.org

5. Designated Facility/DMR Contact:

Name: Gregory Moon Title: Wastewater Treatment Plant Operations Supervisor  
 Phone Number: 256.310.3619 Email Address: gmoon@awwsb.org

6. Designated Emergency Contact:

Name: Edward A. Turner Title: General Manager  
 Phone Number: 256.241.2000 Email Address: eturner@awwsb.org

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
<u>Choccolocco Creek WWTP</u>	<u>AL0022195</u>	<u>Notice of Violation</u>	_____
<u>McClellan WWTP</u>	<u>AL0024520</u>	<u>Notice of Violation</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION B – WASTEWATER DISCHARGE INFORMATION**

1. Attach a process flow schematic of the treatment process, including the size of each unit operation and sample collection locations.
2. Do you share an outfall with another facility?  Yes  No (If no, continue to B.3)

For each shared outfall, provide the following:

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

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

- Current:** Flow Metering  Yes  No  N/A  
 Sampling Equipment  Yes  No  N/A  
**Planned:** Flow Metering  Yes  No  N/A  
 Sampling Equipment  Yes  No  N/A

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

The plant currently has influent and effluent parshall flumes for flow measurement and influent and effluent composite samplers.

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.)

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**SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION**

**MUNICIPAL SECTION**

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
Municipal Wastewater Sludge	Drying Beds, Sludge Storage Area
Sludge/Grease/Screenings	Drying Beds

\*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?
Huron Valley Steel Corporation	Metal separation and leachate water.	Existing		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Food Ingredients Technology Company	Batch clean up water and continuous process water.	Existing		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
General Dynamics OTS	Metal finishing operations.	Existing		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Solutia, Inc.	Chemical manufacture using contract water processes.	Existing		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lee Brass Company	Steam cleaning, assembly and test water.	Existing		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Biomune	Manufacture of poultry vaccines and sterile diluents	Existing		<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

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?

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

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

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

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

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

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**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	Choccolocco Creek	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

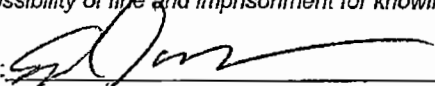
\*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

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

**SECTION J – APPLICATION CERTIFICATION**

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

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

Signature of Responsible Official:  Date Signed: 3-1-2022

Name: Edward A. Turner Title: General Manager

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

Mailing Address: PO Box 2268

City: Anniston State: AL Zip: 36202

Phone Number: 256.241.2000 Email Address: eturner@awwsb.org

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

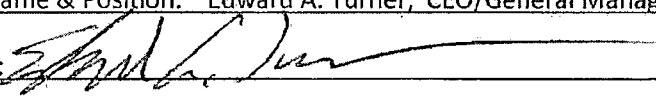
- (1) The application for an NPDES permit shall be signed by a responsible official, as indicated below:
  - (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such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



## RESPONSIBLE OFFICIAL ASSIGNMENT

I, Jimmy O'Dell, hereby notify the Alabama Department of Environmental Management (ADEM) that the designee meets the requirements of a Responsible Official as stated in ADEM Administrative Code 335-6-6-.09 and who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility.

Delegated/Assigned Name & Position: Edward A. Turner, CEO/General Manager

Signature of Designee: 

Company: The Water Works and Sewer Board of the City of Anniston

Address: P.O. Box 2268

City, State, Zip: Anniston, AL 36202-2268

Contact Number: 256-241-2000

Effective Date of Delegation: 6/20/2013

By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in ADEM Administrative Code 335-6-6-.09.

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

Name & Title: Jimmy O'Dell, Chairman, Board of Directors

Company: The Water Works and Sewer Board of the City of Anniston

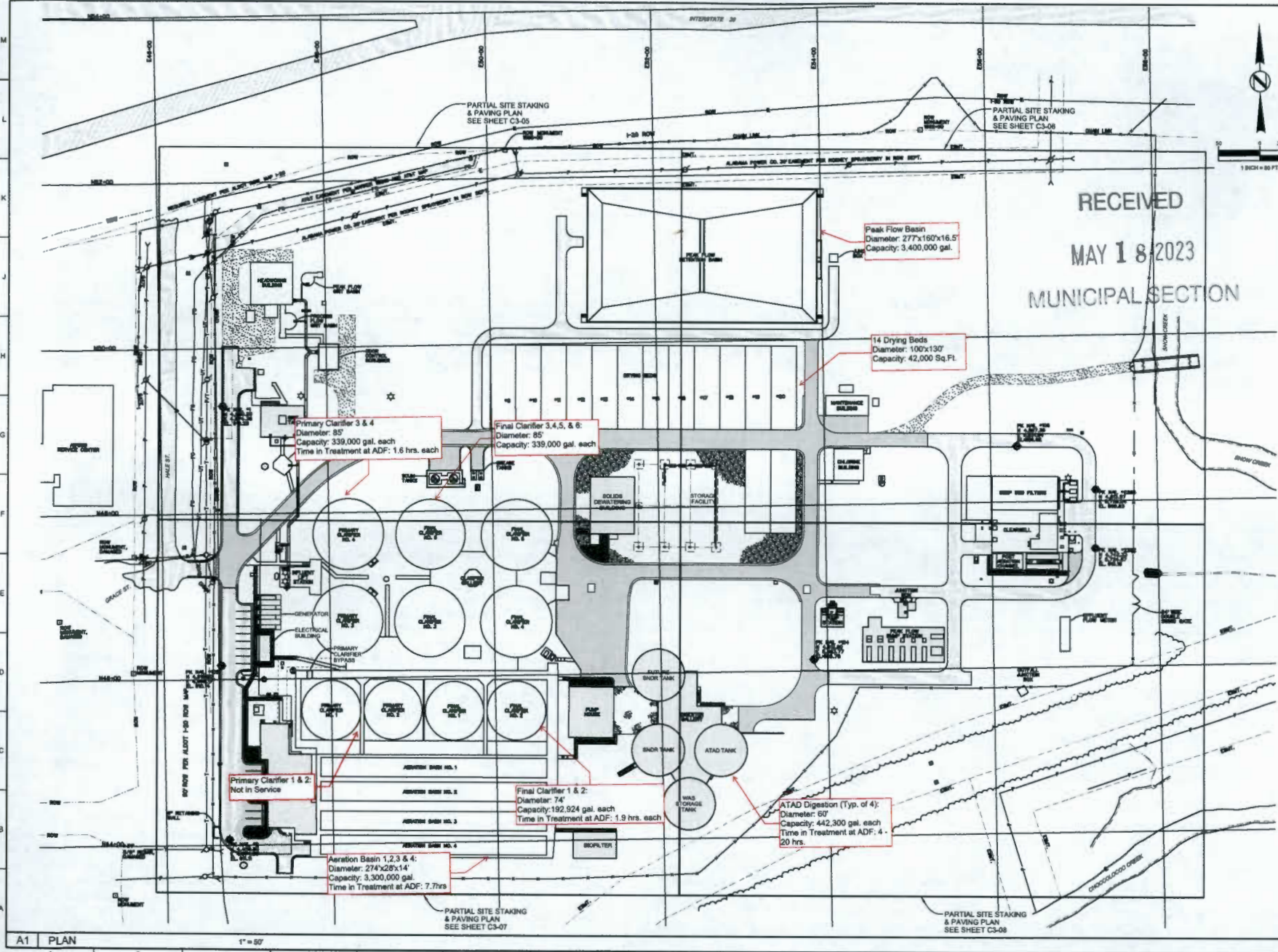
Contact Number: 256-241-2000

Signature: 

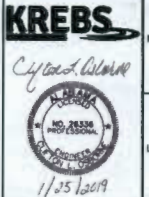
Date: 6-20-13

**If an authorization under paragraph 335-6-6-.09(2) is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of said paragraph must be submitted to the Department prior to or together with any reports or information signed by the newly authorized representative.**

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THE WATER WORKS AND SEWER BOARD  
OF THE CITY OF ANNISTON  
CHOCOLOCOCO CREEK WWTP  
BIOSOLIDS IMPROVEMENTS  
ANNISTON, ALABAMA



Client	CLO	Project No.	
Design	CLM/RS/BN	16022	
Contract	NOV		
Phase	CONSTRUCTION SET		
Sheet No.	03 of 213		

OVERALL SITE  
STAKING & PAVING  
PLAN

Issue Date: JAN. 2019  
Revision: 03 of 213  
C3-04

A1 PLAN 1" = 80'



**ANNISTON WATER WORKS  
AND SEWER BOARD**

931 NOBLE STREET STE 200  
ANNISTON, AL 36202



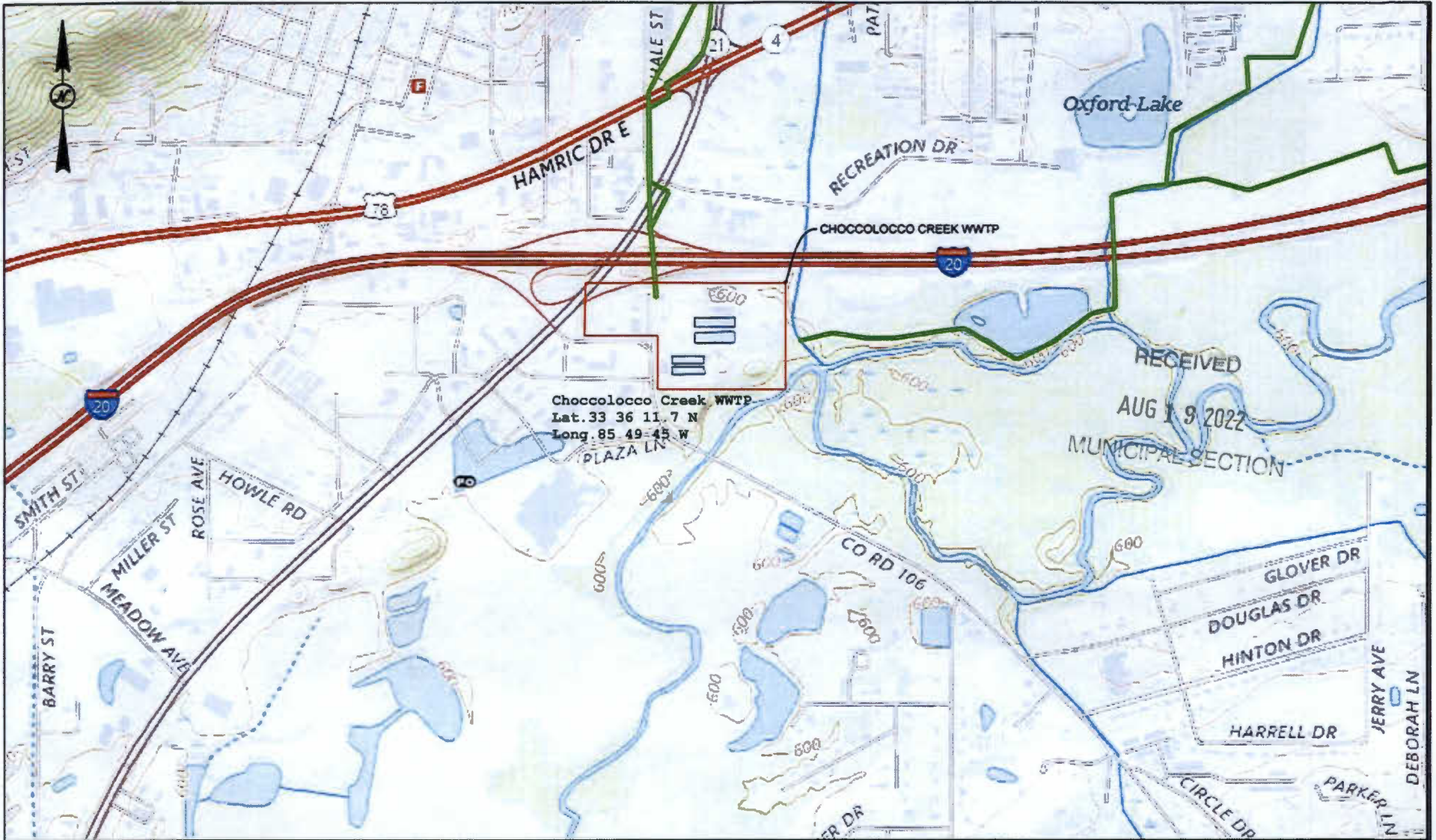
**CHOCOLOCCO CREEK WWTP**

35 FRIENDSHIP ROAD  
OXFORD, AL 36203

SHEET TITLE:		LOCATION MAP	
ISSUE DATE:	02/22/2022	SCALE:	NOT TO SCALE
PROJECT NUMBER:	—	DRAWN BY:	LF
SEQUENCE:	1 OF 6	CHECKED BY:	CO

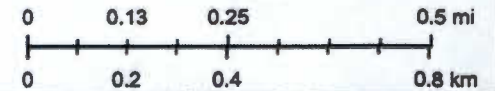
SHEET EXHIBIT

**A**



2/25/2022, 2:51:35 PM

1:18,056



Sewer\_Gravity\_Main

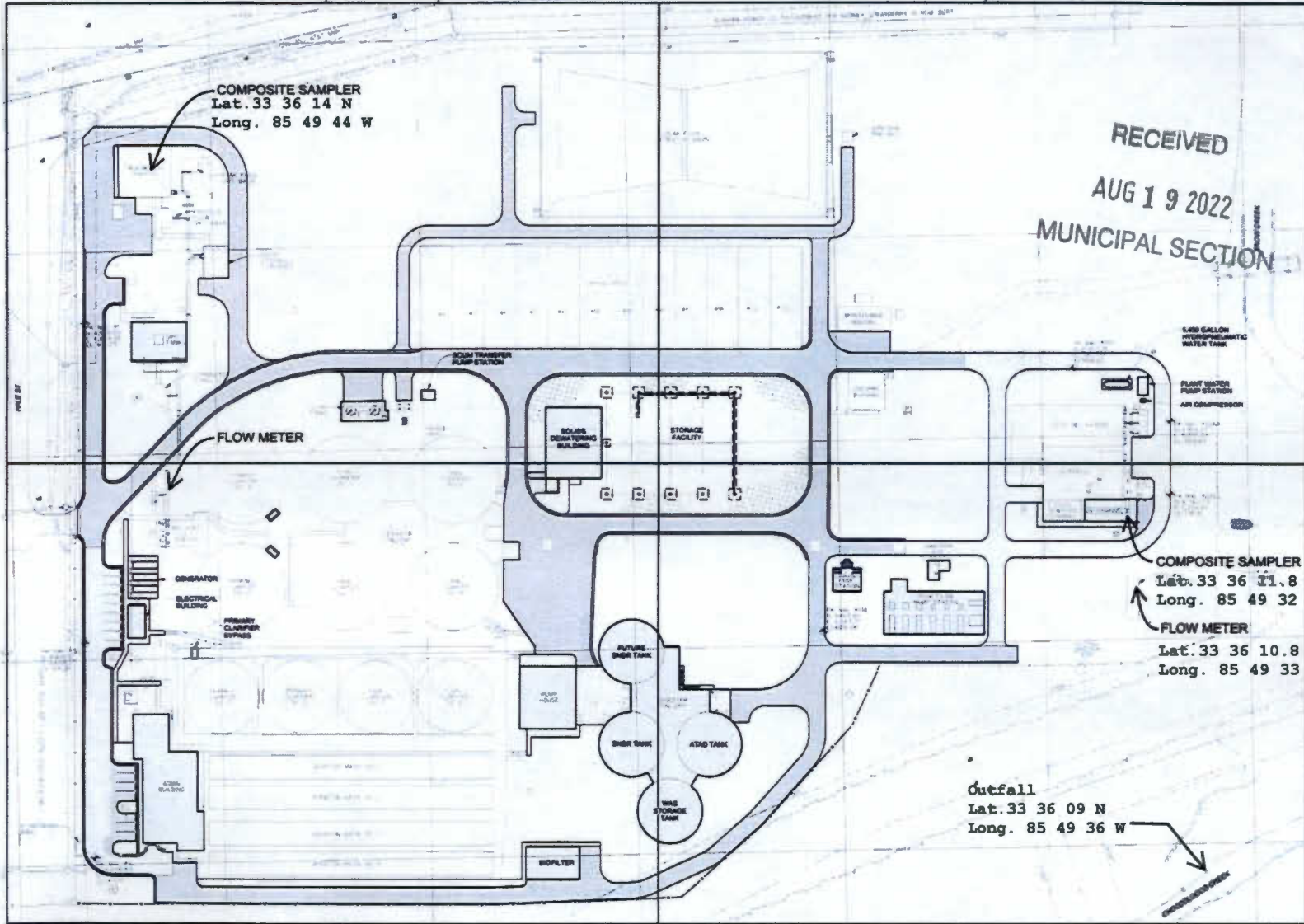
<b>ANNISTON WATER WORKS AND SEWER BOARD</b> 931 NOBLE STREET STE 200 ANNISTON, AL 36202	 <b>ANNISTON WATER WORKS &amp; SEWER BOARD</b>	<b>CHOCOLOCCO CREEK WWTP</b> 35 FRIENDSHIP ROAD OXFORD, AL 36203		SHEET TITLE: TOPOGRAPHY PLAN SHEET EXHIBIT: <b>TO-1</b>
		ISSUE DATE: 02/22/2022	SCALE: NOT TO SCALE	<b>TO-1</b>
		PROJECT NUMBER: --	DRAWN BY: LF	
		SEQUENCE: OF 6	CHECKED BY: CC	

PARTIAL SITE STAKING  
& PAVING PLAN  
SEE SHEET C3-05

PARTIAL SITE STAKING  
& PAVING PLAN  
SEE SHEET C3-06

COMPOSITE SAMPLER  
Lat. 33 36 14 N  
Long. 85 49 44 W

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MUNICIPAL SECTION



COMPOSITE SAMPLER  
Lat. 33 36 11.8 N  
Long. 85 49 32 W

FLOW METER  
Lat. 33 36 10.8 N  
Long. 85 49 33 W

Outfall  
Lat. 33 36 09 N  
Long. 85 49 36 W

PARTIAL SITE STAKING  
& PAVING PLAN  
SEE SHEET C3-07

PARTIAL SITE STAKING  
& PAVING PLAN  
SEE SHEET C3-08

**ANNISTON WATER WORKS  
AND SEWER BOARD**



931 NOBLE STREET STE 200  
ANNISTON, AL 36202

**CHOCOLOCCKO CREEK WWTP**

35 FRIENSHIP ROAD  
OXFORD, AL 36203

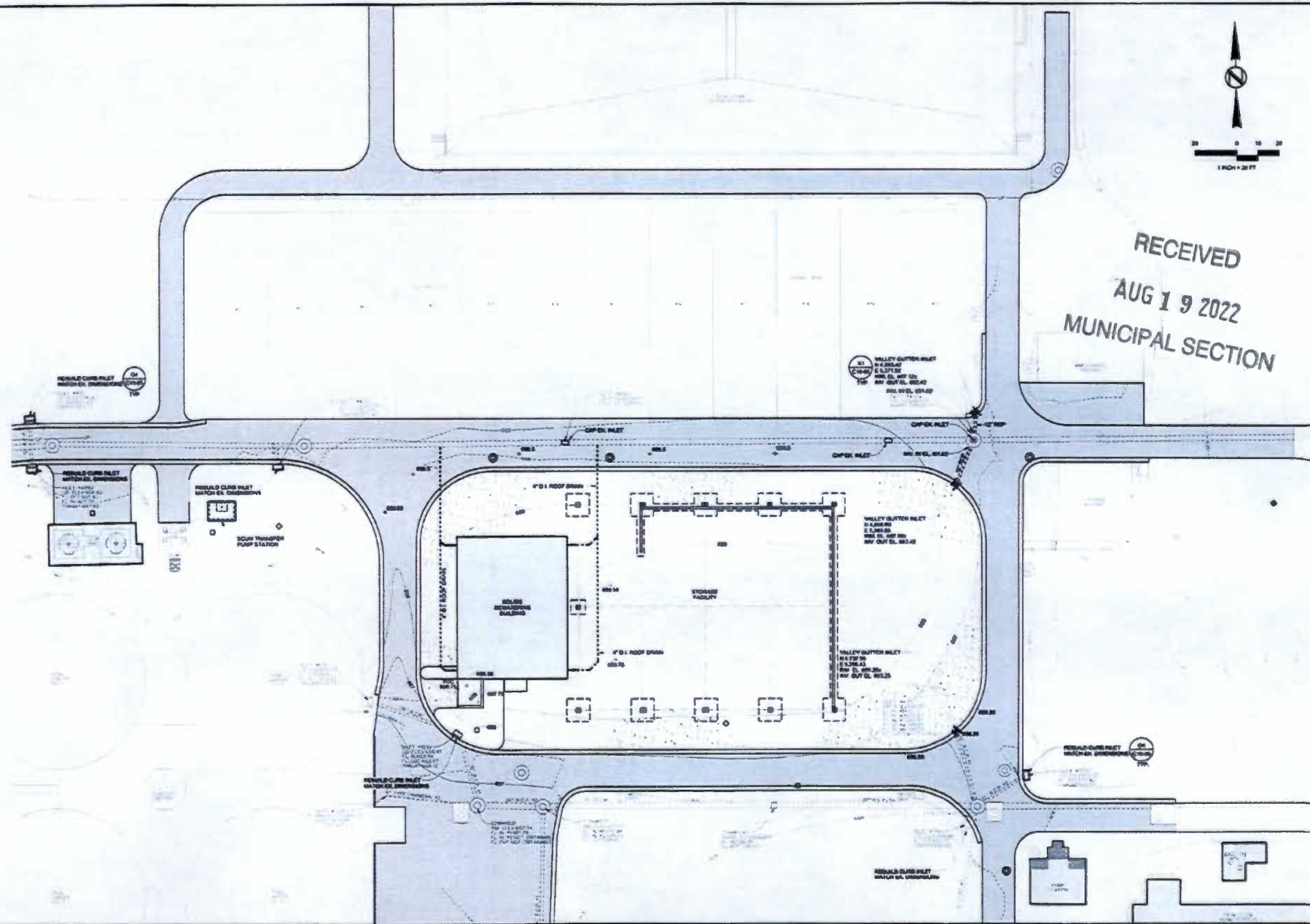
SHEET TITLE: SAMPLING AND FLOW MONITORING	
ISSUE DATE: 02/22/2022	SCALE: NOT TO SCALE
PROJECT NUMBER: ---	DRAWN BY: LF
SEQUENCE: 1 OF 1	CHECKED BY: CO

SHEET EXHIBIT

**SF-1**



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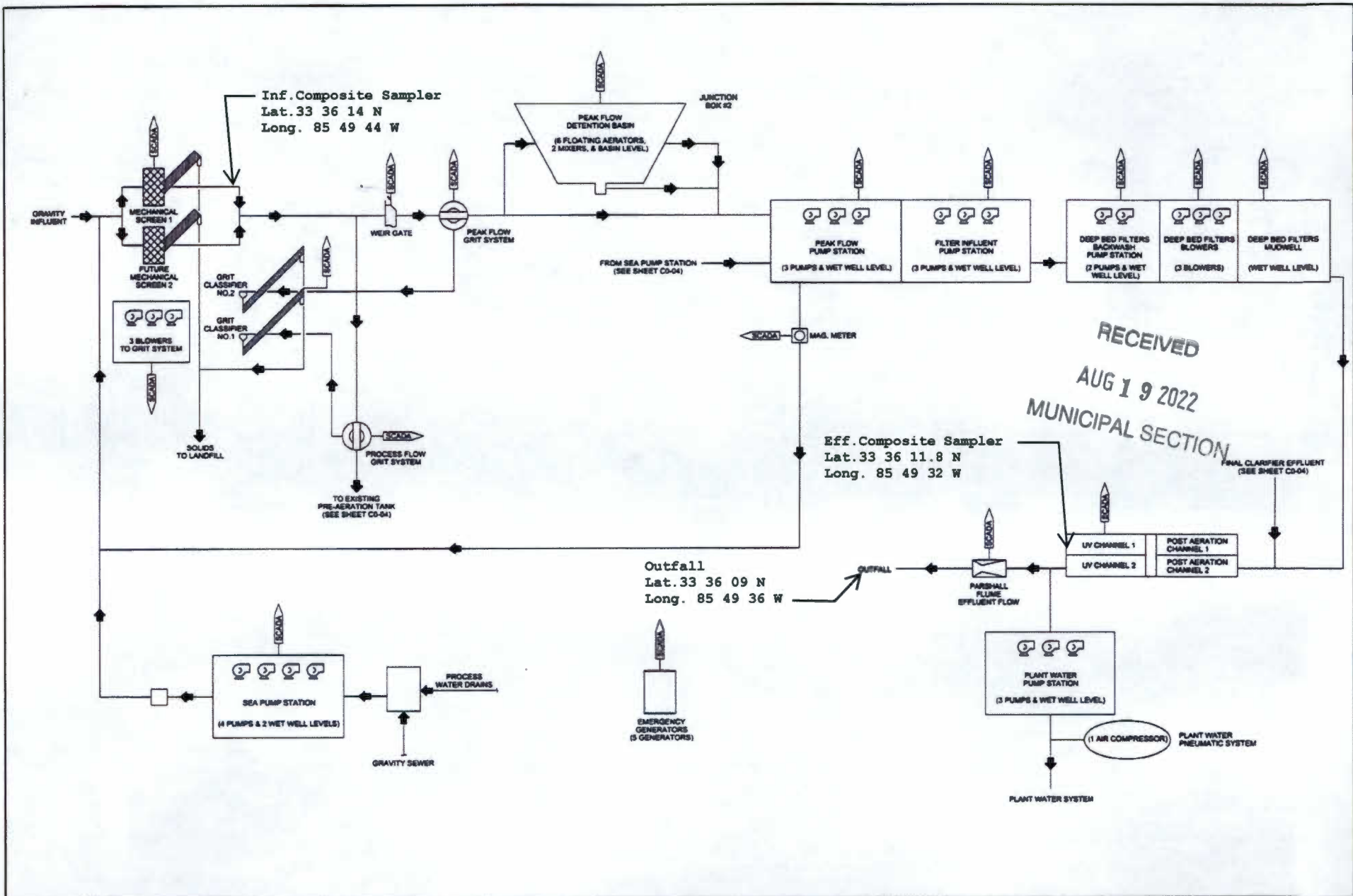
**ANNISTON WATER WORKS  
 AND SEWER BOARD**  
 931 NOBLE STREET STE 200  
 ANNISTON, AL 36202



**CHOCOLOCOCO CREEK WWTP**  
 35 FRIENDSHIP ROAD  
 OXFORD, AL 36203

SHEET TITLE: SITE PLAN	
ISSUE DATE: 02/22/2022	SCALE: NOT TO SCALE
PROJECT NUMBER: ---	DRAWN BY: LF
SEQUENCE: 1 OF 1	CHECKED BY: CO

SHEET EXHIBIT  
**SP-1**



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MUNICIPAL SECTION

**ANNISTON WATER WORKS  
AND SEWER BOARD**

931 NOBLE STREET STE 200  
ANNISTON, AL 36202

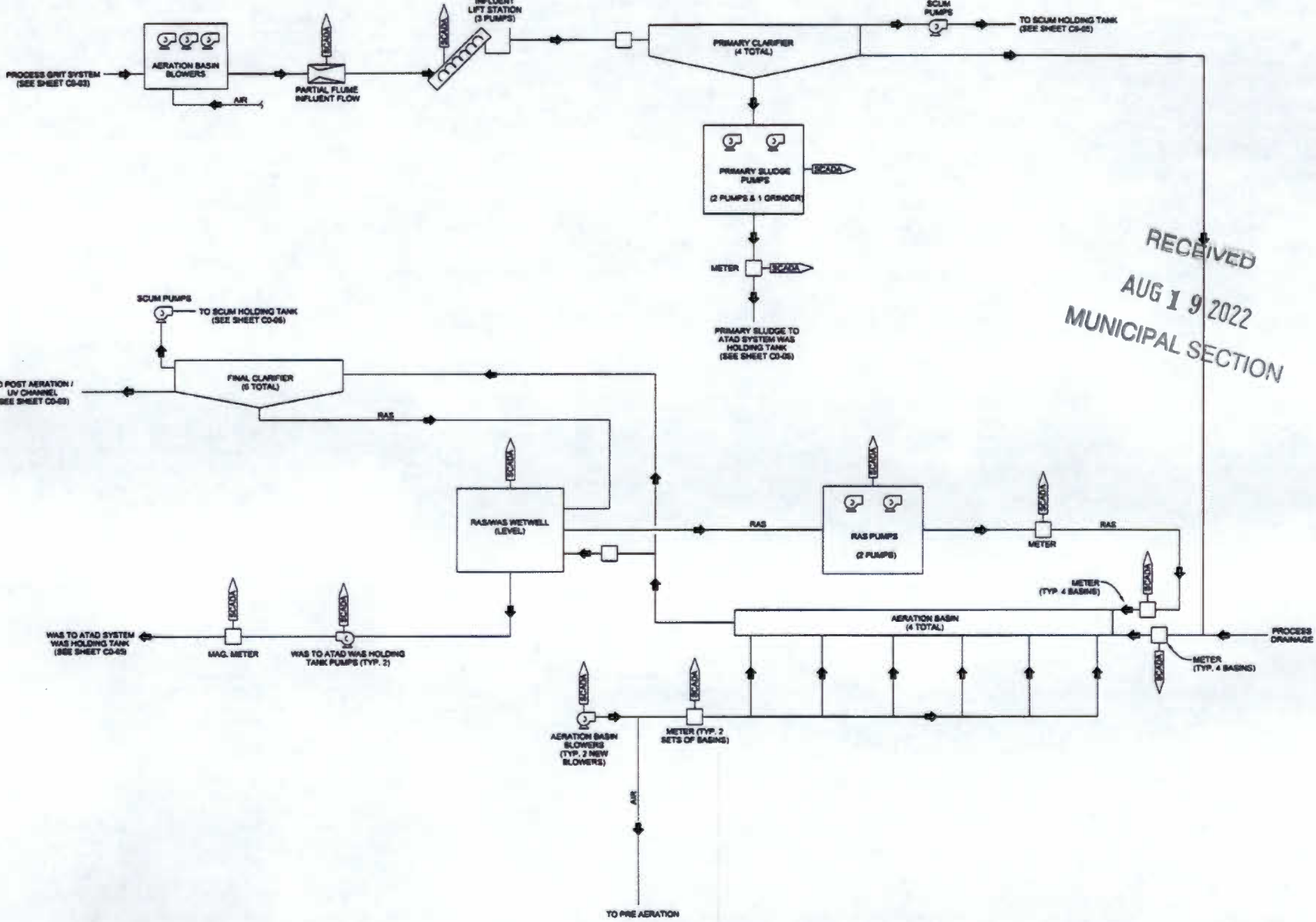


**CHOCOLOCCK CREEK WWTP**

35 FRIENDSHIP ROAD  
OXFORD, AL 36203

SHEET TITLE:	SCHEMATIC FLOW DIAGRAM	
ISSUE DATE:	02/22/2022	SCALE: NOT TO SCALE
PROJECT NUMBER:	---	DRAWN BY: LF
SEQUENCE:	1 OF 3	CHECKED BY: CO

SHEET EXHIBIT  
**FD-1**



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ANNISTON WATER WORKS  
 AND SEWER BOARD

931 NOBLE STREET STE 200  
 ANNISTON, AL 36202

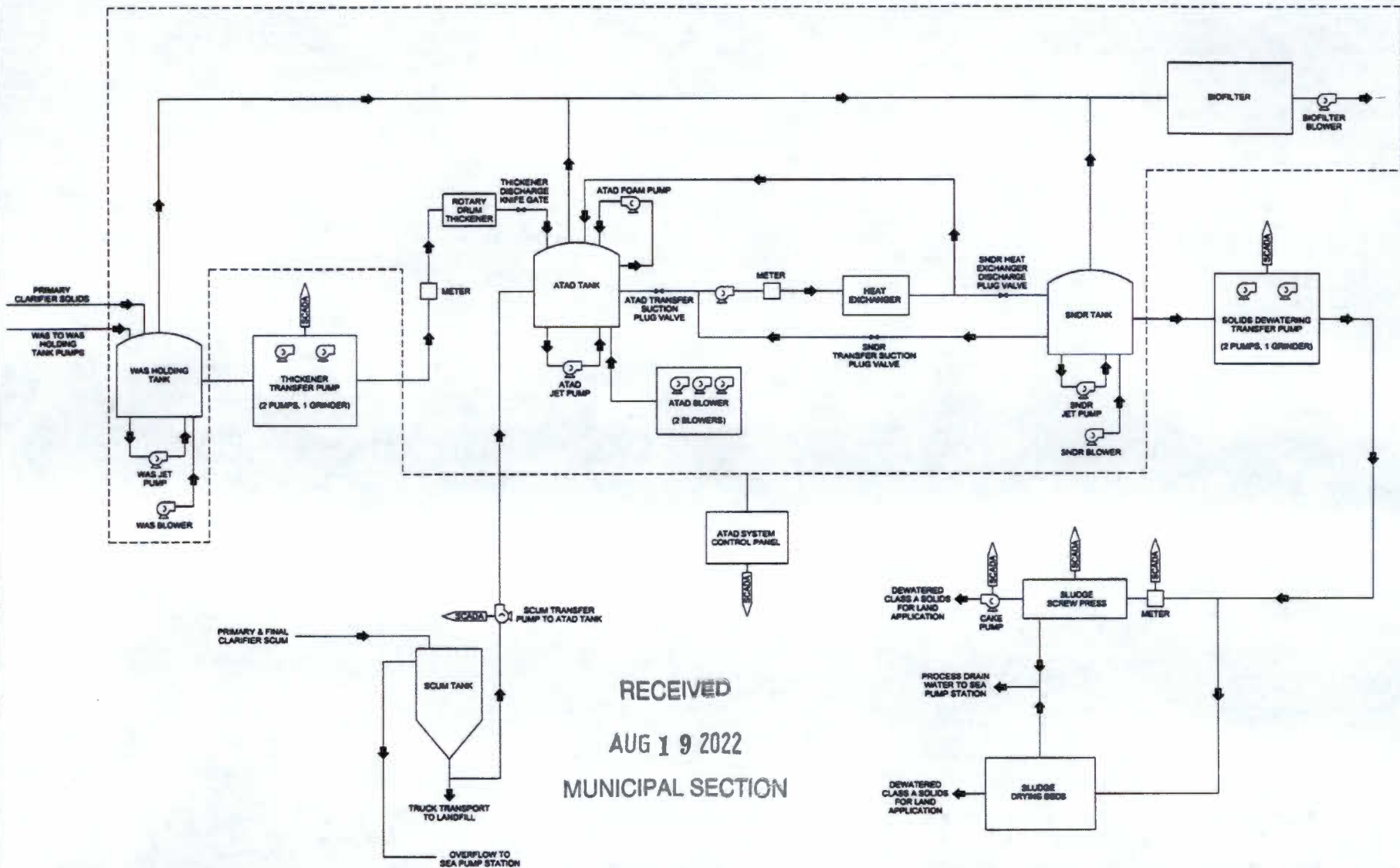


CHOCOLOCCKO CREEK WWTP

35 FRIENDSHIP ROAD  
 OXFORD, AL 36203

SHEET TITLE:	SCHEMATIC FLOW DIAGRAM		SHEET EXHIBIT
ISSUE DATE:	02/22/2022	SCALE: NOT TO SCALE	
PROJECT NUMBER:	—	DRAWN BY: LF	FD-2
SEQUENCE:	2 OF 3	CHECKED BY: CO	





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ANNISTON WATER WORKS  
 AND SEWER BOARD

831 NOBLE STREET STE 200  
 ANNISTON, AL 36202



CHOCOLOCCKO CREEK WWTP

35 FRIENDSHIP ROAD  
 OXFORD, AL 36203

SHEET TITLE:	SCHEMATIC FLOW DIAGRAM
ISSUE DATE:	SCALE:
PROJECT NUMBER:	DRAWN BY:
SEQUENCE:	CHECKED BY:
3 OF 3	CO

SHEET EXHIBIT

FD-3



**The Water Works and Sewer Board of the City of Anniston, Alabama**  
**931 Noble Street, Suite 200 - P.O. Box 2268**  
**Anniston, AL 36202**  
**www.awwsb.org**  
**256-241-2000**

February 13, 2023

Michael Simmons  
ADEM  
Water Division  
Industrial/Municipal Branch

RE: Choccolocco Creek WWTP  
Anniston Choccolocco Creek (AL0022195)

Dear Michael:

Per your request, please find attached a copy of the annual effluent flows for the Choccolocco Creek WWTP (CCWWTP).

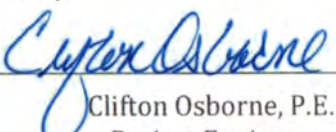
The CCWWTP is designed to handle an average daily flow of 10.5 million gallons per day (MGD) and a peak flow of 21.0 MGD. The CCWWTP influent lift station delivers influent flow via two (2) screw pumps rated for 10.5 MGD each. When peak flows occur the two pumps operate simultaneously to pump a maximum flow of 21.0 MGD to the plant. In 2006 a peak flow basin and deep bed sand filters were constructed to handle an additional peak flow of 15 MGD. With the addition of the peak flow basin and sand filters the plant is capable of treating a peak flow of 36 MGD.

Effluent flow is measured using a Parshall flume located adjacent to Choccolocco Creek. Due to the proximity of the plant's discharge location to Choccolocco Creek, the effluent Parshall flume will become submerged during high rain events. Submergence occurs when the flow exiting the flume cannot transfer properly to the downstream channel. As a result, water backs up into the flume. This backwater effect can result in the entire flume being underwater. When the Parshall flume at CCWWTP experiences this backwater condition flow measurement becomes unreliable.

To resolve the flow measuring concern plant personnel will use the maximum influent flow of 21 MGD and add the effluent sand filter flow. Additionally, during the last plant upgrade completed in 2022 two ultrasonic level indicators were added to the effluent Parshall flume to help provide a more accurate reading when the effluent Parshall flume is submerged.

If you need further information, please feel free to contact me at [cosborne@awwsb.org](mailto:cosborne@awwsb.org).

Sincerely,

By   
Clifton Osborne, P.E.  
Project Engineer

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FEB 13 2023  
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## Simmons, Michael N

---

**From:** Clif Osborne <cosborne@awwsb.org>  
**Sent:** Tuesday, February 27, 2024 1:38 PM  
**To:** Simmons, Michael N  
**Subject:** Choccolocco Effluent Flows  
**Attachments:** CCWWTP Effluent Flow (version 1).xls

Michael,

Attached is the revised spreadsheet you requested. The spreadsheet was created to illustrate how the effluent flows at the Choccolocco Creek WWTP are determined. For example, on Jan. 4, 2020 the effluent flow meter had a reading of 40.51 MGD. We believe this reading on the effluent meter is inaccurate since the meter can only accurately read up to 36 MGD but the plant can only handle 21 MGD hydraulically. Furthermore, the effluent reading is affected by the creeks backwater causing the effluent partial flume to become submerged. Since the plant is hydraulically limited to 21 MGD, anything over 21 MGD is sent through sand filters. At the point we use the hydraulic plant capacity of 21 MGD and add it to the effluent flow from the sand filters. So on Jan. 4, 2020 we add 21 MDG and 9.87 MGD (sand filter effluent) to come up with a total effluent flow of 30.87 MGD.

Clif

*Clifton Osborne  
The Water Works and Sewer Board  
Of the City of Anniston  
931 Noble Street, Suite 200  
(PO Box 2268)  
Anniston, AL 36201 (36202-2268)  
256.241.5003*

Mon.-Yr.	Monthly Average		Nov.-Apr. Average	May-Oct. Average	Annual Average
Nov-19	7.35				
Dec-19	10.21				
Jan-20	21.54				
Feb-20	24.36				
Mar-20	22.85				
Apr-20	17.41		17.29		
May-20	12.37				
Jun-20	11.18				
Jul-20	7.39				
Aug-20	6.61			8.52	
Sep-20	6.71				
Oct-20	6.85				
Nov-20	6.20				
Dec-20	8.04				12.63
Jan-21	8.12				
Feb-21	15.27				
Mar-21	13.91				
Apr-21	13.13		10.78		
May-21	14.16				
Jun-21	16.13				
Jul-21	15.02				
Aug-21	10.66				
Sep-21	8.42				
Oct-21	6.94			11.89	
Nov-21	7.39				
Dec-21	9.18				11.53
Jan-22	18.41				
Feb-22	18.84				
Mar-22	21.99				
Apr-22	16.89		17.06		
May-22	11.28				
Jun-22	11.41				
Jul-22	9.38				
Aug-22	7.03				
Sep-22	6.76				
Oct-22	5.64			8.58	
Nov-22	6.89				
Dec-22	12.97				12.29

Average	11.97		15.04	9.66	12.15
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EFF FLOW				SAND FILTER		Flow, MGD
		TOTALIZER	MGD			21
October	31	4106881		October	31	
November	1	4118393	11.51	November	1	11.51
November	2	4127450	9.06	November	2	9.06
November	3	4134735	7.29	November	3	7.29
November	4	4140992	6.26	November	4	6.26
November	5	4147153	6.16	November	5	6.16
November	6	4152879	5.73	November	6	5.73
November	7	4158487	5.61	November	7	5.61
November	8	4165062	6.58	November	8	6.58
November	9	4171479	6.42	November	9	6.42
November	10	4176936	5.46	November	10	5.46
November	11	4182110	5.17	November	11	5.17
November	12	4187727	5.62	November	12	5.62
November	13	4195480	7.75	November	13	7.75
November	14	4202066	6.59	November	14	6.59
November	15	4208545	6.48	November	15	6.48
November	16	4217388	8.84	November	16	8.84
November	17	4224924	7.54	November	17	7.54
November	18	4232056	7.13	November	18	7.13
November	19	4239121	7.07	November	19	7.07
November	20	4245334	6.21	November	20	6.21
November	21	4250914	5.58	November	21	5.58
November	22	4256653	5.74	November	22	5.74
November	23	4262449	5.80	November	23	5.80
November	24	4276024	13.58	November	24	13.58
November	25	4286556	10.53	November	25	10.53
November	26	4295959	9.40	November	26	9.40
November	27	4304146	8.19	November	27	8.19
November	28	4313201	9.06	November	28	9.06
November	29	4320445	7.24	November	29	7.24
November	30	4327510	7.07	November	30	7.07
			7.35			7.35

EFF FLOW			SAND FILTER		Flow, MGD
	TOTALIZER	MGD	TOTALIZER	MGD	21
November	30	4327510			
December	1	4334467			6.96
December	2	4341350			6.88
December	3	4347611			6.26
December	4	4353761			6.15
December	5	4359733			5.97
December	6	4365524			5.79
December	7	4371345			5.82
December	8	4377026			5.68
December	9	4382274			5.25
December	10	4387945			5.67
December	11	4395150			7.21
December	12	4401511			6.36
December	13	4407460			5.95
December	14	4414480			7.02
December	15	4420541			6.06
December	16	4426580			6.04
December	17	4433577			7.00
December	18	4446567			12.99
December	19	4457354			10.79
December	20	4466664			9.31
December	21	4475609			8.95
December	22	4483643			8.03
December	23	4501701			18.06
December	24	4532073			30.37
December	25	4554086			22.01
December	26	4572309			18.22
December	27	4588251			15.94
December	28	4604059			15.81
December	29	4618635			14.58
December	30	4632194			13.56
December	31	4644040			11.85
		10.21			10.21

EFF FLOW				SAND FILTER		Flow, MGD		
		TOTALIZER	MGD			TOTALIZER	MGD	21
December	31	4644040		December	31			
January	1	4654641	10.60	January	1	233566454	0.00	10.60
January	2	4664229	9.59	January	2	233566454	0.00	9.59
January	3	4689258	25.03	January	3	237365615	3.80	25.03
January	4	4729772	40.51	January	4	247240506	9.87	30.87
January	5	4761649	31.88	January	5	252531622	5.29	31.88
January	6	4784564	22.92	January	6	253038043	0.51	22.92
January	7	4805123	20.56	January	7	253038043	0.00	20.56
January	8	4824174	19.05	January	8			19.05
January	9	4841675	17.50	January	9			17.50
January	10	4856441	14.77	January	10			14.77
January	11	4873000	16.56	January	11			16.56
January	12	4890429	17.43	January	12			17.43
January	13	4909465	19.04	January	13			19.04
January	14	4929748	20.28	January	14	253899261	253.90	20.28
January	15	4962255	32.51	January	15	259950299	6.05	32.51
January	16	4995894	33.64	January	16	266188924	6.24	33.64
January	17	5034115	38.22	January	17	276064421	9.88	30.88
January	18	5066006	31.89	January	18	281386527	5.32	31.89
January	19	5093169	27.16	January	19	283872660	2.49	27.16
January	20	5118046	24.88	January	20	284824729	0.95	24.88
January	21	5139657	21.61	January	21			21.61
January	22	5159231	19.57	January	22			19.57
January	23	5177389	18.16	January	23	284824729		18.16
January	24	5197414	20.03	January	24	285496956	0.67	20.03
January	25	5222909	25.50	January	25	286944519	1.45	25.50
January	26	5245152	22.24	January	26			22.24
January	27	5264008	18.86	January	27			18.86
January	28	5282136	18.13	January	28			18.13
January	29	5298615	16.48	January	29			16.48
January	30	5314327	15.70	January	30			15.70
January	31	5328899	14.57	January	31			14.57
			22					21.54

EFF FLOW				SAND FILTER			Flow, MGD	
		TOTALIZER	MGD			TOTALIZER	MGD	21
January	31	5328899		January	31			
February	1	5345893	16.99	February	1			16.99
February	2	5358823	12.93	February	2			12.93
February	3	5370390	11.57	February	3			11.57
February	4	5382216	11.83	February	4			11.83
February	5	5393585	11.37	February	5			11.37
February	6	5405994	12.41	February	6			12.41
February	7	5442451	36.46	February	7	293677898		21.00
February	8	5475637	33.19	February	8	297613023	3.94	33.19
February	9	5498447	22.81	February	9	297722145	0.11	22.81
February	10	5519138	20.69	February	10	297722145	0.00	20.69
February	11	5558443	39.31	February	11	308741388	11.02	32.02
February	12	5610173	51.73	February	12	317857577	9.12	30.12
February	13	5653052	42.88	February	13	328981764	11.12	32.12
February	14	5706987	53.94	February	14	340370145	11.39	32.39
February	15	5770665	63.68	February	15	350412720	10.04	31.04
February	16	5808172	37.51	February	16	356104046	5.69	26.69
February	17	5834597	26.43	February	17	358473862	2.37	26.43
February	18	5857261	22.66	February	18	359180776	0.71	22.66
February	19	5890858	33.60	February	19	365058688	5.88	33.60
February	20	5944168	53.31	February	20	374758556	9.70	30.70
February	21	5988717	44.55	February	21	384447175	9.69	30.69
February	22	6028406	39.69	February	22	392410855	7.96	28.96
February	23	6059418	31.01	February	23	397427115	5.02	31.01
February	24	6082588	23.17	February	24	399168401	1.74	23.17
February	25	6111512	28.92	February	25	402218302	3.05	28.92
February	26	6137157	25.65	February	26	404235597	2.02	25.65
February	27	6159367	22.21	February	27	404915816	0.68	22.21
February	28	6180755	21.39	February	28			21.39
February	29	6202622	21.87	February	29			21.87
			30.13					24.36



EFF FLOW				SAND FILTER				Flow, MGD
TOTALIZER		MGD	TOTALIZER		MGD	21		
February	29	6202622	February	29				
March	1	6221383	March	1			18.76	
March	2	6237382	March	2	405573507		16.00	
March	3	6261814	March	3	406536019	0.96	24.43	
March	4	6305224	March	4	414721962	8.19	29.19	
March	5	6344872	March	5	423626388	8.90	29.90	
March	6	6407995	March	6	434834767	11.21	32.21	
March	7	6477117	March	7	445372984	10.54	31.54	
March	8	6514298	March	8	451814611	6.44	27.44	
March	9	6542218	March	9	454810631	3.00	27.92	
March	10	6566208	March	10	456136646	1.33	23.99	
March	11	6589456	March	11	457183860	1.05	23.25	
March	12	6610720	March	12	457417827	0.23	21.26	
March	13	6631059	March	13	457438130	0.02	20.34	
March	14	6651414	March	14	457538513	0.10	20.36	
March	15	6671040	March	15			19.63	
March	16	6690931	March	16			19.89	
March	17	6710903	March	17			19.97	
March	18	6729460	March	18			18.56	
March	19	6748857	March	19			19.40	
March	20	6767352	March	20			18.50	
March	21	6784226	March	21			16.87	
March	22	6800078	March	22			15.85	
March	23	6813466	March	23	457538513		13.39	
March	24	6837331	March	24	457768600	0.23	23.87	
March	25	6868407	March	25	461888461	4.12	31.08	
March	26	6914947	March	26	470167452	8.28	29.28	
March	27	6942610	March	27	472934044	2.77	27.66	
March	28	6968184	March	28	473623295	0.69	25.57	
March	29	6990999	March	29	473623295	0.00	22.82	
March	30	7012070	March	30			21.07	
March	31	7030351	March	31			18.28	
							22.85	
		26.70						

EFF FLOW				SAND FILTER		Flow, MGD	
		TOTALIZER	MGD			21	
		TOTALIZER	MGD	TOTALIZER	MGD	21	
March	31	7030351		March	31		
April	1	7048680	18.33	April	1	18.33	
April	2	7064341	15.65	April	2	15.66	
April	3	7080070	15.73	April	3	15.73	
April	4	7096601	16.53	April	4	16.53	
April	5	7110415	13.81	April	5	13.81	
April	6	7124064	13.65	April	6	13.65	
April	7	7135977	11.91	April	7	11.91	
April	8	7148502	12.53	April	8	12.53	
April	9	7162266	13.76	April	9	13.76	
April	10	7174227	11.96	April	10	11.96	
April	11	7185459	11.23	April	11	11.23	
April	12	7196085	10.63	April	12	10.63	
April	13	7207258	11.17	April	13	11.17	
April	14	7226125	18.87	April	14	18.87	
April	15	7241658	15.53	April	15	15.53	
April	16	7256274	14.62	April	16	14.62	
April	17	7268951	12.68	April	17	12.68	
April	18	7281048	12.10	April	18	12.10	
April	19	7293543	12.50	April	19	12.50	
April	20	7312319	18.78	April	20	475597225 18.78	
April	21	7355638	43.32	April	21	486189271 10.59 31.59	
April	22	7386532	30.89	April	22	494124555 7.94 30.89	
April	23	7407847	21.32	April	23	497996280 3.87 21.32	
April	24	7449430	41.58	April	24	507845893 9.85 30.85	
April	25	7485850	36.42	April	25	514618052 6.77 27.77	
April	26	7510814	24.96	April	26	519114396 4.50 24.96	
April	27	7531564	20.75	April	27	521970837 2.86 20.75	
April	28	7550357	18.79	April	28	522266841 0.30 18.79	
April	29	7567514	17.16	April	29	17.16	
April	30	7583794	16.28	April	30	16.28	
			18.45				17.41

EFF FLOW				SAND FILTER		Flow, MGD
		TOTALIZER	MGD			21
April	30	7587794		April	30	
May	1	7602511	14.72	May	1	14.72
May	2	7620491	17.98	May	2	17.98
May	3	7634235	13.74	May	3	13.74
May	4	7647606	13.37	May	4	13.37
May	5	7659848	12.24	May	5	12.24
May	6	7672234	12.39	May	6	12.39
May	7	7684518	12.28	May	7	12.28
May	8	7695510	10.99	May	8	10.99
May	9	7706447	10.94	May	9	10.94
May	10	7716353	9.91	May	10	9.91
May	11	7725169	8.82	May	11	8.82
May	12	7734920	9.75	May	12	9.75
May	13	7744175	9.26	May	13	9.26
May	14	7753394	9.22	May	14	9.22
May	15	7761947	8.55	May	15	8.55
May	16	7770350	8.40	May	16	8.40
May	17	7778668	8.32	May	17	8.32
May	18	7786479	7.81	May	18	7.81
May	19	7798068	11.59	May	19	11.59
May	20	7807881	9.81	May	20	9.81
May	21	7816538	8.66	May	21	8.66
May	22	7825110	8.57	May	22	8.57
May	23	7834930	9.82	May	23	9.82
May	24	7847801	12.87	May	24	12.87
May	25	7865825	18.02	May	25	18.02
May	26	7879517	13.69	May	26	13.69
May	27	7892957	13.44	May	27	13.44
May	28	7909741	16.78	May	28	16.78
May	29	7933388	23.65	May	29	23.65
May	30	7954264	20.88	May	30	20.88
May	31	7971409	17.15	May	31	17.15
			12.37			12.37

EFF FLOW				SAND FILTER		Flow, MGD
TOTALIZER		MGD	TOTALIZER		MGD	21
May	31	7971409		May	31	
June	1	7986930	15.52	June	1	15.52
June	2	8000742	13.81	June	2	13.81
June	3	8013562	12.82	June	3	12.82
June	4	8026648	13.09	June	4	13.09
June	5	8038248	11.60	June	5	11.60
June	6	8049585	11.34	June	6	11.34
June	7	8060809	11.22	June	7	11.22
June	8	8071031	10.22	June	8	10.22
June	9	8081127	10.10	June	9	10.10
June	10	8095318	14.19	June	10	14.19
June	11	8112090	16.77	June	11	16.77
June	12	8126735	14.65	June	12	14.65
June	13	8139964	13.23	June	13	13.23
June	14	8152730	12.77	June	14	12.77
June	15	8163372	10.64	June	15	10.64
June	16	8175559	12.19	June	16	12.19
June	17	8186238	10.68	June	17	10.68
June	18	8195994	9.76	June	18	9.76
June	19	8205797	9.80	June	19	9.80
June	20	8215879	10.08	June	20	10.08
June	21	8224592	8.71	June	21	8.71
June	22	8233369	8.78	June	22	8.78
June	23	8242143	8.77	June	23	8.77
June	24	8251725	9.58	June	24	9.58
June	25	8260341	8.62	June	25	8.62
June	26	8270345	10.00	June	26	10.00
June	27	8281639	11.29	June	27	11.29
June	28	8290468	8.83	June	28	8.83
June	29	8298903	8.44	June	29	8.44
June	30	8306829	7.93	June	30	7.93
			11.18			11.18

EFF FLOW			SAND FILTER			Flow, MGD		
TOTALIZER	MGD		TOTALIZER	MGD		TOTALIZER	MGD	21
June		30	8306829		June	30		
July	8.47	1	8315295	8.47	July	1		8.47
July	8.45	2	8323742	8.45	July	2		8.45
July	7.63	3	8331371	7.63	July	3		7.63
July	7.80	4	8339174	7.80	July	4		7.80
July	7.40	5	8346572	7.40	July	5		7.40
July	6.82	6	8353390	6.82	July	6		6.82
July	7.36	7	8360751	7.36	July	7		7.36
July	7.57	8	8368323	7.57	July	8		7.57
July	9.54	9	8377858	9.54	July	9		9.54
July	8.83	10	8386687	8.83	July	10		8.83
July	9.01	11	8395692	9.01	July	11		9.01
July	7.88	12	8403571	7.88	July	12		7.88
July	7.37	13	8410943	7.37	July	13		7.37
July	8.37	14	8419314	8.37	July	14		8.37
July	7.24	15	8426549	7.24	July	15		7.24
July	6.62	16	8433164	6.62	July	16		6.62
July	7.11	17	8440273	7.11	July	17		7.11
July	7.18	18	8447457	7.18	July	18		7.18
July	6.51	19	8453969	6.51	July	19		6.51
July	6.42	20	8460393	6.42	July	20		6.42
July	7.18	21	8467569	7.18	July	21		7.18
July	7.70	22	8475267	7.70	July	22		7.70
July	6.60	23	8481862	6.60	July	23		6.60
July	6.61	24	8488468	6.61	July	24		6.61
July	7.03	25	8495501	7.03	July	25		7.03
July	6.07	26	8501575	6.07	July	26		6.07
July	5.76	27	8507331	5.76	July	27		5.76
July	6.45	28	8513782	6.45	July	28		6.45
July	7.01	29	8520788	7.01	July	29		7.01
July	7.66	30	8528447	7.66	July	30		7.66
July	7.38	31	8535823	7.38	July	31		7.38
				7.39				7.39

EFF FLOW			SAND FILTER			Flow, MGD		
	TOTALIZER	MGD		TOTALIZER	MGD		TOTALIZER	MGD
July	8535823		July			31		
August	8543232	7.41	August			1		7.41
August	8550095	6.86	August			2		6.86
August	8556420	6.33	August			3		6.33
August	8562658	6.23	August			4		6.23
August	8568748	5.09	August			5		6.09
August	8575050	6.30	August			6		6.30
August	8580973	5.92	August			7		5.92
August	8586211	5.24	August			8		5.24
August	8591970	5.76	August			9		5.76
August	8597004	5.03	August			10		5.03
August	8602929	5.93	August			11		5.93
August	8607982	5.05	August			12		5.05
August	8613599	5.62	August			13		5.62
August	8619631	6.03	August			14		6.03
August	8626739	7.11	August			15		7.11
August	8632127	5.39	August			16		5.39
August	8637187	5.06	August			17		5.06
August	8642689	5.50	August			18		5.50
August	8646816	4.13	August			19		4.13
August	8651162	4.35	August			20		4.35
August	8657581	6.42	August			21		6.42
August	8667719	10.14	August			22		10.14
August	8674657	6.94	August			23		6.94
August	8680991	6.33	August			24		6.33
August	8688177	7.19	August			25		7.19
August	8699564	11.39	August			26		11.39
August	8708660	9.10	August			27		9.10
August	8716978	8.32	August			28		8.32
August	8725565	8.59	August			29		8.59
August	8732523	6.96	August			30		6.96
August	8740664	8.14	August			31		8.14
		6.61						6.61

EFF FLOW				SAND FILTER		Flow, MGD
		TOTALIZER	MGD			21
August	31	8740664		August	31	
September	1	8749882	9.22	September	1	9.22
September	2	8759525	9.64	September	2	9.64
September	3	8769769	10.24	September	3	10.24
September	4	8778314	8.55	September	4	8.55
September	5	8786077	7.76	September	5	7.76
September	6	8793049	6.97	September	6	6.97
September	7	8799583	6.53	September	7	6.53
September	8	8806094	6.51	September	8	6.51
September	9	8812343	6.25	September	9	6.25
September	10	8818590	6.25	September	10	6.25
September	11	8824969	6.38	September	11	6.38
September	12	8829407	4.44	September	12	4.44
September	13	8837437	8.03	September	13	8.03
September	14	8842919	5.48	September	14	5.48
September	15	8848519	5.60	September	15	5.60
September	16	8854425	5.91	September	16	5.91
September	17	8860765	6.34	September	17	6.34
September	18	8868723	7.96	September	18	7.96
September	19	8875520	6.80	September	19	6.80
September	20	8881097	5.58	September	20	5.58
September	21	8886464	5.37	September	21	5.37
September	22	8891606	5.14	September	22	5.14
September	23	8896974	5.37	September	23	5.37
September	24	8902333	5.36	September	24	5.36
September	25	8910049	7.72	September	25	7.72
September	26	8917061	7.01	September	26	7.01
September	27	8923133	6.07	September	27	6.07
September	28	8928745	5.61	September	28	5.61
September	29	8935248	6.50	September	29	6.50
September	30	8942062	6.81	September	30	6.81
			6.71			6.71

EFF FLOW				SAND FILTER		Flow, MGD
		TOTALIZER	MGD			21
September	30	8942062		September	30	
October	1	8948186	6.12	October	1	6.12
October	2	8954081	5.90	October	2	5.90
October	3	8959837	5.76	October	3	5.76
October	4	8965092	5.26	October	4	5.26
October	5	8970139	5.05	October	5	5.05
October	6	8976113	5.97	October	6	5.97
October	7	8981273	5.16	October	7	5.16
October	8	8986314	5.04	October	8	5.04
October	9	8991655	5.34	October	9	5.34
October	10	8997943	6.29	October	10	6.29
October	11	9006492	8.55	October	11	8.55
October	12	9015625	9.13	October	12	9.13
October	13	9023268	7.64	October	13	7.64
October	14	9030619	7.35	October	14	7.35
October	15	9036961	6.34	October	15	6.34
October	16	9043289	6.33	October	16	6.33
October	17	9049254	5.97	October	17	5.97
October	18	9055161	5.91	October	18	5.91
October	19	9060573	5.41	October	19	5.41
October	20	9066206	5.63	October	20	5.63
October	21	9071994	5.79	October	21	5.79
October	22	9077787	5.79	October	22	5.79
October	23	9083292	5.51	October	23	5.51
October	24	9088944	5.65	October	24	5.65
October	25	9097695	8.75	October	25	8.75
October	26	9105405	7.71	October	26	7.71
October	27	9111929	6.52	October	27	6.52
October	28	9118511	6.58	October	28	6.58
October	29	9126369	7.86	October	29	7.86
October	30	9142867	16.50	October	30	16.50
October	31	9154518	11.65	October	31	11.65
			6.85			6.85



EFF FLOW				SAND FILTER			
		TOTALIZER	MGD			Flow, MGD	
		TOTALIZER	MGD	TOTALIZER	MGD	21	
October	31	9154518		October	31		
November	1	9164019	9.50	November	1	9.50	
November	2	9172367	8.35	November	2	8.35	
November	3	9179370	7.00	November	3	7.00	
November	4	9186978	7.61	November	4	7.61	
November	5	9193662	6.68	November	5	6.68	
November	6	9200571	6.91	November	6	6.91	
November	7	9207187	6.62	November	7	6.62	
November	8	9213167	5.98	November	8	5.98	
November	9	9219171	6.00	November	9	6.00	
November	10	9225469	6.30	November	10	6.30	
November	11	9231540	6.07	November	11	6.07	
November	12	9237525	5.99	November	12	5.99	
November	13	9243250	5.73	November	13	5.73	
November	14	9249357	6.11	November	14	6.11	
November	15	9254716	5.36	November	15	5.36	
November	16	9260083	5.37	November	16	5.37	
November	17	9265395	5.31	November	17	5.31	
November	18	9270931	5.54	November	18	5.54	
November	19	9276255	5.32	November	19	5.32	
November	20	9281392	5.14	November	20	5.14	
November	21	9286668	5.28	November	21	5.28	
November	22	9291900	5.23	November	22	5.23	
November	23	9297007	5.11	November	23	5.11	
November	24	9302099	5.09	November	24	5.09	
November	25	9307537	5.44	November	25	5.44	
November	26	9314172	6.64	November	26	6.64	
November	27	9320386	6.21	November	27	6.21	
November	28	9326304	5.92	November	28	5.92	
November	29	9332271	5.97	November	29	5.97	
November	30	9340398	8.13	November	30	8.13	
			6.20				6.20

EFF FLOW			SAND FILTER		Flow, MGD	
		TOTALIZER	MGD	TOTALIZER	MGD	21
November	30	9340398		November	30	
December	1	9349332	8.93	December	1	8.93
December	2	9356696	7.36	December	2	7.36
December	3	9363862	7.17	December	3	7.17
December	4	9370447	6.59	December	4	6.59
December	5	9379086	8.64	December	5	8.64
December	6	9386604	7.52	December	6	7.52
December	7	9393670	7.07	December	7	7.07
December	8	9400704	7.03	December	8	7.03
December	9	9407147	6.44	December	9	6.44
December	10	9413501	6.35	December	10	6.35
December	11	9419884	6.38	December	11	6.38
December	12	9426428	6.54	December	12	6.54
December	13	9432826	6.40	December	13	6.40
December	14	9440210	7.38	December	14	7.38
December	15	9452156	11.95	December	15	11.95
December	16	9462465	10.31	December	16	10.31
December	17	9473091	10.63	December	17	10.63
December	18	9482551	9.46	December	18	9.46
December	19	9490431	7.88	December	19	7.88
December	20	9499434	9.00	December	20	9.00
December	21	9507524	8.09	December	21	8.09
December	22	9515245	7.72	December	22	7.72
December	23	9522801	7.56	December	23	7.56
December	24	9530075	7.27	December	24	7.27
December	25	9541365	11.29	December	25	11.29
December	26	9547590	6.23	December	26	6.23
December	27	9556091	8.50	December	27	8.50
December	28	9565186	9.10	December	28	9.10
December	29	9573506	8.32	December	29	8.32
December	30	9581672	8.17	December	30	8.17
December	31	9589629	7.96	December	31	7.96
			8.04			8.04

EFF FLOW			SAND FILTER			
		TOTALIZER	MGD			
				TOTALIZER	MGD	
					21	
December	31	9589629		December	31	
January	1	9597232	7.60	January	1	7.60
January	2	9606089	8.86	January	2	8.86
January	3	9613626	7.54	January	3	7.54
January	4	9621926	8.30	January	4	8.30
January	5	9629513	7.59	January	5	7.59
January	6	9636804	7.29	January	6	7.29
January	7	9643846	7.04	January	7	7.04
January	8	9651471	7.63	January	8	7.63
January	9	9659553	8.08	January	9	8.08
January	10	9666826	7.27	January	10	7.27
January	11	9673829	7.00	January	11	7.00
January	12	9681699	7.87	January	12	7.87
January	13	9689193	7.49	January	13	7.49
January	14	9696566	7.37	January	14	7.37
January	15	9703775	7.21	January	15	7.21
January	16	9710815	7.04	January	16	7.04
January	17	9717686	6.87	January	17	6.87
January	18	9724118	6.43	January	18	6.43
January	19	9730817	6.70	January	19	6.70
January	20	9737160	6.34	January	20	6.34
January	21	9743538	6.38	January	21	6.38
January	22	9750308	6.77	January	22	6.77
January	23	9757464	7.16	January	23	7.16
January	24	9764114	6.65	January	24	6.65
January	25	9770175	6.06	January	25	6.06
January	26	9777699	7.52	January	26	7.52
January	27	9788564	10.87	January	27	10.87
January	28	9804082	15.52	January	28	15.52
January	29	9817229	13.15	January	29	13.15
January	30	9830031	12.80	January	30	12.80
January	31	9841290	11.26	January	31	11.26
			8.12			8.12

EFF FLOW				SAND FILTER			
		TOTALIZER	MGD			Flow, MGD	
		TOTALIZER	MGD	TOTALIZER	MGD	21	
January	31	9841290		January	31		
February	1	9854832	13.54	February	1	13.54	
February	2	9867806	12.97	February	2	12.97	
February	3	9879862	12.06	February	3	12.06	
February	4	9890881	11.02	February	4	11.02	
February	5	9901880	11.00	February	5	11.00	
February	6	9913460	11.58	February	6	11.58	
February	7	9923589	10.13	February	7	10.13	
February	8	9934639	11.05	February	8	11.05	
February	9	9944915	10.28	February	9	10.28	
February	10	9955168	10.25	February	10	10.25	
February	11	9965458	10.29	February	11	10.29	
February	12	9980308	14.85	February	12	14.85	
February	13	9996912	16.60	February	13	16.60	
February	14	10019342	22.43	February	14	22.43	
February	15	10038045	18.70	February	15	18.70	
February	16	10058299	20.25	February	16	20.25	
February	17	10076711	18.41	February	17	18.41	
February	18	10094866	18.16	February	18	579929763 579.93 18.16	
February	19	10119687	24.82	February	19	580513191 0.58 24.82	
February	20	10142586	22.90	February	20	580735240 0.22 22.90	
February	21	10163362	20.78	February	21	20.78	
February	22	10179920	16.56	February	22	16.56	
February	23	10196531	16.61	February	23	16.61	
February	24	10211823	15.29	February	24	15.29	
February	25	10227660	15.84	February	25	15.84	
February	26	10242337	14.68	February	26	14.68	
February	27	10256370	14.03	February	27	14.03	
February	28	10268806	12.44	February	28	12.44	
			15.27				15.27

EFF FLOW				SAND FILTER		Flow, MGD	
		TOTALIZER	MGD			21	
February	28	10268806		February	28		
March	1	10280593	11.79	March	1	11.79	
March	2	10295860	15.27	March	2	15.27	
March	3	10309931	14.07	March	3	14.07	
March	4	10323596	13.67	March	4	13.67	
March	5	10336394	12.80	March	5	12.80	
March	6	10349143	12.75	March	6	12.75	
March	7	10360454	11.31	March	7	11.31	
March	8	10371307	10.85	March	8	10.85	
March	9	10381751	10.44	March	9	10.44	
March	10	10391908	10.16	March	10	10.16	
March	11	10401673	9.77	March	11	9.77	
March	12	10411454	9.78	March	12	9.78	
March	13	10420828	9.37	March	13	9.37	
March	14	10429113	8.29	March	14	8.29	
March	15	10437645	8.53	March	15	8.53	
March	16	10446476	8.83	March	16	8.83	
March	17	10458875	12.40	March	17	12.40	
March	18	10472041	13.17	March	18	580875264 0.00 13.17	
March	19	10500997	28.96	March	19	582711816 1.84 28.96	
March	20	10521650	20.65	March	20	20.65	
March	21	10540435	18.79	March	21	18.79	
March	22	10555689	15.25	March	22	15.25	
March	23	10573740	18.05	March	23	18.05	
March	24	10589676	15.94	March	24	15.94	
March	25	10603709	14.03	March	25	14.03	
March	26	10620250	16.54	March	26	16.54	
March	27	10639015	18.77	March	27	18.77	
March	28	10655151	16.14	March	28	16.14	
March	29	10670882	15.73	March	29	15.73	
March	30	10685891	15.01	March	30	15.01	
March	31	10700142	14.25	March	31	14.25	
			13.91				13.91

EFF FLOW				SAND FILTER		Flow, MGD
		TOTALIZER	MGD			21
March	31	10700142		March	31	
April	1	10717856	17.71	April	1	17.71
April	2	10735868	18.01	April	2	18.01
April	3	10753334	17.47	April	3	17.47
April	4	10768233	14.90	April	4	14.90
April	5	10782090	13.86	April	5	13.86
April	6	10799488	17.40	April	6	17.40
April	7	10825664	26.18	April	7	26.18
April	8	10852092	26.43	April	8	26.43
April	9	10878666	26.57	April	9	26.57
April	10	10896509	17.84	April	10	17.84
April	11	10910112	13.60	April	11	13.60
April	12	10920830	10.72	April	12	10.72
April	13	10932114	11.28	April	13	11.28
April	14	10942354	10.24	April	14	10.24
April	15	00000000	10.44	April	15	10.44
April	16	00009229	9.23	April	16	9.23
April	17	19060	9.83	April	17	9.83
April	18	29406	10.35	April	18	10.35
April	19	42808	13.40	April	19	13.40
April	20	54656	11.85	April	20	11.85
April	21	63218	8.56	April	21	8.56
April	22	71604	8.39	April	22	8.39
April	23	79436	7.83	April	23	7.83
April	24	87932	8.50	April	24	8.50
April	25	98620	10.69	April	25	10.69
April	26	108581	9.96	April	26	9.96
April	27	117530	8.95	April	27	8.95
April	28	125896	8.37	April	28	8.37
April	29	134093	8.20	April	29	8.20
April	30	141318	7.23	April	30	7.23

13.13

13.13

EFF FLOW			SAND FILTER			Flow, MGD	
	TOTALIZER	MGD	TOTALIZER	MGD			
April	141318						
May	151217	9.90					9.90
May	159399	8.18					8.18
May	166424	7.03					7.03
May	180050	13.63	645620579				13.63
May	199446	19.40	647499429	1.88			19.40
May	232995	33.55	654661827	7.16			33.55
May	259055	26.06	657123513	2.46			26.06
May	279055	20.00	657884762	0.76			20.00
May	295844	16.79	658652025	0.77			16.79
May	314520	18.68	658928316	0.28			18.68
May	340636	26.12	660908371	1.98			26.12
May	362565	21.93	661081399	0.17			21.93
May	383431	20.87	661564428	0.48			20.87
May	400772	17.34	662643424	1.08			17.34
May	00418051	17.28	662941033	0.30			17.28
May	00435189	17.14					17.14
May	448182	12.99					12.99
May	461078	12.90					12.90
May	472945	11.87					11.87
May	483067	10.12					10.12
May	493478	10.41					10.41
May	504617	11.14					11.14
May	513914	9.30					9.30
May	522869	8.96					8.96
May	531811	8.94					8.94
May	540530	8.72					8.72
May	548078	7.55					7.55
May	555731	7.65					7.65
May	564800	9.07					9.07
May	572890	8.09					8.09
May	580266	7.38					7.38
		14.16					14.16

EFF FLOW			SAND FILTER			Flow, MGD	
TOTALIZER	MGD		TOTALIZER	MGD		MGD	21
May	580266	31	May		31		
June	587298	1	June	7.03	1		7.03
June	594596	2	June	7.30	2		7.30
June	602200	3	June	7.60	3		7.60
June	610350	4	June	8.15	4		8.15
June	618721	5	June	8.37	5		8.37
June	626835	6	June	8.11	6		8.11
June	635206	7	June	8.37	7		8.37
June	646147	8	June	10.94	8		10.94
June	661006	9	June	14.86	9	662940992	14.86
June	677554	10	June	16.55	10	663398243	16.55
June	702869	11	June	25.32	11	671292682	25.32
June	725353	12	June	22.48	12	677688604	22.48
June	746436	13	June	21.08	13	684210087	21.08
June	763602	14	June	17.17	14	684639007	17.17
June	00780470	15	June	16.87	15		16.87
June	00795990	16	June	15.52	16		15.52
June	808223	17	June	12.23	17		12.23
June	819773	18	June	11.55	18		11.55
June	831438	19	June	11.67	19		11.67
June	849440	20	June	18.00	20	684825960	18.00
June	877939	21	June	28.50	21	691235736	28.50
June	902520	22	June	24.58	22	692871015	24.58
June	933302	23	June	30.78	23	700745722	30.78
June	957483	24	June	24.18	24	703182934	24.18
June	978318	25	June	20.84	25		20.84
June	999358	26	June	21.04	26		21.04
June	1016631	27	June	17.27	27		17.27
June	1032404	28	June	15.77	28		15.77
June	1046372	29	June	13.97	29		13.97
June	1064203	30	June	17.83	30		17.83
							16.13

16.13

16.13



EFF FLOW			SAND FILTER		Flow, MGD
TOTALIZER	MGD		TOTALIZER	MGD	21
June	30	1064203		June	30
July	1	1079175	14.97	July	1
July	2	1093781	14.61	July	2
July	3	1110469	16.69	July	3
July	4	1125665	15.20	July	4
July	5	1138523	12.86	July	5
July	6	1150705	12.18	July	6
July	7	1162830	12.13	July	7
July	8	1178334	15.50	July	8
July	9	1192242	13.91	July	9
July	10	1204846	12.60	July	10
July	11	1216634	11.79	July	11
July	12	1227888	11.25	July	12
July	13	1239830	11.94	July	13
July	14	1251789	11.96	July	14
July	15	01262301	10.51	July	15
July	16	01272414	10.11	July	16
July	17	1282795	10.38	July	17
July	18	1294461	11.67	July	18
July	19	1307882	13.42	July	19
July	20	1327561	19.68	July	20
July	21	1352863	25.30	July	21
July	22	1379148	26.29	July	22
July	23	1401960	22.81	July	23
July	24	1423008	21.05	July	24
July	25	1441972	18.96	July	25
July	26	1459167	17.20	July	26
July	27	1475791	16.62	July	27
July	28	1491058	15.27	July	28
July	29	1505292	14.23	July	29
July	30	1517936	12.64	July	30
July	31	1529699	11.76	July	31

15.02

15.02

EFF FLOW				SAND FILTER		Flow, MGD	
		TOTALIZER	MGD			21	
July	31	1529699		July	31		
August	1	1543735	14.04	August	1	14.04	
August	2	1556496	12.76	August	2	12.76	
August	3	1568697	12.20	August	3	12.20	
August	4	1580136	11.44	August	4	11.44	
August	5	1592890	12.75	August	5	12.75	
August	6	1606004	13.11	August	6	13.11	
August	7	1618488	12.48	August	7	12.48	
August	8	1629481	10.99	August	8	10.99	
August	9	1639245	9.76	August	9	9.76	
August	10	1649918	10.67	August	10	10.67	
August	11	1659307	9.39	August	11	9.39	
August	12	1670521	11.21	August	12	11.21	
August	13	1682641	12.12	August	13	12.12	
August	14	1693551	10.91	August	14	10.91	
August	15	01703923	10.37	August	15	10.37	
August	16	01713800	9.88	August	16	9.88	
August	17	1724314	10.51	August	17	10.51	
August	18	1737183	12.87	August	18	12.87	
August	19	1748735	11.55	August	19	11.55	
August	20	1759772	11.04	August	20	11.04	
August	21	1770565	10.79	August	21	10.79	
August	22	1780673	10.11	August	22	10.11	
August	23	1790566	9.89	August	23	9.89	
August	24	1799945	9.38	August	24	9.38	
August	25	1809052	9.11	August	25	9.11	
August	26	1818219	9.17	August	26	9.17	
August	27	1826712	8.49	August	27	8.49	
August	28	1835489	8.78	August	28	8.78	
August	29	1844052	8.56	August	29	8.56	
August	30	1851840	7.79	August	30	7.79	
August	31	1860044	8.20	August	31	8.20	
			10.66				10.66

EFF FLOW			SAND FILTER		Flow, MGD
	TOTALIZER	MGD	TOTALIZER	MGD	21
August	31	1860044			
September	1	1874828			14.78
September	2	1887618			12.79
September	3	1898717			11.10
September	4	1908558			9.84
September	5	1917746			9.19
September	6	1925724			7.98
September	7	1934436			8.71
September	8	1942316			7.88
September	9	1950769			8.45
September	10	1959138			8.37
September	11	1967011			7.87
September	12	1974346			7.34
September	13	1981341			7.00
September	14	1988441			7.10
September	15	01996348			7.91
September	16	02003893			7.55
September	17	2011471			7.58
September	18	2018907			7.44
September	19	2026622			7.72
September	20	2034464			7.84
September	21	2043721			9.26
September	22	2053464			9.74
September	23	2062953			9.49
September	24	2070650			7.70
September	25	2078262			7.61
September	26	2085072			6.81
September	27	2091768			6.70
September	28	2098656			6.89
September	29	2105506			6.85
September	30	2112511			7.01

8.42

8.42

EFF FLOW				SAND FILTER		Flow, MGD
		TOTALIZER	MGD			21
September	30	2112511		September	30	
October	1	2119147	6.64	October	1	6.64
October	2	2125838	6.69	October	2	6.69
October	3	2132194	6.36	October	3	6.36
October	4	2139877	7.68	October	4	7.68
October	5	2149847	9.97	October	5	9.97
October	6	2157307	7.46	October	6	7.46
October	7	2164858	7.55	October	7	7.55
October	8	2173222	8.36	October	8	8.36
October	9	2180978	7.76	October	9	7.76
October	10	2188042	7.06	October	10	7.06
October	11	2194572	6.53	October	11	6.53
October	12	2201527	6.96	October	12	6.96
October	13	2208166	6.64	October	13	6.64
October	14	2214676	6.51	October	14	6.51
October	15	02221279	6.60	October	15	6.60
October	16	02228292	7.01	October	16	7.01
October	17	2234601	6.31	October	17	6.31
October	18	2240845	6.24	October	18	6.24
October	19	2246739	5.89	October	19	5.89
October	20	2252988	6.25	October	20	6.25
October	21	2259521	6.53	October	21	6.53
October	22	2267109	7.59	October	22	7.59
October	23	2274696	7.59	October	23	7.59
October	24	2281446	6.75	October	24	6.75
October	25	2287853	6.41	October	25	6.41
October	26	2294445	6.59	October	26	6.59
October	27	2300990	6.55	October	27	6.55
October	28	2307492	6.50	October	28	6.50
October	29	2314043	6.55	October	29	6.55
October	30	2321078	7.04	October	30	7.04
October	31	2327598	6.52	October	31	6.52

6.94

6.94

EFF FLOW				SAND FILTER		Flow, MGD
		TOTALIZER	MGD			21
October	31	2327598		October	31	
November	1	2333571	5.97	November	1	5.97
November	2	2340044	6.47	November	2	6.47
November	3	2346324	6.28	November	3	6.28
November	4	2352348	6.02	November	4	6.02
November	5	2358751	6.40	November	5	6.40
November	6	2364217	5.47	November	6	5.47
November	7	2371364	7.15	November	7	7.15
November	8	2381882	10.52	November	8	10.52
November	9	2391914	10.03	November	9	10.03
November	10	2401465	9.55	November	10	9.55
November	11	2409252	7.79	November	11	7.79
November	12	2417290	8.04	November	12	8.04
November	13	2425538	8.25	November	13	8.25
November	14	2432479	6.94	November	14	6.94
November	15	02438651	6.17	November	15	6.17
November	16	02445219	6.57	November	16	6.57
November	17	2458592	13.37	November	17	13.37
November	18	2466630	8.04	November	18	8.04
November	19	2473232	6.60	November	19	6.60
November	20	2477653	4.42	November	20	4.42
November	21	2484906	7.25	November	21	7.25
November	22	2491848	6.94	November	22	6.94
November	23	2500026	8.18	November	23	8.18
November	24	2506950	6.92	November	24	6.92
November	25	2513845	6.90	November	25	6.90
November	26	2520717	6.87	November	26	6.87
November	27	2527908	7.19	November	27	7.19
November	28	2534363	6.46	November	28	6.46
November	29	2542875	8.51	November	29	8.51
November	30	2549386	6.51	November	30	6.51

7.39

EFF FLOW				SAND FILTER		Flow, MGD
		TOTALIZER	MGD	TOTALIZER		MGD
						21
November	30	2549386		November	30	
December	1	2557293	7.91	December	1	7.91
December	2	2563913	6.62	December	2	6.62
December	3	2570185	6.27	December	3	6.27
December	4	2574349	4.16	December	4	4.16
December	5	2582112	7.76	December	5	7.76
December	6	2588180	6.07	December	6	6.07
December	7	2596343	8.16	December	7	8.16
December	8	2603430	7.09	December	8	7.09
December	9	2612179	8.75	December	9	8.75
December	10	2619841	7.66	December	10	7.66
December	11	2627274	7.43	December	11	7.43
December	12	2639674	12.40	December	12	12.40
December	13	2650738	11.06	December	13	11.06
December	14	2660701	9.96	December	14	9.96
December	15	02669431	8.73	December	15	8.73
December	16	02680775	11.34	December	16	11.34
December	17	2695273	14.50	December	17	14.50
December	18	2703108	7.84	December	18	7.84
December	19	2711296	8.19	December	19	8.19
December	20	2721289	9.99	December	20	9.99
December	21	2729072	7.78	December	21	7.78
December	22	2740063	10.99	December	22	10.99
December	23	2752850	12.79	December	23	12.79
December	24	2760661	7.81	December	24	7.81
December	25	2768762	8.10	December	25	8.10
December	26	2775338	6.58	December	26	6.58
December	27	2782143	6.81	December	27	6.81
December	28	2789361	7.22	December	28	7.22
December	29	2796465	7.10	December	29	7.10
December	30	2806273	9.81	December	30	9.81
December	31	2834007	27.73	December	31	27.73
		9.18		727535256		9.18

EFF FLOW				SAND FILTER			Flow, MGD	
		TOTALIZER	MGD			TOTALIZER	MGD	21
December	31	2549386		December	31			
January	1	2858828	25.00	January	1	728352701		25.00
January	2	2878342	19.51	January	2	728648155	0.30	19.51
January	3	2909122	30.78	January	3	735624422	6.98	30.78
January	4	2941283	32.16	January	4	743687033		32.16
January	5	2966935	25.65	January	5	745784959	2.10	25.65
January	6	2987971	21.04	January	6	745973827	0.19	21.04
January	7	3010536	22.57	January	7			22.57
January	8	3032257	21.72	January	8			21.72
January	9	3056800	24.54	January	9			24.54
January	10	3078342	21.54	January	10			21.54
January	11	3098693	20.35	January	11			20.35
January	12	3116256	17.56	January	12			17.56
January	13	3133968	17.71	January	13			17.71
January	14	3150662	16.69	January	14			16.69
January	15	03165287	14.63	January	15			14.63
January	16	03179368	14.08	January	16			14.08
January	17	3198758	19.39	January	17			19.39
January	18	3216294	17.54	January	18			17.54
January	19	3233567	17.27	January	19			17.27
January	20	3251744	18.18	January	20			18.18
January	21	3269955	18.21	January	21			18.21
January	22	3286176	16.22	January	22			16.22
January	23	3301206	15.03	January	23			15.03
January	24	3315837	14.63	January	24			14.63
January	25	3330448	14.61	January	25			14.61
January	26	3343463	13.02	January	26			13.02
January	27	3357169	13.71	January	27			13.71
January	28	3367990	10.82	January	28			10.82
January	29	3380846	12.86	January	29			12.86
January	30	3393688	12.84	January	30			12.84
January	31	3404417	10.73	January	31			10.73
			18.41					18.41

EFF FLOW				SAND FILTER			Flow, MGD	
		TOTALIZER	MGD			TOTALIZER	MGD	21
January	31	3404417		January	31			
February	1	3414842	10.43	February	1			10.43
February	2	3424827	9.99	February	2			9.99
February	3	3435773	10.95	February	3			10.95
February	4	3455187	19.41	February	4	746021944		19.41
February	5	3497536	42.35	February	5	760552790	14.53	35.53
February	6	3531000	33.46	February	6	766374730	5.82	33.46
February	7	3557450	26.45	February	7	767134970	0.76	26.45
February	8	3577999	20.55	February	8			20.55
February	9	3597131	19.13	February	9			19.13
February	10	3615623	18.49	February	10			18.49
February	11	3632325	16.70	February	11			16.70
February	12	3649299	16.97	February	12			16.97
February	13	3664995	15.70	February	13			15.70
February	14	3677428	12.43	February	14			12.43
February	15	03693554	16.15	February	15			16.15
February	16	03706007	12.45	February	16			12.45
February	17	3719116	13.11	February	17			13.11
February	18	3733835	14.72	February	18			14.72
February	19	3751926	18.09	February	19			18.09
February	20	3769202	17.28	February	20			17.28
February	21	3783480	14.28	February	21			14.28
February	22	3801966	18.49	February	22			18.49
February	23	3823807	21.84	February	23			21.84
February	24	3846953	23.15	February	24	768391037	768.39	23.15
February	25	3871747	24.79	February	25	768975268	0.58	24.79
February	26	3893880	22.13	February	26	769022864	0.05	22.13
February	27	3915765	21.89	February	27			21.89
February	28	3938635	22.87	February	28			22.87
			19.08					18.84



EFF FLOW				SAND FILTER				Flow, MGD
		TOTALIZER	MGD			TOTALIZER	MGD	21
February	28	3938635		February	28			
March	1	3961224	22.59	March	1			22.59
March	2	3981053	19.83	March	2			19.83
March	3	3999166	18.11	March	3			18.11
March	4	4015839	16.67	March	4			16.67
March	5	4033376	17.54	March	5			17.54
March	6	4050840	17.46	March	6			17.46
March	7	4065495	14.66	March	7			14.66
March	8	4083462	17.97	March	8			17.97
March	9	4101483	18.02	March	9			18.02
March	10	4123558	22.08	March	10			22.08
March	11	4141797	18.24	March	11			18.24
March	12	4158798	17.00	March	12			17.00
March	13	4176076	17.28	March	13			17.28
March	14	4192821	16.75	March	14			16.75
March	15	04208988	16.17	March	15			16.17
March	16	04225431	16.44	March	16			16.44
March	17	4248489	23.06	March	17			23.06
March	18	4275245	26.76	March	18	769022864		26.76
March	19	4302644	27.40	March	19	771870626	2.85	27.40
March	20	4330399	27.76	March	20	773161277	1.29	27.76
March	21	4352797	22.40	March	21	773335867	0.17	22.40
March	22	4379864	27.07	March	22			27.07
March	23	4404805	24.94	March	23	774745472	774.75	24.94
March	24	4449215	44.41	March	24	790287272	15.54	36.54
March	25	4487001	37.79	March	25	803219000	12.93	33.93
March	26	4521759	34.76	March	26	811246284	8.03	34.76
March	27	4548109	26.35	March	27	813085328	1.84	26.35
March	28	4570764	22.66	March	28	813294912	0.21	22.66
March	29	4591605	20.84	March	29	813303829	0.01	20.84
March	30	4612570	20.97	March	30	813469958	0.17	20.97
March	31	4632174	19.60	March	31			19.60
			22.37					21.99

EFF FLOW				SAND FILTER		Flow, MGD	
		TOTALIZER	MGD			21	
March	31	3938635		March	31		
April	1	4658576	26.40	April	1	26.40	
April	2	4679259	20.68	April	2	20.68	
April	3	4698270	19.01	April	3	19.01	
April	4	4716186	17.92	April	4	17.92	
April	5	4734529	18.34	April	5	18.34	
April	6	4756749	22.22	April	6	814783900 22.22	
April	7	4783085	26.34	April	7	817302632 2.52 26.34	
April	8	4804936	21.85	April	8	818527888 1.23 21.85	
April	9	4825050	20.11	April	9	819377404 0.85 20.11	
April	10	4843843	18.79	April	10	819893939 0.52 18.79	
April	11	4864544	20.70	April	11	20.70	
April	12	4884678	20.13	April	12	20.13	
April	13	4899762	15.08	April	13	15.08	
April	14	4915389	15.63	April	14	15.63	
April	15	04931900	16.51	April	15	16.51	
April	16	04945449	13.55	April	16	13.55	
April	17	4962469	17.02	April	17	17.02	
April	18	4978651	16.18	April	18	16.18	
April	19	4995820	17.17	April	19	17.17	
April	20	5010059	14.24	April	20	14.24	
April	21	5023813	13.75	April	21	13.75	
April	22	5036871	13.06	April	22	13.06	
April	23	5049967	13.10	April	23	13.10	
April	24	5062070	12.10	April	24	12.10	
April	25	5073931	11.86	April	25	11.86	
April	26	5085298	11.37	April	26	11.37	
April	27	5102156	16.86	April	27	16.86	
April	28	5116460	14.30	April	28	14.30	
April	29	5127949	11.49	April	29	11.49	
April	30	5138841	10.89	April	30	10.89	
	31				31		
			16.89				16.89

EFF FLOW				SAND FILTER			Flow, MGD	
		TOTALIZER	MGD			TOTALIZER	MGD	21
April	30	5138841		April	30			
May	1	5149516	10.68	May	1			10.68
May	2	5159098	9.58	May	2			9.58
May	3	5168758	9.66	May	3			9.66
May	4	5178223	9.47	May	4			9.47
May	5	5188338	10.12	May	5			10.12
May	6	5198287	9.95	May	6			9.95
May	7	5207511	9.22	May	7			9.22
May	8	5216182	8.67	May	8			8.67
May	9	5224820	8.64	May	9			8.64
May	10	5233003	8.18	May	10			8.18
May	11	5241532	8.53	May	11			8.53
May	12	5247922	6.39	May	12			6.39
May	13	5257715	9.79	May	13			9.79
May	14	5265569	7.85	May	14			7.85
May	15	05273427	7.86	May	15			7.86
May	16	05283588	10.16	May	16			10.16
May	17	5293325	9.74	May	17			9.74
May	18	5301916	8.59	May	18			8.59
May	19	5310136	8.22	May	19			8.22
May	20	5318402	8.27	May	20			8.27
May	21	5326161	7.76	May	21			7.76
May	22	5333316	7.16	May	22			7.16
May	23	5340651	7.34	May	23			7.34
May	24	5356053	15.40	May	24			15.40
May	25	5369992	13.94	May	25			13.94
May	26	5389726	19.73	May	26	822512644		19.73
May	27	5417862	28.14	May	27	831527598	9.01	28.14
May	28	5441730	23.87	May	28	836722820	5.20	23.87
May	29	5459351	17.62	May	29	839061732	2.34	17.62
May	30	5474736	15.39	May	30	840783718	1.72	15.39
May	31	5488535	13.80	May	31	842502277	1.72	13.80
			11.28					11.28

EFF FLOW				SAND FILTER			Flow, MGD	
		TOTALIZER	MGD			TOTALIZER	MGD	21
May	31	5488535		May	31			
June	1	5504490	15.96	June	1			15.96
June	2	5517215	12.73	June	2			12.73
June	3	5528673	11.46	June	3			11.46
June	4	5539833	11.16	June	4			11.16
June	5	5550168	10.34	June	5			10.34
June	6	5559799	9.63	June	6			9.63
June	7	5568415	8.62	June	7			8.62
June	8	5579066	10.65	June	8			10.65
June	9	5598253	19.19	June	9			19.19
June	10	5614542	16.29	June	10			16.29
June	11	5628721	14.18	June	11			14.18
June	12	5640853	12.13	June	12			12.13
June	13	5652444	11.59	June	13			11.59
June	14	5663396	10.95	June	14			10.95
June	15	05673553	10.16	June	15			10.16
June	16	05684961	11.41	June	16			11.41
June	17	5699285	14.32	June	17			14.32
June	18	5714814	15.53	June	18			15.53
June	19	5727461	12.65	June	19			12.65
June	20	5738504	11.04	June	20			11.04
June	21	5749449	10.95	June	21			10.95
June	22	5759401	9.95	June	22			9.95
June	23	5769134	9.73	June	23			9.73
June	24	5778048	8.91	June	24			8.91
June	25	5787301	9.25	June	25			9.25
June	26	5795674	8.37	June	26			8.37
June	27	5804005	8.33	June	27			8.33
June	28	5811790	7.79	June	28			7.79
June	29	5821258	9.47	June	29		2.34	9.47
June	30	5830820	9.56	June	30			9.56
			11.41					11.41

EFF FLOW				SAND FILTER			Flow, MGD	
		TOTALIZER	MGD			TOTALIZER	MGD	21
June	30	5830820		June	30			
July	1	5840817	10.00	July	1			10.00
July	2	5849582	8.77	July	2			8.77
July	3	5857323	7.74	July	3			7.74
July	4	5865050	7.73	July	4			7.73
July	5	5872887	7.84	July	5			7.84
July	6	5879790	6.90	July	6			6.90
July	7	5886992	7.20	July	7			7.20
July	8	5893427	6.44	July	8			6.44
July	9	5902177	8.75	July	9			8.75
July	10	5922492	20.32	July	10			20.32
July	11	5940927	18.44	July	11			18.44
July	12	5956260	15.33	July	12			15.33
July	13	5970820	14.56	July	13			14.56
July	14	5981844	11.02	July	14			11.02
July	15	05992118	10.27	July	15			10.27
July	16	06001761	9.64	July	16			9.64
July	17	6010504	8.74	July	17			8.74
July	18	6018649	8.15	July	18			8.15
July	19	6027533	8.88	July	19			8.88
July	20	6035580	8.05	July	20			8.05
July	21	6043065	7.49	July	21			7.49
July	22	6052258	9.20	July	22			9.20
July	23	6061365	9.11	July	23			9.11
July	24	6069048	7.68	July	24			7.68
July	25	6076156	7.11	July	25			7.11
July	26	6083232	7.08	July	26			7.08
July	27	6090755	7.52	July	27			7.52
July	28	6097458	6.70	July	28			6.70
July	29	6104119	6.66	July	29			6.66
July	30	6110916	6.80	July	30			6.80
July	31	6121517	10.60	July	31			10.60
			9.38				9.38	

EFF FLOW				SAND FILTER			Flow, MGD	
		TOTALIZER	MGD			TOTALIZER	MGD	21
July	31	6121517		July	31			
August	1	6131800	10.28	August	1			10.28
August	2	6140646	8.85	August	2			8.85
August	3	6149238	8.60	August	3			8.60
August	4	6156977	7.74	August	4			7.74
August	5	6164326	7.35	August	5			7.35
August	6	6171139	6.81	August	6			6.81
August	7	6177829	6.69	August	7			6.69
August	8	6185774	7.95	August	8			7.95
August	9	6194953	9.18	August	9			9.18
August	10	6202227	7.27	August	10			7.27
August	11	6209363	7.14	August	11			7.14
August	12	6216244	6.88	August	12			6.88
August	13	6223422	7.18	August	13			7.18
August	14	6229419	6.00	August	14			6.00
August	15	06235812	6.39	August	15			6.39
August	16	06241970	6.16	August	16			6.16
August	17	6248188	6.22	August	17			6.22
August	18	6254094	5.91	August	18			5.91
August	19	6260519	6.43	August	19			6.43
August	20	6267186	6.67	August	20			6.67
August	21	6275107	7.92	August	21			7.92
August	22	6282821	7.71	August	22			7.71
August	23	6290113	7.29	August	23			7.29
August	24	6296710	6.60	August	24			6.60
August	25	6303499	6.79	August	25			6.79
August	26	6309805	6.31	August	26			6.31
August	27	6315866	6.06	August	27			6.06
August	28	6321687	5.82	August	28			5.82
August	29	6327235	5.55	August	29			5.55
August	30	6332827	5.59	August	30			5.59
August	31	6339369	6.54	August	31			6.54
			7.03				7.03	

EFF FLOW				SAND FILTER			Flow, MGD	
		TOTALIZER	MGD			TOTALIZER	MGD	21
August	31	6339369		August	31			
September	1	6345086	5.72	September	1			5.72
September	2	6350658	5.57	September	2			5.57
September	3	6356144	5.49	September	3			5.49
September	4	6361570	5.43	September	4			5.43
September	5	6371537	9.97	September	5			9.97
September	6	6385043	13.51	September	6			13.51
September	7	6394732	9.69	September	7			9.69
September	8	6403155	8.42	September	8			8.42
September	9	6411317	8.16	September	9			8.16
September	10	6419043	7.73	September	10			7.73
September	11	6426183	7.14	September	11			7.14
September	12	6434043	7.86	September	12			7.86
September	13	6441558	7.52	September	13			7.52
September	14	6449010	7.45	September	14			7.45
September	15	06455459	6.45	September	15			6.45
September	16	06462159	6.70	September	16			6.70
September	17	6468167	6.01	September	17			6.01
September	18	6474471	6.30	September	18			6.30
September	19	6480149	5.68	September	19			5.68
September	20	6486139	5.99	September	20			5.99
September	21	6491803	5.66	September	21			5.66
September	22	6497819	6.02	September	22			6.02
September	23	6503162	5.34	September	23			5.34
September	24	6508378	5.22	September	24			5.22
September	25	6513610	5.23	September	25			5.23
September	26	6518871	5.26	September	26			5.26
September	27	6523943	5.07	September	27			5.07
September	28	6529583	5.64	September	28			5.64
September	29	6536757	7.17	September	29			7.17
September	30	6542295	5.54	September	30			5.54
			6.76				6.76	

EFF FLOW				SAND FILTER			Flow, MGD	
		TOTALIZER	MGD			TOTALIZER	MGD	21
September	30	6542295		September	30			
October	1	6547319	5.02	October	1			5.02
October	2	6552965	5.65	October	2			5.65
October	3	6557443	4.48	October	3			4.48
October	4	6562403	4.96	October	4			4.96
October	5	6568432	6.03	October	5			6.03
October	6	6573659	5.23	October	6			5.23
October	7	6579877	6.22	October	7			6.22
October	8	6585629	5.75	October	8			5.75
October	9	6590238	4.61	October	9			4.61
October	10	6594837	4.60	October	10			4.60
October	11	6600058	5.22	October	11			5.22
October	12	6605085	5.03	October	12			5.03
October	13	6611350	6.27	October	13			6.27
October	14	6618347	7.00	October	14			7.00
October	15	06624291	5.94	October	15			5.94
October	16	06631380	7.09	October	16			7.09
October	17	6638427	7.05	October	17			7.05
October	18	6643834	5.41	October	18			5.41
October	19	6648813	4.98	October	19			4.98
October	20	6654682	5.87	October	20			5.87
October	21	6660053	5.37	October	21			5.37
October	22	6664957	4.90	October	22			4.90
October	23	6670682	5.73	October	23			5.73
October	24	6675758	5.08	October	24			5.08
October	25	6680985	5.23	October	25			5.23
October	26	6687085	6.10	October	26			6.10
October	27	6693382	6.30	October	27			6.30
October	28	6700315	6.93	October	28			6.93
October	29	6705674	5.36	October	29			5.36
October	30	6711151	5.48	October	30			5.48
October	31	6717226	6.08	October	31			6.08
			5.64				5.64	



EFF FLOW				SAND FILTER		
		TOTALIZER	MGD			Flow, MGD
		TOTALIZER	MGD	TOTALIZER	MGD	21
October	31	6717226		October	31	
November	1	6725191	7.97	November	1	7.97
November	2	6731340	6.15	November	2	6.15
November	3	6738555	7.22	November	3	7.22
November	4	6748407	9.85	November	4	9.85
November	5	6755068	6.66	November	5	6.66
November	6	6760331	5.26	November	6	5.26
November	7	6765700	5.37	November	7	5.37
November	8	6770893	5.19	November	8	5.19
November	9	6776233	5.34	November	9	5.34
November	10	6781108	4.88	November	10	4.88
November	11	6786937	5.83	November	11	5.83
November	12	6793327	6.39	November	12	6.39
November	13	6798937	5.61	November	13	5.61
November	14	6805397	6.46	November	14	6.46
November	15	06812298	6.90	November	15	6.90
November	16	06822828	10.53	November	16	10.53
November	17	6829482	6.65	November	17	6.65
November	18	6840357	10.88	November	18	10.88
November	19	6846176	5.82	November	19	5.82
November	20	6851773	5.60	November	20	5.60
November	21	6858250	6.48	November	21	6.48
November	22	6865204	6.95	November	22	6.95
November	23	6870288	5.08	November	23	5.08
November	24	6875954	5.67	November	24	5.67
November	25	6881649	5.70	November	25	5.70
November	26	6893373	11.72	November	26	11.72
November	27	6900546	7.17	November	27	7.17
November	28	6906553	6.01	November	28	6.01
November	29	6914416	7.86	November	29	7.86
November	30	6923790	9.37	November	30	9.37

6.89

EFF FLOW				SAND FILTER			Flow, MGD	
		TOTALIZER	MGD			TOTALIZER	MGD	21
November	30	6923790		November	30	843811691		
December	1	6946085	22.30	December	1	844984427	1.17	22.30
December	2	6959368	13.28	December	2			13.28
December	3	6972183	12.82	December	3			12.82
December	4	6984709	12.53	December	4			12.53
December	5	6994684	9.98	December	5			9.98
December	6	7008029	13.35	December	6			13.35
December	7	7020763	12.73	December	7			12.73
December	8	7031262	10.50	December	8			10.50
December	9	7041271	10.01	December	9			10.01
December	10	7051421	10.15	December	10			10.15
December	11	7061220	9.80	December	11			9.80
December	12	7076503	15.28	December	12			15.28
December	13	7092263	15.76	December	13			15.76
December	14	7103785	11.52	December	14			11.52
December	15	07121786	18.00	December	15			18.00
December	16	07144254	22.47	December	16			22.47
December	17	7162757	18.50	December	17			18.50
December	18	7177306	14.55	December	18			14.55
December	19	7189355	12.05	December	19			12.05
December	20	7200505	11.15	December	20			11.15
December	21	7211488	10.98	December	21			10.98
December	22	7228886	17.40	December	22			17.40
December	23	7245891	17.01	December	23			17.01
December	24	7256647	10.76	December	24			10.76
December	25	7267594	10.95	December	25			10.95
December	26	7277830	10.24	December	26			10.24
December	27	7286467	8.64	December	27			8.64
December	28	7295796	9.33	December	28			9.33
December	29	7307838	12.04	December	29			12.04
December	30	7315714	7.88	December	30			7.88
December	31	7325887	10.17	December	31			10.17
			12.97					12.97

EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Choccolocco Creek WWTP	Form Approved 03/05/19 OMB No. 2040-0004
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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))**

Facility Information	1.1	Facility name Choccolocco Creek WWTP AL0022195		
		Mailing address (street or P.O. box) PO Box 2268		
		City or town Anniston	State AL	ZIP code 36202-2268
		Contact name (first and last) Edward A. Turner	Title General Manager	Phone number (256) 241-2000
		Email address eturner@awwsb.org		
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 35 Friendship Road		
	City or town Oxford	State AL	ZIP code 36203	
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No		
Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4.		
		Applicant name The Water Works and Sewer Board of the City of Anniston		
		Applicant address (street or P.O. box) PO Box 2268		
		City or town Anniston	State AL	ZIP code 36202-2268
		Contact name (first and last) Edward A. Turner	Title General Manager	Phone number (256) 241-2000
		Email address eturner@awwsb.org		
	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both		
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)		
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)		
		<b>Existing Environmental Permits</b>		
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) AL0022195	<input type="checkbox"/> RCRA (hazardous waste)	<input type="checkbox"/> UIC (underground injection control)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)	

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Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
		<b>Municipality Served</b>	<b>Population Served</b>	<b>Collection System Type (indicate percentage)</b>		<b>Ownership Status</b>
		Anniston, AL		<u>100</u> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
		Oxford, AL		<u>100</u> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
				<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
				<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
		<b>Total Population Served</b>				
		Total percentage of each type of sewer line (in miles)		<b>Separate Sanitary Sewer System</b>	<b>Combined Storm and Sanitary Sewer</b>	
			100 %	0 %		
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.			<b>Design Flow Rate</b>	
					10.5 mgd	
		<b>Annual Average Flow Rates (Actual)</b>				
		<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>
		10.2 mgd		13.26 mgd		11.5 mgd
		<b>Maximum Daily Flow Rates (Actual)</b>				
<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>		
39.0 mgd		69.12 mgd		33.6 mgd		
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		<b>Total Number of Effluent Discharge Points by Type</b>				
		<b>Treated Effluent</b>	<b>Untreated Effluent</b>	<b>Combined Sewer Overflows</b>	<b>Bypasses</b>	<b>Constructed Emergency Overflows</b>
	1	0	0	0	0	

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EPA Identification Number

NPDES Permit Number

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Choccolocco Creek WWTP

**Outfalls Other Than to Waters of the United States**

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

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

**Surface Impoundment Location and Discharge Data**

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

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

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

**Land Application Site and Discharge Data**

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

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

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

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

1.19 Provide information on the transporter below.

**Transporter Data**

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

**Outfalls and Other Discharge or Disposal Methods**

EPA Identification Number

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Outfalls and Other Discharge or Disposal Methods Continued

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

## Receiving Facility Data

Facility name	Mailing address (street or P.O. box)	
City or town	State	ZIP code
Contact name (first and last)	Title	
Phone number	Email address	
NPDES number of receiving facility (if any) <input type="checkbox"/> None	Average daily flow rate mgd	

1.21 Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?

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)
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Variance Requests

1.23 Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

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)			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Contact name (first and last)			
Phone number			
Email address			
Operational and maintenance responsibilities of contractor			

**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> 229,555 gpd		
	Indicate the steps the facility is taking to minimize inflow and infiltration. Developed and implemented an EPA approved Continuing Sewer Assessment Plan (CSAP) and Infrastructure Rehabilitation Plan (IRP).						
<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.						
	2.						
	3.						
	4.						
<b>Scheduled Improvements and Schedules of Implementation</b>	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.					
		2.					
		3.					
	4.						
<b>Scheduled Improvements and Schedules of Implementation</b>	2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable					
	Explanation:						

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**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.)		
		Outfall Number <u>0011</u>	Outfall Number _____	Outfall Number _____
	State	Alabama		
	County	Calhoun		
	City or town	Oxford		
	Distance from shore	N/A ft.	ft.	ft.
	Depth below surface	N/A ft.	ft.	ft.
	Average daily flow rate	mgd	mgd	mgd
	Latitude	33° 36' 11" N	° ' "	° ' "
	Longitude	85° 49' 35" 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.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd	
Months in which discharge occurs				
<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.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		



<b>Receiving Water Description</b>	3.7	Provide the receiving water and related information (if known) for each outfall.					
			<b>Outfall Number</b> 0011	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____		
	Receiving water name	Chocolocco Creek					
	Name of watershed, river, or stream system						
	U.S. Soil Conservation Service 14-digit watershed code	03150106250015					
	Name of state management/river basin	Coosa					
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	02403310					
	Critical low flow (acute)	7.30	cfs	cfs	cfs		
	Critical low flow (chronic)	13.50	cfs	cfs	cfs		
Total hardness at critical low flow		mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>			
<b>Treatment Description</b>	3.8	Provide the following information describing the treatment provided for discharges from each outfall.					
			<b>Outfall Number</b> 0011	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____		
	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 checked="" 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>	97	%	%	%		
	TSS	96	%	%	%		
	Phosphorus	<input type="checkbox"/> Not applicable	10	%	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	
	Nitrogen	<input type="checkbox"/> Not applicable	71.50	%	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	
Other (specify) _____	<input type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable		

<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. UV Disinfection and Peracetic Acid will be used for disinfection. UV disinfection - UV light destroys an organism's cells ability to reproduce. Peracetic Acid - Chemical oxidant that reduces cell reproduction organisms.					
		Outfall Number <u>0011</u>	Outfall Number _____		Outfall Number _____		
	Disinfection type	UV Disinfection Peracetic Acid					
	Seasons used						
	Dechlorination used?	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.						
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.						
			Outfall Number <u>0011</u>		Outfall Number _____		Outfall Number _____	
			Acute	Chronic	Acute	Chronic	Acute	Chronic
		Number of tests of discharge water		7				
		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 type="checkbox"/> Yes → Complete Table B, including chlorine. <input checked="" 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 checked="" type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input type="checkbox"/> No → SKIP to Section 4.							
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority.							

<b>Effluent Testing Data Continued</b>	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input checked="" type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.</span>								
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input checked="" type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.</span>								
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.								
		<b>Date(s) Submitted</b> (MM/DD/YYYY)								
		<b>Summary of Results</b>								
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">11/15/2019</td> <td style="width:50%;">5/7/2021</td> </tr> <tr> <td>12/10/2019</td> <td>12/12/2021</td> </tr> <tr> <td>2/12/2020</td> <td>3/12/2021</td> </tr> <tr> <td>11/9/2020</td> <td></td> </tr> </table>	11/15/2019	5/7/2021	12/10/2019	12/12/2021	2/12/2020	3/12/2021	11/9/2020	
	11/15/2019	5/7/2021								
	12/10/2019	12/12/2021								
	2/12/2020	3/12/2021								
11/9/2020										
	All test passed, no toxicity indicated.									
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 <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Item 3.26.</span>									
3.23	Describe the cause(s) of the toxicity:									
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Item 3.26.</span>									
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 <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.</span>									

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

<b>Industrial Discharges and Hazardous Wastes</b>	4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input checked="" type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 4.7.</span>
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.
		<b>Number of SIUs</b>
		<b>Number of NSCIUs</b>
		6
	4.3	Does the POTW have an approved pretreatment program? <input checked="" type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>
	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 <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Item 4.6.</span>
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.	
4.6	Have you completed and attached Table F to this application package? <input checked="" type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>	

<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 <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Item 4.9.</span>			
	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>
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____ _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____ _____	
		<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____ _____		
	4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA?			
		<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Section 5.</span>			
	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 checked="" type="checkbox"/> Yes → SKIP to Section 5. <span style="margin-left: 200px;"><input type="checkbox"/> No</span>			
	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 <span style="margin-left: 200px;"><input type="checkbox"/> No</span>			

**SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))**

<b>CSO Map and Diagram</b>	5.1	Does the treatment works have a combined sewer system?			
		<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Section 6.</span>			
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.)			
		<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>			
5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.)				
		<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>			

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

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

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

<b>Checklist and Certification Statement</b>	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 checked="" 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 checked="" 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 checked="" type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input checked="" 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	<p><b>Certification Statement</b></p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name (print or type first and last name) Edward A. Turner</td> <td>Official title General Manager</td> </tr> <tr> <td>Signature </td> <td>Date signed 3-1-2022</td> </tr> </table>			Name (print or type first and last name) Edward A. Turner	Official title General Manager	Signature 	Date signed 3-1-2022
Name (print or type first and last name) Edward A. Turner	Official title General Manager						
Signature 	Date signed 3-1-2022						

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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 type="checkbox"/> BOD <sub>5</sub> or <input checked="" type="checkbox"/> CBOD <sub>5</sub> (report one)	10.0	mg/L	2.58	mg/L	1175	SM 5210 B	1 mg/L <input type="checkbox"/> ML <input type="checkbox"/> MDL		
Fecal coliform	8,000	#/100 mL	18.14	#/100 mL	1008	m Coli Blue 24	E Coli <input type="checkbox"/> ML <input type="checkbox"/> MDL		
Design flow rate	69.12	MGD	11.01	MGD	1645				
pH (minimum)	6.72	s.u.							
pH (maximum)	7.90	s.u.							
Temperature (winter)	76	deg F	63.5	deg F					
Temperature (summer)	86	deg F	79.3	deg F					
Total suspended solids (TSS)	53.0	mg/L	5.46	mg/L	1175			SM 2540 D	<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).

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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)	4.22	mg/L	0.13	mg/L	1174	SM 4500 NH3 B	0.015mg/l <input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	10.89	mg/L	8.45	mg/L	1172	Hach 10360	0.1 mg/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	20.60	mg/L	9.31	mg/L	54	SM 4500 NO3 E	0.1 mg/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	26.80	mg/L	1.7	mg/L	52	SM 4500 NorgC	1.5 mg/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	ND						0.5 mg/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	3.21	mg/L	1.2	mg/L	54	Hach 8190	0.02 mg/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	374	mg/L	236	mg/L		SM 2540 C -2011	2.0 mg/L <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 C. EFFLUENT PARAMETERS FOR SELECTED 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		
<b>Metals, Cyanide, and Total Phenols</b>							
Hardness (as CaCO <sub>3</sub> )	162,000	ug/L	115	mg/L	3	SM 2340C-2011	5 mg/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable	ND				3	EPA 200.7	11.4 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Arsenic, total recoverable	ND				3	EPA 200.7	21.0 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Beryllium, total recoverable	ND				3	EPA 200.7	1.8 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cadmium, total recoverable	ND				3	EPA 200.7	4.3 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	ND				3	EPA 200.7	7.6 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Copper, total recoverable	13.2	ug/L	9.43	ug/L	3	EPA 200.7	3.1 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Lead, total recoverable	ND				3	EPA 200.7	23.3 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	ND						<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nickel, total recoverable	ND				3	EPA 200.7	4.8 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Selenium, total recoverable	ND				3	EPA 200.7	12.4 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Silver, total recoverable	ND				3	EPA 200.7	4.1 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Thallium, total recoverable	ND				3	EPA 200.7	10.5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Zinc, total recoverable	24.6	ug/L	21.5	ug/L	3	EPA 200.7	4.5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cyanide	ND				3	EPA 335.4	0.004 mg/ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total phenolic compounds							0.025mg/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<b>Volatile Organic Compounds</b>							
Acrolein	ND				3	EPA 624.1	16.1 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acrylonitrile	ND				3	EPA 624.1	10.4 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzene	ND				3	EPA 624.1	1.0 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bromoform	ND				3	EPA 624.1	0.892ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	ND				3	EPA 624.1	2.16 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	ND				3	EPA 624.1	0.707 ug/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	ND				3	EPA 624.1	<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	ND				3	EPA 624.1	2.399ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	ND				3	EPA 624.1	3.604ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	ND				3	EPA 624.1	1.595ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane	ND				3	EPA 624.1	0.828ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethane	ND				3	EPA 624.1	0.573ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	ND				3	EPA 624.1	0.817ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	ND				3	EPA 624.1	0.659ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	ND					EPA 624.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane	ND				3	EPA 624.1	0.807ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	ND				3	EPA 624.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene	ND				3	EPA 624.1	2.066ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide	ND					EPA 624.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride	ND					EPA 624.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride	ND				3	EPA 624.1	0.669ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	ND				3	EPA 624.1	0.826ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	ND				3	EPA 624.1	0.988ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	ND				3	EPA 624.1	1.26 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	ND				3	EPA 624.1	2.18 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	ND				3	EPA 624.1	0.781ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	ND				3	EPA 624.1	0.989ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	ND				3	EPA 624.1	0.771ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<b>Acid-Extractable Compounds</b>							
p-chloro-m-cresol					3		<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol	ND				3	EPA 625.1	9.81ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dichlorophenol	ND				3	EPA 625.1	13.2 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dimethylphenol	ND				3	EPA 625.1	11.3 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4,6-dinitro-o-cresol	ND						<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol	ND				3	EPA 625.1	18.3ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-nitrophenol	ND				3	EPA 625.1	12.3 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-nitrophenol	ND				3	EPA 625.1	8.29 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pentachlorophenol	ND				3	EPA 625.1	10.6 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenol	ND				3	EPA 625.1	9.39 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4,6-trichlorophenol	ND				3	EPA 625.1	11.6 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<b>Base-Neutral Compounds</b>							
Acenaphthene	ND				3	EPA 625.1	8.79 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	ND				3	EPA 625.1	9.12 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	ND				3	EPA 625.1	9.05 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzidine	ND				3	EPA 625.1	15.1 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	ND				3	EPA 625.1	8.81 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	ND				3	EPA 625.1	9.92 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED 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		
Benzo(ghi)perylene	ND				3	EPA 625.1	9.45 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	ND				3	EPA 625.1	10.0 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	ND				3	EPA 625.1	6.66 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	ND				3	EPA 625.1	8.22 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	ND				3	EPA 625.1	7.09 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	ND				3	EPA 625.1	6.84 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	ND				3	EPA 625.1	9.12 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	ND				3	EPA 625.1	9.96 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	ND				3	EPA 625.1	11.6 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	ND				3	EPA 625.1	9.93 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	ND				3	EPA 625.1	8.70 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-butyl phthalate	ND				3	EPA 625.1	8.46 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	ND				3	EPA 625.1	9.50 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	ND				3	EPA 625.1	8.11 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene	ND				3	EPA 625.1	1.165ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichlorobenzene	ND				3	EPA 625.1	1.053ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,4-dichlorobenzene	ND				3	EPA 625.1	0.661ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,3-dichlorobenzidine	ND				3	EPA 625.1	14.6 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	ND				3	EPA 625.1	8.92 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	ND				3	EPA 625.1	10.0 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	ND				3	EPA 625.1	7.70 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	ND				3	EPA 625.1	8.13 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	ND				3	EPA 625.1	10.7 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluoranthene	ND				3	EPA 625.1	8.6 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluorene	ND				3	EPA 625.1	8.91 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobenzene	ND				3	EPA 625.1	9.43 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobutadiene	ND				3	EPA 625.1	9.29 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	ND				3	EPA 625.1	8.73 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachloroethane	ND				3	EPA 625.1	8.89 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	ND				3	EPA 625.1	7.49 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Isophorone	ND				3	EPA 625.1	7.93 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Naphthalene	ND				3	EPA 625.1	8.76 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrobenzene	ND				3	EPA 625.1	7.07 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodi-n-propylamine	ND				3	EPA 625.1	8.89 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodimethylamine	ND				3	EPA 625.1	9.79 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodiphenylamine	ND				3	EPA 625.1	8.1 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenanthrene	ND				3	EPA 625.1	9.42 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pyrene	ND				3	EPA 625.1	9.62 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2,4-trichlorobenzene	ND				3	EPA 625.1	9.33 ug/L <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).

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**TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY**

Pollutant (list)	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<input checked="" type="checkbox"/> No additional sampling is required by NPDES permitting authority.							
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<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).

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EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Chocolocco Creek WWTP	Outfall Number 0011
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY						
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.						
	Test Number <u>179-13</u>		Test Number <u>179-14</u>		Test Number <u>179-15</u>	
<b>Test Type</b>						
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through		<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through		<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	
<b>Source of Dilution Water</b>						
Indicate the source of dilution water. (Check one response.)	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water		<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water		<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	
If laboratory water, specify type.	MHRW		MHRW		MHRW	
If receiving water, specify source.						
<b>Type of Dilution Water</b>						
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)		<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)		<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	
<b>Percentage Effluent Used</b>						
Specify the percentage effluent used for all concentrations in the test series.	35		35		35	
<b>Parameters Tested</b>						
Check the parameters tested.	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
<b>Acute Test Results</b>						
Percent survival in 100% effluent	n/a %		n/a %		n/a %	
LC <sub>50</sub>	n/a		n/a		n/a	
95% confidence interval	n/a %		n/a %		n/a %	
Control percent survival	n/a %		n/a %		n/a %	

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EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Choccolocco Creek WWTP	Outfall Number 0011
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OMB No. 2040-0004

**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

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

	Test Number 179-13	Test Number 179-14	Test Number 179-15
<b>Acute Test Results Continued</b>			
Other (describe)	n/a	n/a	n/a
<b>Chronic Test Results</b>			
NOEC Survival	Pass %	Pass %	Pass %
IC <sub>25</sub> Growth/Reproduction	Pass %	Pass %	Pass %
Control percent survival	100 %	90 %	100 %
Other (describe)			
<b>Quality Control/Quality Assurance</b>			
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?	08/15/2017	08/21/2018	08/06/2019
Other (describe)			

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EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Choccolocco Creek WWTP	Outfall Number 001
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Form Approved 03/05/19  
OMB No. 2040-0004

<b>TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY</b>			
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.			
<b>Test Information</b>			
	Test Number 179-13	Test Number 179-14	Test Number 179-15
Test species	P. promelas	P. promelas	P. promelas
Age at initiation of test	24-48	24-48	29-31 hrs
Outfall number	001	001	001
Date sample collected	08/13/2017	08/19/2018	08/11/2019
Date test started	08/15/2017	08/21/2018	08/13/2019
Duration	7 Day	7Day	7 Day
<b>Toxicity Test Methods</b>			
Test method number	EPA 1000	EPA 1000	EPA 1000
Manual title			
Edition number and year of publication			
Page number(s)			
<b>Sample Type</b>			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite
<b>Sample Location</b>			
Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input checked="" type="checkbox"/> After dechlorination
<b>Point in Treatment Process</b>			
Describe the point in the treatment process at which the sample was collected for each test.	The sample was taken from the UV effluent channel.	The sample was taken from the UV effluent channel.	The sample was taken from the UV effluent channel.
<b>Toxicity Type</b>			
Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input checked="" type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input checked="" type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input checked="" type="checkbox"/> Chronic <input type="checkbox"/> Both

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EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Chocolocco Creek WWTP	Outfall Number 001
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY						
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.						
	Test Number 179-13		Test Number 179-14		Test Number 179-15	
<b>Test Type</b>						
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through		<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through		<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	
<b>Source of Dilution Water</b>						
Indicate the source of dilution water. (Check one response.)	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water		<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water		<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	
If laboratory water, specify type.	MHRW		MHRW		MHRW	
If receiving water, specify source.						
<b>Type of Dilution Water</b>						
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)		<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)		<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	
<b>Percentage Effluent Used</b>						
Specify the percentage effluent used for all concentrations in the test series.	35		35		35	
<b>Parameters Tested</b>						
Check the parameters tested.	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
<b>Acute Test Results</b>						
Percent survival in 100% effluent	n/a %		n/a %		n/a %	
LC50	n/a		n/a		n/a	
95% confidence interval	n/a %		n/a %		n/a %	
Control percent survival	n/a %		n/a %		n/a %	

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EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Choccolocco Creek WWTP	Outfall Number 001
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OMB No. 2040-0004

<b>TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY</b>						
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.						
		Test Number 179-13	Test Number 179-14	Test Number 179-15		
<b>Acute Test Results Continued</b>						
Other (describe)	n/a		n/a		n/a	
<b>Chronic Test Results</b>						
NOEC Survival	Pass %		Pass %		Pass %	
IC <sub>25</sub> Growth/Reproduction	Pass %		Pass %		Pass %	
Control percent survival	100 %		90 %		100 %	
Other (describe)						
<b>Quality Control/Quality Assurance</b>						
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?	08/15/2017		08/21/2018		08/06/2019	
Other (describe)						

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EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Choccolocco Creek WWTP	Outfall Number 001
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY			
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.			
	Test Number <sup>179-16</sup> _____	Test Number _____	Test Number _____
<b>Test Type</b>			
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through
<b>Source of Dilution Water</b>			
Indicate the source of dilution water. (Check one response.)	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water
If laboratory water, specify type.	MHRW	MHRW	MHRW
If receiving water, specify source.			
<b>Type of Dilution Water</b>			
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	<input checked="" type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)
<b>Percentage Effluent Used</b>			
Specify the percentage effluent used for all concentrations in the test series.	27		
<b>RECEIVED</b> <b>AUG 19 2022</b> <b>MUNICIPAL SECTION</b>			
<b>Parameters Tested</b>			
Check the parameters tested.	<input checked="" type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
		<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
		<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
		<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
<b>Acute Test Results</b>			
Percent survival in 100% effluent	n/a %	%	%
LC <sub>50</sub>	n/a		
95% confidence interval	n/a %	%	%
Control percent survival	n/a %	%	%



EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

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

		Test Number <u>179-16</u>	Test Number _____	Test Number _____
<b>Acute Test Results Continued</b>				
Other (describe)	n/a			
<b>Chronic Test Results</b>				
NOEC Survival	Pass %	%	%	%
IC <sub>25</sub> Growth/Reproduction	Pass %	%	%	%
Control percent survival	100 %	%	%	%
Other (describe)				
<b>Quality Control/Quality Assurance</b>				
Is reference toxicant data available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?	08/04/2020			
Other (describe)				

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EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Choccolocco Creek WWTP	Outfall Number 001
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**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

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

Test Information			
	Test Number 179-16	Test Number	Test Number
Test species	P. Promelas		
Age at initiation of test	30-32 hrs		
Outfall number	001		
Date sample collected	08/09/2020		
Date test started	08/11/2020		
Duration	7 Day		
Toxicity Test Methods			
Test method number	EPA 1000		
Manual title			
Edition number and year of publication			
Page number(s)			
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
Sample Location			
Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
Point in Treatment Process			
Describe the point in the treatment process at which the sample was collected for each test.	The sample was taken from the UV effluent channel.		<b>RECEIVED</b> <b>AUG 19 2022</b> <b>MUNICIPAL SECTION</b>
Toxicity Type			
Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input checked="" type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both

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EPA Identification Number

NPDES Permit Number

Facility Name

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AL0022195

Choccolocco Creek WWTP

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

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

	SIU 35 08 00223	SIU 35 08 01153	SIU 35 08 01052
Name of SIU	Food Ingredients Technology Co. (FITCO)	General Dynamics OTS, Inc.	Huron Valley Steel Corporation
Mailing address (street or P.O. box)	103 National Dr.	1425 Commerce Boulevard	820 Ware Street
City, state, and ZIP code	Anniston, AL 36207	Anniston, AL 36207	Anniston, AL 36210
Description of all industrial processes that affect or contribute to the discharge.	Process wastewater associated with poultry processing operations.	Industrial waste resulting from finishing operations.	Recycled nonferrous metals.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Packaged broth, dried poultry meat. Raw materials include processed chicken.	Military weapon components. Virgin bar stock, forgings, or castings of various metal alloys, or steel.	Automobile shredder residue
Indicate the average daily volume of wastewater discharged by the SIU.	306,900 gpd	20,775 gpd	59,250 gpd
How much of the average daily volume is attributable to process flow?	306,900 gpd	20,775 gpd	59,250 gpd
How much of the average daily volume is attributable to non-process flow?	gpd	gpd	gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 35 08 00223	SIU 35 08 01153	SIU 35 08 01052
Under what categories and subcategories is the SIU subject?	SIC 2015, SIC 2047	SIC 3499	SIC 5093
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

EPA Identification Number

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Choccolocco Creek WWTP

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

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

	SIU 35 08 00048	SIU 35 08 00042	SIU 35 08 01157
Name of SIU	Solutia	Lee Brass Foundry, LLC	Biomune
Mailing address (street or P.O. box)	702 Clydesdale Ave	1800 Golden Springs Rd	1900 Coleman Ave
City, state, and ZIP code	Anniston, AL 36201	Anniston, AL 36202	Anniston, AL 36207
Description of all industrial processes that affect or contribute to the discharge.	Process wastewater from specialty organic chemical manufacturing.	Industrial waste resulting from finishing operations.	Wastewater discharge originating from the the manufacture of pharmaceuticals.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Manufacture polyphenyl compounds. Package phosphate ester blends. Therminol/Skydrol. Raw Materials include organic chemicals.	Brass castings. Raw materials include brass scrap.	
Indicate the average daily volume of wastewater discharged by the SIU.	369,000 gpd	0 gpd	3,920 gpd
How much of the average daily volume is attributable to process flow?	369,000 gpd	0 gpd	3,920 gpd
How much of the average daily volume is attributable to non-process flow?	.gpd	.gpd	.gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number

NPDES Permit Number

Facility Name

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AL0022195

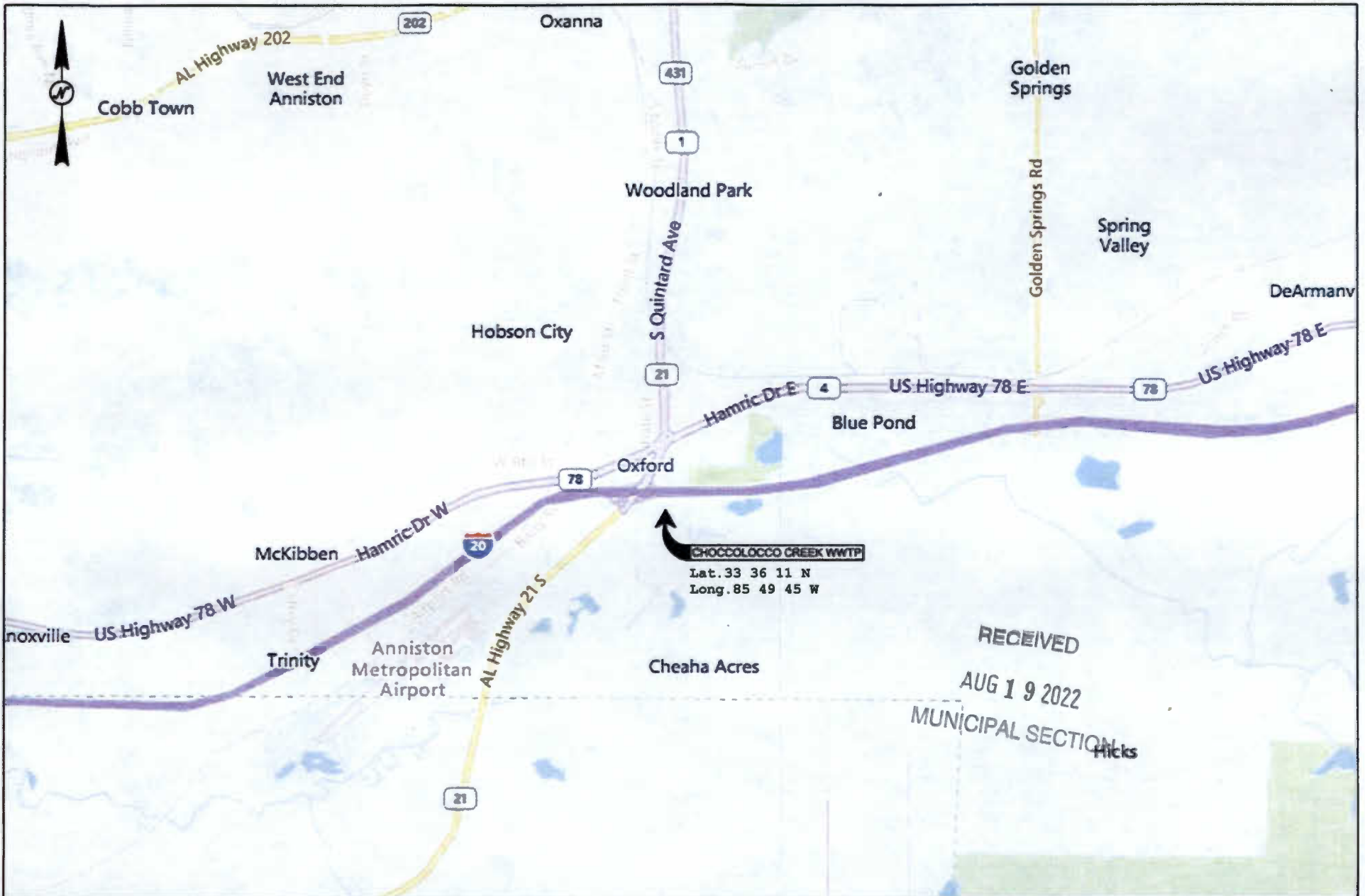
Chocolocco Creek WWTP

OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

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

	SIU 35 08 00048	SIU 35 08 01153	SIU 35 08 01052
Under what categories and subcategories is the SIU subject?	SIC 2869	SIC 3494, 3362	SIC 8071
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			



**ANNISTON WATER WORKS  
AND SEWER BOARD**

931 NOBLE STREET STE 200  
ANNISTON, AL 36202



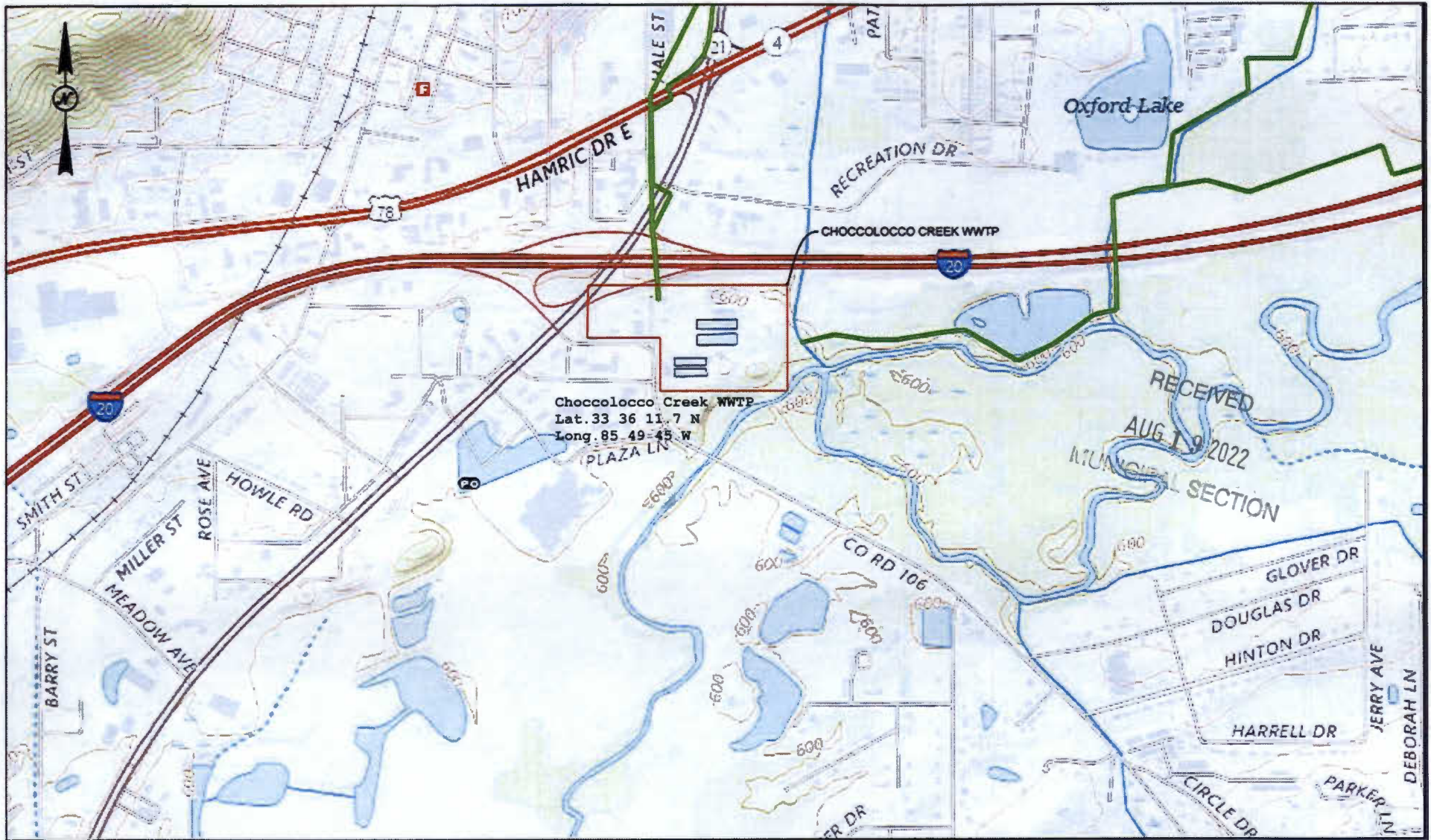
**CHOCOLOCCO CREEK WWTP**

35 FRIENDSHIP ROAD  
OXFORD, AL 36203

SHEET TITLE:		LOCATION MAP	SHEET EXHIBIT
ISSUE DATE:	02/22/2022	SCALE:	NOT TO SCALE
PROJECT NUMBER:	—	DRAWN BY:	LF
SEQUENCE:	1 OF 8	CHECKED BY:	CO

**A**

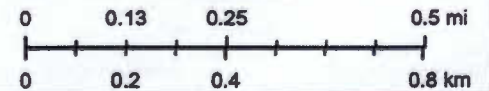




2/25/2022, 2:51:35 PM

1:18,056

— Sewer\_Gravity\_Main



**ANNISTON WATER WORKS  
 AND SEWER BOARD**



931 NOBLE STREET STE 200  
 ANNISTON, AL 36202

**CHOCOLOCCO CREEK WWTW**

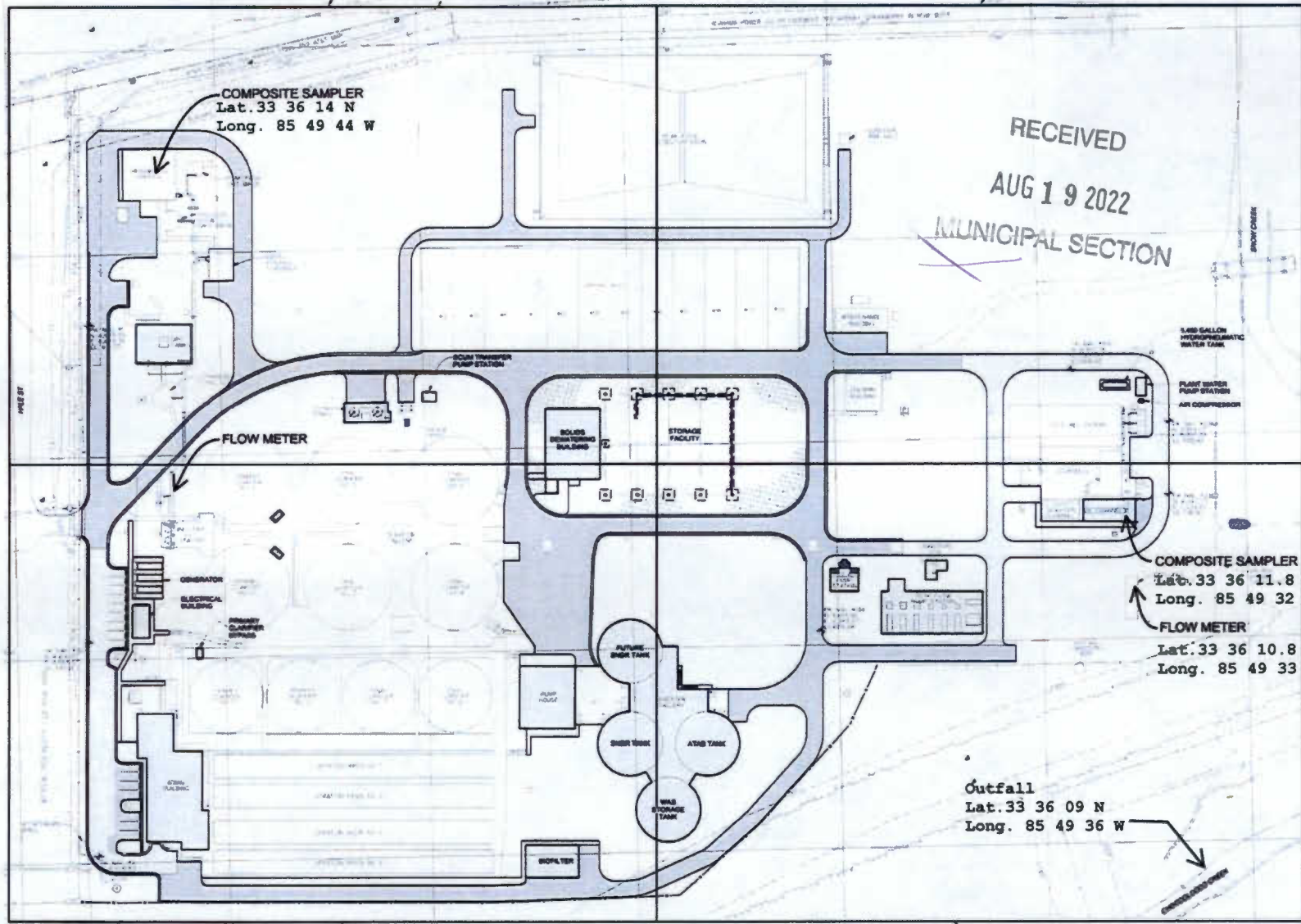
35 FRIENDSHIP ROAD  
 OXFORD, AL 36203

SHEET TITLE:		TOPOGRAPHY PLAN		SHEET EXHIBIT	
ISSUE DATE:	02/22/2022	SCALE:	NOT TO SCALE		
PROJECT NUMBER:	—	DRAWN BY:	LF		
SEQUENCE:	OF 6	CHECKED BY:	CO		

**TO-1**

PARTIAL SITE STAKING  
& PAVING PLAN  
SEE SHEET C3-05

PARTIAL SITE STAKING  
& PAVING PLAN  
SEE SHEET C3-06



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PARTIAL SITE STAKING  
& PAVING PLAN  
SEE SHEET C3-07

PARTIAL SITE STAKING  
& PAVING PLAN  
SEE SHEET C3-08

**ANNISTON WATER WORKS  
AND SEWER BOARD**



931 NOBLE STREET STE 200  
ANNISTON, AL 36202

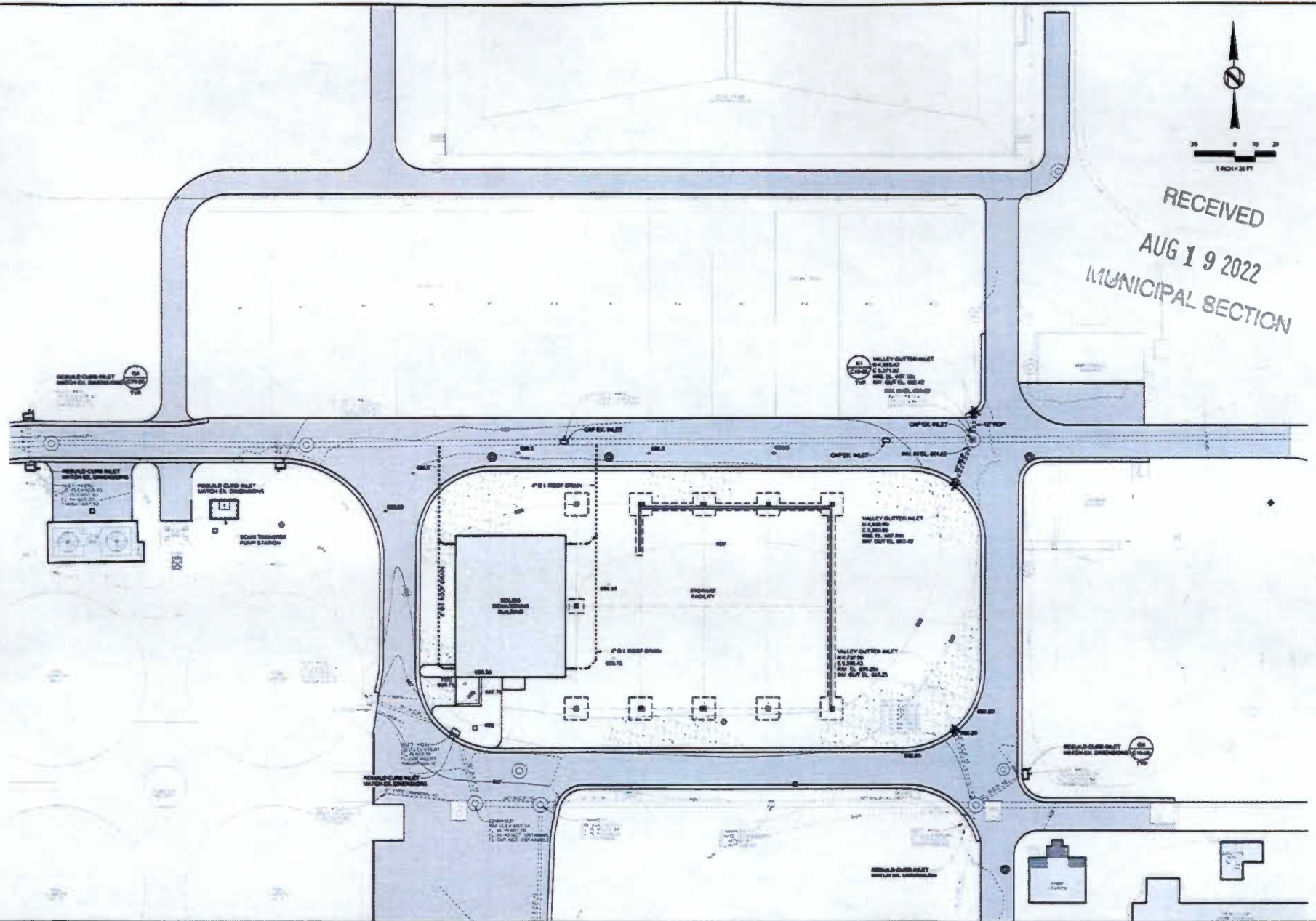
**CHOCOLOCÇO CREEK WWTP**

35 FRIENDSHIP ROAD  
OXFORD, AL 36203

SHEET TITLE: SAMPLING AND FLOW MONITORING		SHEET EXHIBIT  <b>SF-1</b>
ISSUE DATE: 02/22/2022	SCALE: NOT TO SCALE	
PROJECT NUMBER: ---	DRAWN BY: LF	
SEQUENCE: 1 OF 1	CHECKED BY: CO	



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**ANNISTON WATER WORKS  
 AND SEWER BOARD**  
 931 NOBLE STREET STE 200  
 ANNISTON, AL 36202

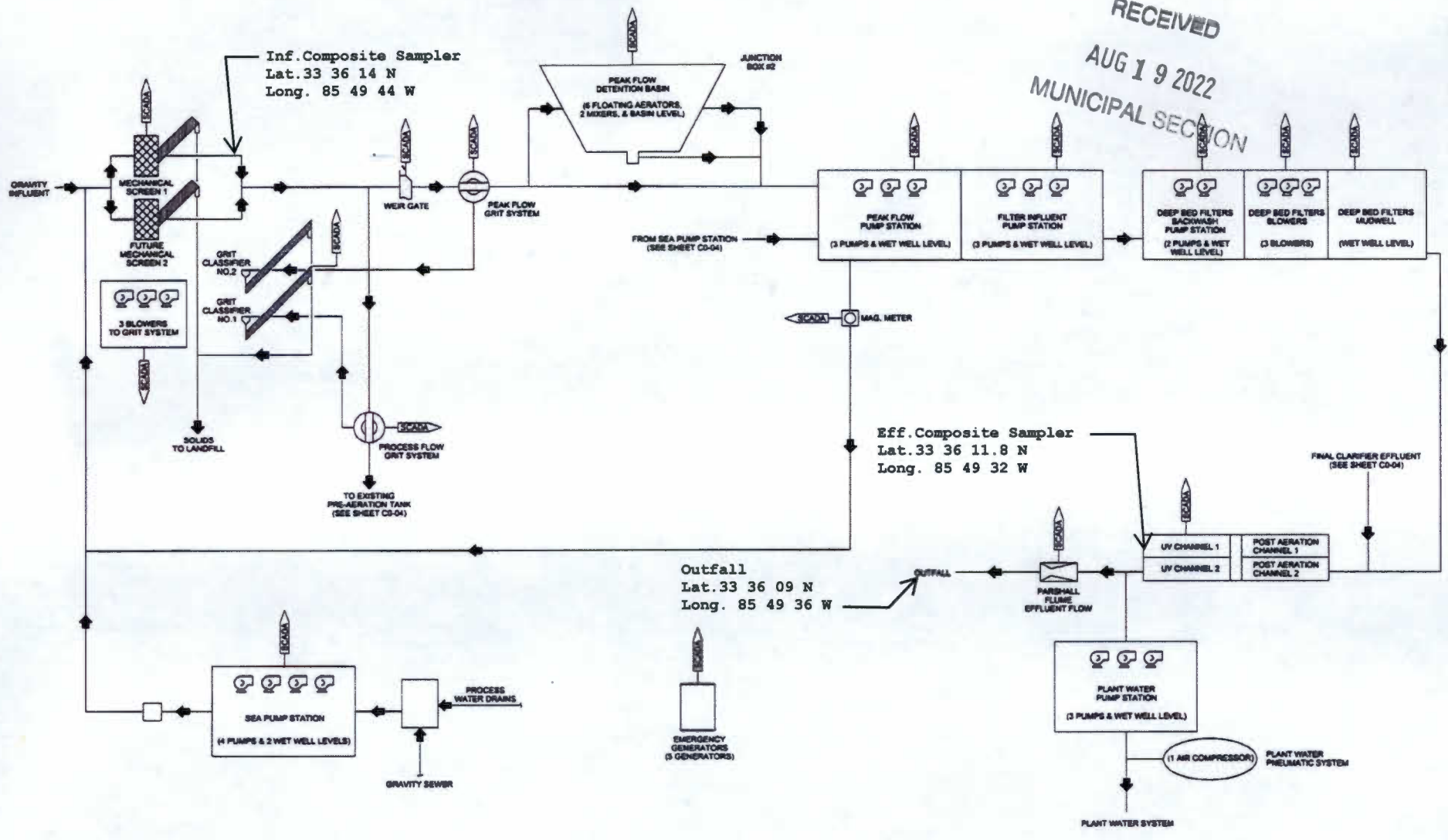


**CHOCOLOCCO CREEK WWT**  
 35 FRIENDSHIP ROAD  
 OXFORD, AL 36203

SHEET TITLE: SITE PLAN	
ISSUE DATE: 02/22/2022	SCALE: NOT TO SCALE
PROJECT NUMBER: ---	DRAWN BY: LF
SEQUENCE: 1 OF 1	CHECKED BY: CO

SHEET EXHIBIT  
**SP-1**

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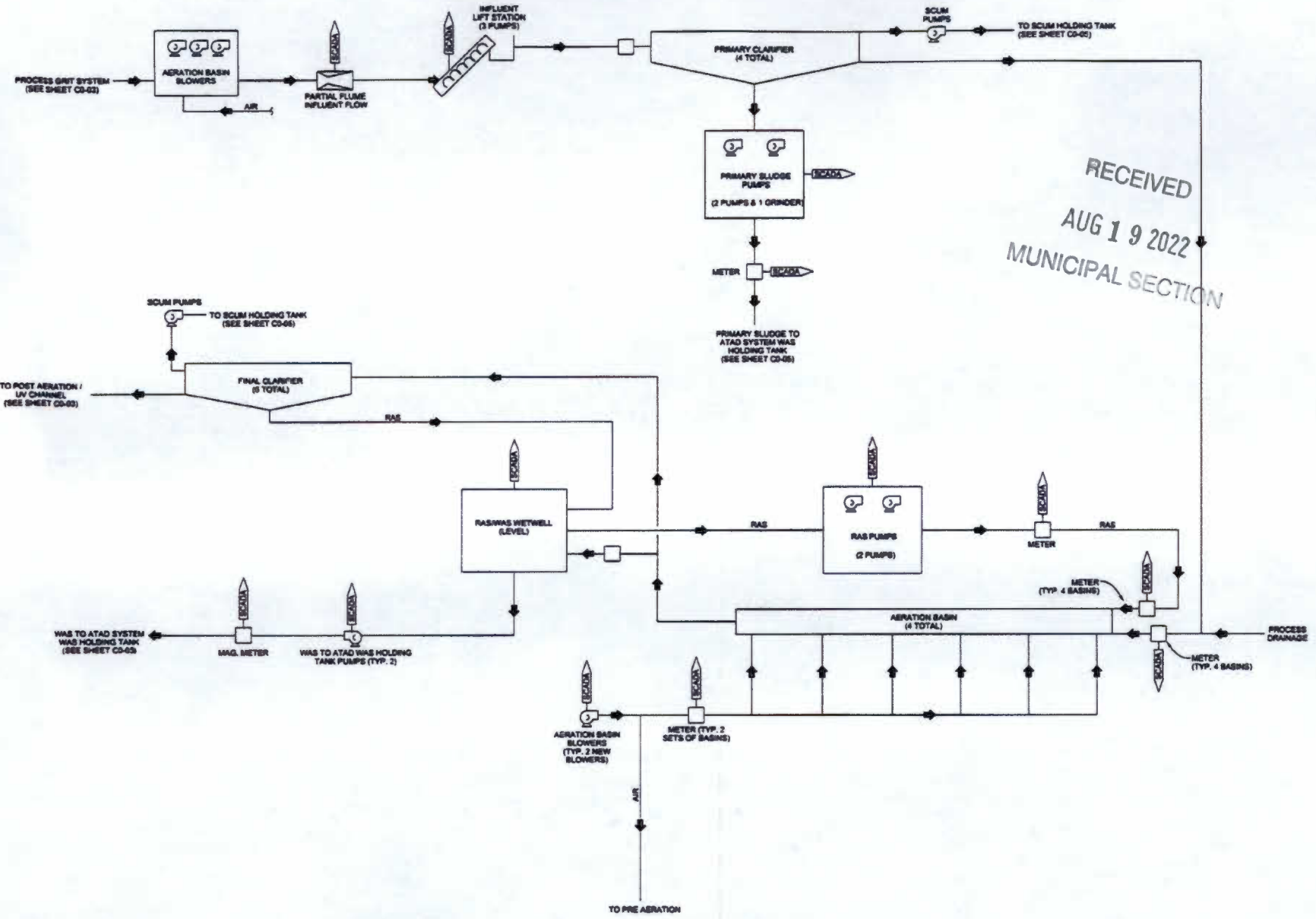
**ANNISTON WATER WORKS  
 AND SEWER BOARD**  
 931 NOBLE STREET STE 200  
 ANNISTON, AL 36202



**CHOCOLOCCO CREEK WWTP**  
 35 FRIENDSHIP ROAD  
 OXFORD, AL 36203

SHEET TITLE:		SCHEMATIC FLOW DIAGRAM	
ISSUE DATE:		SCALE:	
02/22/2022		NOT TO SCALE	
PROJECT NUMBER:		DRAWN BY:	
---		LF	
SEQUENCE:		CHECKED BY:	
1 OF 3		CO	

SHEET EXHIBIT  
**FD-1**



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 AUG 19 2022  
 MUNICIPAL SECTION

**ANNISTON WATER WORKS  
 AND SEWER BOARD**  
 931 NOBLE STREET STE 200  
 ANNISTON, AL 36202



**CHOCOLOCCO CREEK WWTP**  
 35 FRIENDSHIP ROAD  
 OXFORD, AL 36203

SHEET TITLE:	SCHEMATIC FLOW DIAGRAM	
ISSUE DATE:	02/22/2022	SCALE: NOT TO SCALE
PROJECT NUMBER:	—	DRAWN BY: LF
SEQUENCE:	2 OF 3	CHECKED BY: CO

SHEET EXHIBIT  
**FD-2**





**ENVIRONMENTAL RESOURCE  
ANALYSTS, INC.**

**2975 BROWN COURT  
AUBURN, AL 36830  
334-502-3444  
(FAX) 334-502-8888**

**26 Years in Business, and counting  
<http://www.eralab.com>**

**Laboratory Report  
Waste Water  
Report # 272-1019  
Priority Pollutants**

Prepared For:  
Anniston Water&Sewer Bd-Choccolocco  
PO Box 2268  
Anniston, AL 36202

**Attention: Don Miller**

**Number of Pages in Report: 10**

RECEIVED  
JUL 13 2022  
MUNICIPAL SECTION

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

This report cannot be reproduced, except in full, without the written approval from **ERA, Inc.**

The test results in this report meet all 2003 NELAC requirements for accredited parameters, exceptions are noted in this report. ERA's Florida certification number is E87542. Current copies of our certification and scope are available upon request.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.



# ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

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

**Results of Analysis For:** Anniston Water Works  
P.O. Box 2268  
Anniston, AL 36202

Project: 272-1019  
Date Received: 10/18/2019

<b>Sample Number:</b> 197028-01	<b>Collection Date:</b> 10/18/2019 7:10
<b>Description:</b> grab	<b>Location:</b> effluent PR

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Cyanide	<0.0040	mg/L		0.004	0.01	EPA 335.4	10/18/19 07:10	10/23/19 13:19	JA
Oil & Grease	<4.56	mg/L		4.56	5	EPA 1664A	10/18/19 07:10	10/21/19 11:00	TH
Total Phenols	<0.050	mg/L		0.05	0.05	EPA 420.1	10/18/19 07:10	10/21/19 09:00	BG

## Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
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### 2-Chloroethylvinyl ether

2-Chloroethylvinyl ether	EPA 624.1	BMDL	ug/L	5.09	10	10/20/19 20:11	NG	
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### Surrogate

Recovery %      Target Range

4-Bromofluorobenzene	107	90-110
toluene-d8	103	90-110
1,2-Dichloroethane-d4	90.6	88-119

### 624.1 WWVOC

Acrolein	EPA 624.1	BMDL	ug/L	16.5	20	10/20/19 20:52	NG
Acrylonitrile	EPA 624.1	BMDL	ug/L	25.5	50	10/20/19 20:52	NG
Benzene	EPA 624.1	BMDL	ug/L	1.85	5	10/20/19 20:52	NG
Bromodichloromethane	EPA 624.1	BMDL	ug/L	1.54	5	10/20/19 20:52	NG
Bromoform	EPA 624.1	BMDL	ug/L	3.05	5	10/20/19 20:52	NG
Bromomethane	EPA 624.1	BMDL	ug/L	4.76	5	10/20/19 20:52	NG
Carbon Tetrachloride	EPA 624.1	BMDL	ug/L	0.618	5	10/20/19 20:52	NG
Chlorobenzene	EPA 624.1	BMDL	ug/L	0.755	5	10/20/19 20:52	NG
Chloroethane	EPA 624.1	BMDL	ug/L	1.46	5	10/20/19 20:52	NG
2-Chloroethylvinyl Ether	EPA 624.1	BMDL	ug/L	4.36	5	10/20/19 20:52	NG
Chloroform	EPA 624.1	BMDL	ug/L	1.73	5	10/20/19 20:52	NG
Chloromethane	EPA 624.1	BMDL	ug/L	1.8	5	10/20/19 20:52	NG
Dibromochloromethane	EPA 624.1	BMDL	ug/L	0.858	5	10/20/19 20:52	NG
1,2-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.915	5	10/20/19 20:52	NG
1,3-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.626	5	10/20/19 20:52	NG
1,4-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.745	5	10/20/19 20:52	NG





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**Results of Analysis For:** Anniston Water Works  
P.O. Box 2268  
Anniston, AL 36202

Project: 272-1019  
Date Received: 10/18/2019

## Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
<b>624.1 WWVOC</b>								
1,1-Dichloroethane	EPA 624.1	BMDL	ug/L	1.94	5	10/20/19 20:52	NG	
1,2-Dichloroethane	EPA 624.1	BMDL	ug/L	1.27	5	10/20/19 20:52	NG	
1,1-Dichloroethene	EPA 624.1	BMDL	ug/L	1	5	10/20/19 20:52	NG	
Trans-1,2-Dichloroethene	EPA 624.1	BMDL	ug/L	1.17	5	10/20/19 20:52	NG	
1,2-Dichloropropane	EPA 624.1	BMDL	ug/L	1.8	5	10/20/19 20:52	NG	
Cis-1,3-Dichloropropene	EPA 624.1	BMDL	ug/L	0.81	5	10/20/19 20:52	NG	
Trans-1,3-Dichloropropene	EPA 624.1	BMDL	ug/L	0.629	5	10/20/19 20:52	NG	
Ethylbenzene	EPA 624.1	BMDL	ug/L	0.57	5	10/20/19 20:52	NG	
Methylene Chloride	EPA 624.1	BMDL	ug/L	1.88	5	10/20/19 20:52	NG	
1,1,2,2-Tetrachloroethane	EPA 624.1	BMDL	ug/L	0.94	5	10/20/19 20:52	NG	
Tetrachloroethene	EPA 624.1	BMDL	ug/L	0.82	5	10/20/19 20:52	NG	
Toluene	EPA 624.1	BMDL	ug/L	0.67	5	10/20/19 20:52	NG	
1,1,1-Trichloroethane	EPA 624.1	BMDL	ug/L	0.69	5	10/20/19 20:52	NG	
1,1,2-Trichloroethane	EPA 624.1	BMDL	ug/L	0.766	5	10/20/19 20:52	NG	
Trichloroethene	EPA 624.1	BMDL	ug/L	1.5	5	10/20/19 20:52	NG	
Trichlorofluoromethane	EPA 624.1	BMDL	ug/L	0.753	5	10/20/19 20:52	NG	
Vinyl Chloride	EPA 624.1	BMDL	ug/L	2.09	5	10/20/19 20:52	NG	
Xylenes, total	EPA 624.1	BMDL	ug/L	4.61	5	10/20/19 20:52	NG	

Surrogate	Recovery %	Target Range
1,2-Dichloroethane-d4	105	
Toluene-d8	103	
4-Bromofluorobenzene	90.6	

## 625.1 SVOC WW

1,2,4-Trichlorobenzene	EPA 625.1	BMDL	ug/L	9.33	10	10/21/19 3:14	NG	
1,2-Diphenylhydrazine	EPA 625.1	BMDL	ug/L	10.7	10	10/21/19 3:14	NG	
2-Chloronaphthalene	EPA 625.1	BMDL	ug/L	11.6	10	10/21/19 3:14	NG	
2-Chlorophenol	EPA 625.1	BMDL	ug/L	9.81	10	10/21/19 3:14	NG	
2-Nitrophenol	EPA 625.1	BMDL	ug/L	12.3	20	10/21/19 3:14	NG	
2,4-Dichlorophenol	EPA 625.1	BMDL	ug/L	13.2	10	10/21/19 3:14	NG	
2,4-Dimethylphenol	EPA 625.1	BMDL	ug/L	11.3	10	10/21/19 3:14	NG	



# ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

Results of Analysis For: Anniston Water Works  
P.O. Box 2268  
Anniston, AL 36202

Project: 272-1019  
Date Received: 10/18/2019

## Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
<b>625.1 SVOC WW</b>								
2,4-Dinitrophenol	EPA 625.1	BMDL	ug/L	18.3	10	10/21/19 3:14	NG	
2,4-Dinitrotoluene	EPA 625.1	BMDL	ug/L	7.7	20	10/21/19 3:14	NG	
2,6-Dinitrotoluene	EPA 625.1	BMDL	ug/L	8.13	10	10/21/19 3:14	NG	
2,4,6-Trichlorophenol	EPA 625.1	BMDL	ug/L	11.6	10	10/21/19 3:14	NG	
3,3-Dichlorobenzidine	EPA 625.1	BMDL	ug/L	14.6	20	10/21/19 3:14	NG	
4-Bromophenyl-phenyl ether	EPA 625.1	BMDL	ug/L	9.12	10	10/21/19 3:14	NG	
4-Chlorophenyl-phenyl ether	EPA 625.1	BMDL	ug/L	9.93	10	10/21/19 3:14	NG	
4-Chloro-3-methylphenol	EPA 625.1	BMDL	ug/L	9.95	10	10/21/19 3:14	NG	
4-Nitrophenol	EPA 625.1	BMDL	ug/L	8.29	10	10/21/19 3:14	NG	
4,6-Dinitro-2-Methylphenol	EPA 625.1	BMDL	ug/L	8.04	10	10/21/19 3:14	NG	
Acenaphthene	EPA 625.1	BMDL	ug/L	8.79	10	10/21/19 3:14	NG	
Acenaphthylene	EPA 625.1	BMDL	ug/L	9.12	10	10/21/19 3:14	NG	
Anthracene	EPA 625.1	BMDL	ug/L	9.05	10	10/21/19 3:14	NG	
Benzdine	EPA 625.1	BMDL	ug/L	15.1	20	10/21/19 3:14	NG	
Benzo(a)pyrene	EPA 625.1	BMDL	ug/L	9.92	10	10/21/19 3:14	NG	
Benzo(a)anthracene	EPA 625.1	BMDL	ug/L	8.81	10	10/21/19 3:14	NG	
Benzo(b)fluoranthene	EPA 625.1	BMDL	ug/L	10	10	10/21/19 3:14	NG	
Benzo(g,h,i)perylene	EPA 625.1	BMDL	ug/L	9.45	10	10/21/19 3:14	NG	
Benzo(k)fluoranthene	EPA 625.1	BMDL	ug/L	9.22	10	10/21/19 3:14	NG	
Bis(2-chloroethoxy)methane	EPA 625.1	BMDL	ug/L	6.66	10	10/21/19 3:14	NG	
Bis(2-chloroethyl)ether	EPA 625.1	BMDL	ug/L	8.22	10	10/21/19 3:14	NG	
Bis(2-chloroisopropyl)ether	EPA 625.1	BMDL	ug/L	7.09	10	10/21/19 3:14	NG	
Bis(2-Ethylhexyl) phthalate	EPA 625.1	BMDL	ug/L	6.84	10	10/21/19 3:14	NG	
Butylbenzyl phthalate	EPA 625.1	BMDL	ug/L	9.96	10	10/21/19 3:14	NG	
Chrysene	EPA 625.1	BMDL	ug/L	8.7	10	10/21/19 3:14	NG	
Dibenz(a,h)anthracene	EPA 625.1	BMDL	ug/L	8.11	10	10/21/19 3:14	NG	
Diethyl phthalate	EPA 625.1	BMDL	ug/L	8.92	10	10/21/19 3:14	NG	
Dimethyl phthalate	EPA 625.1	BMDL	ug/L	10	10	10/21/19 3:14	NG	
Di-n-butyl phthalate	EPA 625.1	BMDL	ug/L	8.46	10	10/21/19 3:14	NG	
Di-n-octyl phthalate	EPA 625.1	BMDL	ug/L	9.5	10	10/21/19 3:14	NG	
n-Nitrosodimethylamine	EPA 625.1	BMDL	ug/L	9.79	10	10/21/19 3:14	NG	



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

Results of Analysis For: Anniston Water Works  
P.O. Box 2268  
Anniston, AL 36202

Project: 272-1019

Date Received: 10/18/2019

## Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
<b>625.1 SVOC WW</b>								
Fluoranthene	EPA 625.1	BMDL	ug/L	8.6	10	10/21/19 3:14	NG	
Fluorene	EPA 625.1	BMDL	ug/L	8.91	10	10/21/19 3:14	NG	
Hexachlorobenzene	EPA 625.1	BMDL	ug/L	9.43	10	10/21/19 3:14	NG	
Hexachlorobutadiene	EPA 625.1	BMDL	ug/L	9.29	10	10/21/19 3:14	NG	
Hexachlorocyclopentadiene	EPA 625.1	BMDL	ug/L	8.73	10	10/21/19 3:14	NG	
Hexachloroethane	EPA 625.1	BMDL	ug/L	8.89	10	10/21/19 3:14	NG	
Indeno(1,2,3-cd)pyrene	EPA 625.1	BMDL	ug/L	7.46	10	10/21/19 3:14	NG	
Isophorone	EPA 625.1	BMDL	ug/L	7.93	10	10/21/19 3:14	NG	
Naphthalene	EPA 625.1	BMDL	ug/L	8.76	10	10/21/19 3:14	NG	
Nitrobenzene	EPA 625.1	BMDL	ug/L	7.07	10	10/21/19 3:14	NG	
n-Nitrosodi-n-propylamine	EPA 625.1	BMDL	ug/L	8.89	10	10/21/19 3:14	NG	
n-Nitrosodiphenylamine	EPA 625.1	BMDL	ug/L	8.1	10	10/21/19 3:14	NG	
Pentachlorophenol	EPA 625.1	BMDL	ug/L	10.6	20	10/21/19 3:14	NG	
Phenanthrene	EPA 625.1	BMDL	ug/L	9.42	10	10/21/19 3:14	NG	
Phenol	EPA 625.1	BMDL	ug/L	9.39	10	10/21/19 3:14	NG	
Pyrene	EPA 625.1	BMDL	ug/L	9.62	10	10/21/19 3:14	NG	

Surrogate	Recovery %	Target Range
2-Fluorophenol	18.3	
Phenol-d5	12.2	
Nitrobenzene-d5	52.3	
2-Fluorobiphenyl	51.0	
2,4,6-Tribromophenol	32.4	
p-Terphenyl-d14	50.9	

## Acrolein/Acrylonitrile

Acrylonitrile	EPA 624.1	BMDL	ug/L	25.5	50	10/20/19 20:52	NG
Acrolein	EPA 624.1	BMDL	ug/L	30.8	50	10/20/19 20:52	NG

Surrogate	Recovery %	Target Range
4-Bromofluorobenzene	105	90-110
toluene-d8	103	90-110
1,2-Dichloroethane-d4	90.6	88-119



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

**Results of Analysis For:** Anniston Water Works  
 P.O. Box 2268  
 Anniston, AL 36202

Project: 272-1019  
 Date Received: 10/18/2019

## Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
------	--------	--------	-------	-----	-----	-------------	---------	-------

Sample Number: 197028-02	Collection Date: 10/18/2019 5:49
Description: comp	Location: effluent PR

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	10/18/19 05:49	10/21/19 11:41	JA
Antimony	<11.4	ug/L		11.4	25	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
Arsenic	<21.0	ug/L		21	50	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
Beryllium	<1.8	ug/L		1.8	5	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
Cadmium	<4.3	ug/L		4.3	10	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
Chromium	<7.6	ug/L		7.6	25	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
Copper	9.7	ug/L	N10	3.1	10	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
Hardness	162	mg/L CaCO3 (EDTA)		5	5	SM 2340C-2011	10/18/19 05:49	10/22/19 17:30	RB
Lead	<23.3	ug/L		23.3	50	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
Nickel	<4.8	ug/L		4.8	10	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
NO2-/NO3	20.1	mg N/L		0.07	0.2	EPA 353.2	10/18/19 05:49	10/24/19 14:09	JA
Selenium	<12.4	ug/L		12.4	25	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
Silver	<4.1	ug/L		4.1	5	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
TDS	374	mg/L(Dry)		2.5	2.5	SM 2540C-2011	10/18/19 05:49	10/23/19 11:00	BEH
Thallium	<10.5	ug/L		10.5	25	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO
TKN	1.48	mg N/L		0.843	1.25	EPA 351.2	10/18/19 05:49	10/24/19 09:00	JA
Total Phosphorus	1.98	mg P/L		0.1	1	EPA 365.4	10/18/19 05:49	10/24/19 09:00	JA
Zinc	24.2	ug/L	N10	4.5	25	EPA 200.7	10/18/19 05:49	10/23/19 15:12	AO



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**Results of Analysis For:** Anniston Water Works  
P.O. Box 2268  
Anniston, AL 36202

Project: 272-1019  
Date Received: 10/18/2019

**Analytes - NOT NELAC Certified**

1,2-Dichloroethane-d4	1,2-Diphenylhydrazine	2,4,6-Tribromophenol	2-Chloroethylvinyl ether
2-Fluorobiphenyl	2-Fluorophenol	4-Bromofluorobenzene	Methylene Chloride
Nitrobenzene-d5	Phenol-d5	p-Terphenyl-d14	toluene-d8
Xylenes, total			

MDL: Method Detection Limit  
PQL: Practical Quantitation Limit  
BMDL: Below Method Detection Limit

10/31/2019

Erin Consuegra, QA/QC Manager

Date

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

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

BMDL = Below Method Detection Limit

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

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

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

State of Florida, NELAC Certification #E87542

The results shown relate only to these samples.

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

**Qualifiers**

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



# ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

Standard  
Expedite (Addition Fees Apply)

Date Required \_\_\_\_\_

## CHAIN OF CUSTODY

Client: Anniston Water & Sewer Bd - Chocco  
Project: 272-1019

Sample No.	Location	Collector	Date/Time Sampled	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
197028-01	effluent PR	Jonathan Beaver	10-18-19 / 0710	grab	X		

PO# 47599

Flow Rate:

Sample No.	Location	Collector	Date/Time Sampled	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
197028-02	effluent PR	Ron Westley	10-18-19 / 0550	comp	1/HR	10-17-19 0547	10-18-19 0549

Flow Rate:

Sample No.	Location	Collector	Date/Time Sampled	G or C
197028-04	Field Blank LLHg			grab

Mercury Sampled Quarterly per NPDES Permit. JB

Flow Rate: 4.30

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01b	H2SO4	O&G	ph ≤ 2.0	-01c X	None	subcontract	
-01d	naoh	CN-	ph ≥ 12.0	-01e	H2SO4	Phenol	ph ≤ 2.0
-01f	NA2S2O3	625.1 SVOC WW	RS	-01g	HCl	Acrolein/Acrylonitrile	RS
-01h	None	2-Chloroethylvinyl ether	RS	-01j	NA2S2O3	624.1 WWVOC	RS
-02a	H2SO4	AMMONIA	ph ≤ 2.0	-02b	H2SO4	TKN	ph ≤ 2.0
-02c	H2SO4	NO2-/NO3	ph ≤ 2.0	-02d	H2SO4	Total Phosphorus	ph ≤ 2.0
-02e	None	TDS	RS	-02f	HNO3	ICP Metals	RS
-02g	None	Hardness	RS	-04a X	None	subcontract	



# CHAIN OF CUSTODY



## ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

Standard

Expedite (Addition Fees Apply)

Date Required

For Client Use:

Date Prepared: 100719

Relinquished By: Jonathan Brewer

Date/Time: 10/18/19 1200

Received By: KE

Date/Time: 10/18/19 1200

Relinquished By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Received By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Relinquished By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Received By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Received at Lab By: KS

Date/Time: 10/18/19 1500

Relinquished To Sealed Container:

PO # 47599



Client Anniston Clocc

Sample # 197028

# ERA Cooler Receipt Form

## 1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 10/19/19 1505 Receiving Analyst: KS

B. Method of Delivery:

Fed Ex  UPS  USPS  ERA Driver  Client Drop Off  Other  
Tracking Number \_\_\_\_\_

C. Condition of Custody Seal upon arrival:  Absent  Present & Broken by ERA Driver  Present & sealed  Present & broken

## 2. Condition of Cooler Contents

A. Chain Of Custody Information:  Completed  Incomplete, \_\_\_\_\_

B. Cooling Process  Solid Ice  Ice pack  Dry Ice  None  Other

C. Broken Bottles?  No  Yes If yes, which? \_\_\_\_\_

D. Temperature °C 3.3 Thermometer ID: ital  
Reason for incorrect temp: ( $>6.0^{\circ}\text{C}$ )  Frozen  Beginning of Cooling process  Ice melted  Other

## 3. Sample Information and Verification

A. Sample Numbers match Chain of Custody?  Yes  No, \_\_\_\_\_  
Correct bottle types used for each sample?  Yes  No, \_\_\_\_\_  
All samples arrived within holding time?  Yes  No, \_\_\_\_\_  
Sufficient volume in each bottle for tests?  Yes  No, \_\_\_\_\_  
B. All samples were verified & marked on the Chain of Custody?  Yes  No, missing O/c and O/a

C. Samples with preservative have been checked and are in the correct pH range?  Yes, no preservatives needed  No, see preservative info  Not applicable

pH Strip Lot #: 23325516

Additional Preservative information	
1	Preservative Type: _____
2	Preservative Lot # _____
3	Preservative Type: _____
4	Preservative Lot # _____

D. Hexane Lot for O&G 181203 02 N/A

E. Trip Blanks  Absent  Present  N/A

## 4. Comments and Resolutions

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

How was client contacted:	Email	Phone	Who contacted?	Date/Time of contact:
Result of communication:				

# END OF REPORT

## 5. Analyst Conformation

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

Primary Reviewer: KS

Secondary Reviewer: [Signature]





**Environmental Resource Analysts, Inc.**

2975 Brown Court  
Auburn, AL 36830  
334-502-3444  
(Fax) 334-502-8888

28 Years in Business, and counting  
[www.eralab.com](http://www.eralab.com)

**Laboratory Testing Report**

**Sample #: 203032**

RECEIVED

**Prepared For:**

'JUL 13 2022

Anniston Water&Sewer Bd-Choccolocco  
P.O. Box 2268  
Anniston, AL 36202

MUNICIPAL SECTION

**Attention: Heath Denton**

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

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

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

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

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



# ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

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

**Results of Analysis For:** Anniston Water&Sewer Bd-Choccolocco  
P.O. Box 2268  
Anniston, AL 36202

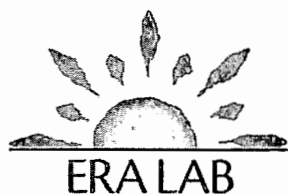
Project: 272-0420  
Date Received: 4/15/2020

<b>Sample Number:</b> 203032-01	<b>Collection Date:</b> 04/14/2020 7:15
<b>Description:</b> grab	<b>Location:</b> effluent PR

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Cyanide	<0.004	mg/L		0.004	0.01	EPA 335.4	04/14/20 07:15	04/22/20 14:24	JA
Oil & Grease	<4.56	mg/L		4.56	5	EPA 1664A	04/14/20 07:15	04/17/20 09:45	TH
Total Phenols	<0.025	mg/L		0.025	0.05	EPA 420.1	04/14/20 07:15	04/16/20 09:30	BG

## Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
<b>624.1 WWVOC</b>								
Acrolein	EPA 624.1	BMDL	ug/L	16.1	20	04/16/20 6:03	NG	
Acrylonitrile	EPA 624.1	BMDL	ug/L	10.1	20	04/16/20 6:03	NG	
Benzene	EPA 624.1	BMDL	ug/L	1	5	04/16/20 6:03	NG	
Bromodichloromethane	EPA 624.1	BMDL	ug/L	0.808	5	04/16/20 6:03	NG	
Bromoform	EPA 624.1	BMDL	ug/L	0.892	5	04/16/20 6:03	NG	
Bromomethane	EPA 624.1	BMDL	ug/L	1.814	5	04/16/20 6:03	NG	O94
Carbon Tetrachloride	EPA 624.1	BMDL	ug/L	2.16	5	04/16/20 6:03	NG	
Chlorobenzene	EPA 624.1	BMDL	ug/L	0.707	5	04/16/20 6:03	NG	
Chloroethane	EPA 624.1	BMDL	ug/L	2.399	5	04/16/20 6:03	NG	
2-Chloroethylvinyl Ether	EPA 624.1	BMDL	ug/L	3.604	5	04/16/20 6:03	NG	
Chloroform	EPA 624.1	BMDL	ug/L	1.595	5	04/16/20 6:03	NG	
Chloromethane	EPA 624.1	BMDL	ug/L	1.638	5	04/16/20 6:03	NG	
Dibromochloromethane	EPA 624.1	BMDL	ug/L	0.828	5	04/16/20 6:03	NG	
1,2-Dichlorobenzene	EPA 624.1	BMDL	ug/L	1.165	5	04/16/20 6:03	NG	
1,3-Dichlorobenzene	EPA 624.1	BMDL	ug/L	1.053	5	04/16/20 6:03	NG	
1,4-Dichlorobenzene	EPA 624.1	BMDL	ug/L	0.661	5	04/16/20 6:03	NG	
1,1-Dichloroethane	EPA 624.1	BMDL	ug/L	0.347	5	04/16/20 6:03	NG	
1,2-Dichloroethane	EPA 624.1	BMDL	ug/L	0.573	5	04/16/20 6:03	NG	
1,1-Dichloroethene	EPA 624.1	BMDL	ug/L	0.817	5	04/16/20 6:03	NG	
Trans-1,2-Dichloroethene	EPA 624.1	BMDL	ug/L	0.659	5	04/16/20 6:03	NG	
1,2-Dichloropropane	EPA 624.1	BMDL	ug/L	0.807	5	04/16/20 6:03	NG	
Cis-1,3-Dichloropropene	EPA 624.1	BMDL	ug/L	0.892	5	04/16/20 6:03	NG	O94
Trans-1,3-Dichloropropene	EPA 624.1	BMDL	ug/L	0.872	5	04/16/20 6:03	NG	



# ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

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

**Results of Analysis For:** Anniston Water&Sewer Bd-Choccolocco  
P.O. Box 2268  
Anniston, AL 36202

Project: 272-0420  
Date Received: 4/15/2020

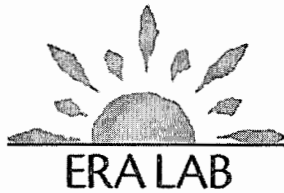
## Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
<b>624.1 WWVOC</b>								
Ethylbenzene	EPA 624.1	BMDL	ug/L	2.066	5	04/16/20 6:03	NG	
Methylene Chloride	EPA 624.1	BMDL	ug/L	0.669	5	04/16/20 6:03	NG	
1,1,2,2-Tetrachloroethane	EPA 624.1	BMDL	ug/L	0.826	5	04/16/20 6:03	NG	
Tetrachloroethene	EPA 624.1	BMDL	ug/L	0.988	5	04/16/20 6:03	NG	
Toluene	EPA 624.1	BMDL	ug/L	1.26	5	04/16/20 6:03	NG	
1,1,1-Trichloroethane	EPA 624.1	BMDL	ug/L	2.18	5	04/16/20 6:03	NG	
1,1,2-Trichloroethane	EPA 624.1	BMDL	ug/L	0.781	5	04/16/20 6:03	NG	
Trichloroethene	EPA 624.1	BMDL	ug/L	0.989	5	04/16/20 6:03	NG	
Trichlorofluoromethane	EPA 624.1	BMDL	ug/L	0.903	5	04/16/20 6:03	NG	
Vinyl Chloride	EPA 624.1	BMDL	ug/L	0.771	5	04/16/20 6:03	NG	
Xylenes, total	EPA 624.1	BMDL	ug/L	4.01	5	04/16/20 6:03	NG	

Surrogate	Recovery %	Target Range
1,2-Dichloroethane-d4	102	
Toluene-d8	94.1	
4-Bromofluorobenzene	89.4	

## 625.1 SVOC WW

1,2,4-Trichlorobenzene	EPA 625.1	BMDL	ug/L	9.33	10	04/16/20 23:59	NG	O95
1,2-Diphenylhydrazine	EPA 625.1	BMDL	ug/L	10.7	10	04/16/20 23:59	NG	
2-Chloronaphthalene	EPA 625.1	BMDL	ug/L	11.6	10	04/16/20 23:59	NG	
2-Chlorophenol	EPA 625.1	BMDL	ug/L	9.81	10	04/16/20 23:59	NG	
2-Nitrophenol	EPA 625.1	BMDL	ug/L	12.3	20	04/16/20 23:59	NG	
2,4-Dichlorophenol	EPA 625.1	BMDL	ug/L	13.2	10	04/16/20 23:59	NG	O95
2,4-Dimethylphenol	EPA 625.1	BMDL	ug/L	11.3	10	04/16/20 23:59	NG	
2,4-Dinitrophenol	EPA 625.1	BMDL	ug/L	18.3	10	04/16/20 23:59	NG	O94
2,4-Dinitrotoluene	EPA 625.1	BMDL	ug/L	7.7	20	04/16/20 23:59	NG	
2,6-Dinitrotoluene	EPA 625.1	BMDL	ug/L	8.13	10	04/16/20 23:59	NG	
2,4,6-Trichlorophenol	EPA 625.1	BMDL	ug/L	11.6	10	04/16/20 23:59	NG	O95
3,3-Dichlorobenzidine	EPA 625.1	BMDL	ug/L	14.6	20	04/16/20 23:59	NG	O95
4-Bromophenyl-phenyl ether	EPA 625.1	BMDL	ug/L	9.12	10	04/16/20 23:59	NG	O95
4-Chlorophenyl-phenyl ether	EPA 625.1	BMDL	ug/L	9.93	10	04/16/20 23:59	NG	



**ENVIRONMENTAL RESOURCE ANALYSTS, INC.**

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

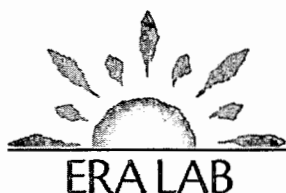
Tel. (334) 502-3444 Fax (334) 502-8888

**Results of Analysis For:** Anniston Water&Sewer Bd-Choccolocco  
P.O. Box 2268  
Anniston, AL 36202

Project: 272-0420  
Date Received: 4/15/2020

**Organics**

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
<b>625.1 SVOC WW</b>								
4-Chloro-3-methylphenol	EPA 625.1	BMDL	ug/L	9.95	10	04/16/20 23:59	NG	
4-Nitrophenol	EPA 625.1	BMDL	ug/L	8.29	10	04/16/20 23:59	NG	O95
4,6-Dinitro-2-Methylphenol	EPA 625.1	BMDL	ug/L	8.04	10	04/16/20 23:59	NG	O95,
Acenaphthene	EPA 625.1	BMDL	ug/L	8.79	10	04/16/20 23:59	NG	O95
Acenaphthylene	EPA 625.1	BMDL	ug/L	9.12	10	04/16/20 23:59	NG	
Anthracene	EPA 625.1	BMDL	ug/L	9.05	10	04/16/20 23:59	NG	
Benzidine	EPA 625.1	BMDL	ug/L	15.1	20	04/16/20 23:59	NG	
Benzo(a)pyrene	EPA 625.1	BMDL	ug/L	9.92	10	04/16/20 23:59	NG	
Benzo(a)anthracene	EPA 625.1	BMDL	ug/L	8.81	10	04/16/20 23:59	NG	
Benzo(b)fluoranthene	EPA 625.1	BMDL	ug/L	10	10	04/16/20 23:59	NG	
Benzo(g,h,i)perylene	EPA 625.1	BMDL	ug/L	9.45	10	04/16/20 23:59	NG	
Benzo(k)fluoranthene	EPA 625.1	BMDL	ug/L	9.22	10	04/16/20 23:59	NG	
Bis(2-chloroethoxy)methane	EPA 625.1	BMDL	ug/L	6.66	10	04/16/20 23:59	NG	
Bis(2-chloroethyl)ether	EPA 625.1	BMDL	ug/L	8.22	10	04/16/20 23:59	NG	
Bis(2-chloroisopropyl)ether	EPA 625.1	BMDL	ug/L	7.09	10	04/16/20 23:59	NG	O95
Bis(2-Ethylhexyl) phthalate	EPA 625.1	BMDL	ug/L	6.84	10	04/16/20 23:59	NG	
Butylbenzyl phthalate	EPA 625.1	BMDL	ug/L	9.96	10	04/16/20 23:59	NG	
Chrysene	EPA 625.1	BMDL	ug/L	8.7	10	04/16/20 23:59	NG	
Dibenz(a,h)anthracene	EPA 625.1	BMDL	ug/L	8.11	10	04/16/20 23:59	NG	
Diethyl phthalate	EPA 625.1	BMDL	ug/L	8.92	10	04/16/20 23:59	NG	
Dimethyl phthalate	EPA 625.1	BMDL	ug/L	10	10	04/16/20 23:59	NG	
Di-n-butyl phthalate	EPA 625.1	BMDL	ug/L	8.46	10	04/16/20 23:59	NG	
Di-n-octyl phthalate	EPA 625.1	BMDL	ug/L	9.5	10	04/16/20 23:59	NG	O94
n-Nitrosodimethylamine	EPA 625.1	BMDL	ug/L	9.79	10	04/16/20 23:59	NG	O95
Fluoranthene	EPA 625.1	BMDL	ug/L	8.6	10	04/16/20 23:59	NG	
Fluorene	EPA 625.1	BMDL	ug/L	8.91	10	04/16/20 23:59	NG	O95
Hexachlorobenzene	EPA 625.1	BMDL	ug/L	9.43	10	04/16/20 23:59	NG	
Hexachlorobutadiene	EPA 625.1	BMDL	ug/L	9.29	10	04/16/20 23:59	NG	
Hexachlorocyclopentadiene	EPA 625.1	BMDL	ug/L	8.73	10	04/16/20 23:59	NG	O94
Hexachloroethane	EPA 625.1	BMDL	ug/L	8.89	10	04/16/20 23:59	NG	O95
Indeno(1,2,3-cd)pyrene	EPA 625.1	BMDL	ug/L	7.46	10	04/16/20 23:59	NG	



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

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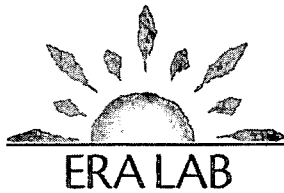
**Results of Analysis For:** Anniston Water&Sewer Bd-Choccolocco  
P.O. Box 2268  
Anniston, AL 36202

Project: 272-0420  
Date Received: 4/15/2020

## Organics

Test	Method	Result	Units	MDL	PQL	Date / Time	Analyst	Qual.
<b>625.1 SVOC WW</b>								
Isophorone	EPA 625.1	BMDL	ug/L	7.93	10	04/16/20 23:59	NG	
Naphthalene	EPA 625.1	BMDL	ug/L	8.76	10	04/16/20 23:59	NG	
Nitrobenzene	EPA 625.1	BMDL	ug/L	7.07	10	04/16/20 23:59	NG	
n-Nitrosodi-n-propylamine	EPA 625.1	BMDL	ug/L	8.89	10	04/16/20 23:59	NG	
n-Nitrosodiphenylamine	EPA 625.1	BMDL	ug/L	8.1	10	04/16/20 23:59	NG	
Pentachlorophenol	EPA 625.1	BMDL	ug/L	10.6	20	04/16/20 23:59	NG	
Phenanthrene	EPA 625.1	BMDL	ug/L	9.42	10	04/16/20 23:59	NG	O95
Phenol	EPA 625.1	BMDL	ug/L	9.39	10	04/16/20 23:59	NG	O95
Pyrene	EPA 625.1	BMDL	ug/L	9.62	10	04/16/20 23:59	NG	O95

Surrogate	Recovery %	Target Range
2-Fluorophenol	25.6	
Phenol-d5	16.0	
Nitrobenzene-d5	61.2	
2-Fluorobiphenyl	64.6	
2,4,6-Tribromophenol	52.2	
p-Terphenyl-d14	64.9	



# ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

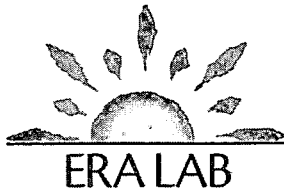
Tel. (334) 502-3444 Fax (334) 502-8888

**Results of Analysis For:** Anniston Water&Sewer Bd-Choccolocco  
P.O. Box 2268  
Anniston, AL 36202

Project: 272-0420  
Date Received: 4/15/2020

<b>Sample Number:</b> 203032-02	<b>Collection Date:</b> 04/14/2020 4:26
<b>Description:</b> comp	<b>Location:</b> effluent PR

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Ammonia	<0.200	mg N/L		0.2	0.2	EPA 350.1(1993)	04/14/20 04:26	04/16/20 15:14	AO
Antimony	<11.4	ug/L		11.4	25	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH
Arsenic	<21	ug/L		21	50	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH
Beryllium	<1.8	ug/L		1.8	5	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH
Cadmium	<4.3	ug/L		4.3	10	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH
Chromium	<7.6	ug/L		7.6	25	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH
Copper	5.4	ug/L	N10	3.1	10	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH
Hardness	89.8	mg/L CaCO3 (EDTA)		5	5	SM 2340C-2011	04/14/20 04:26	04/21/20 12:00	DS
Lead	<23.3	ug/L		23.3	50	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH
Nickel	<4.8	ug/L		4.8	10	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH
NO2-/NO3	4.47	mg N/L		0.035	0.1	EPA 353.2	04/14/20 04:26	04/20/20 11:42	JA
Selenium	<12.4	ug/L		12.4	25	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH
Silver	<4.1	ug/L		4.1	5	EPA 200.7	04/14/20 04:26	04/29/20 15:57	TH
TDS	181	mg/L(Dry)		2.5	2.5	SM 2540C-2011	04/14/20 04:26	04/15/20 11:00	BG
Thallium	<10.5	ug/L		10.5	25	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH
TKN	<0.843	mg N/L		0.843	1.25	EPA 351.2	04/14/20 04:26	04/24/20 14:29	JA
Total Phosphorus	0.311	mg P/L	N10	0.1	0.5	EPA 365.4	04/14/20 04:26	04/24/20 14:29	JA
Zinc	15.8	ug/L	N10	4.5	25	EPA 200.7	04/14/20 04:26	04/22/20 13:11	TH



## ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

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

**Results of Analysis For:** Anniston Water&Sewer Bd-Choccolocco  
P.O. Box 2268  
Anniston, AL 36202

Project: 272-0420  
Date Received: 4/15/2020

MDL: Method Detection Limit  
PQL: Practical Quantitation Limit  
BMDL: Below Method Detection Limit

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

BMDL = Below Method Detection Limit

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

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

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

State of Florida, NELAC Certification #E87542

The results shown relate only to these samples.

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

### Qualifiers

- N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.
- O94 = The Continuing Calibration Verification Standard did not meet QC requirements.
- O95 = The standard extracted in the sample batch did not meet QA/QC criteria.

---

This report was reviewed for completeness and approved.  
Date Complete: 05/04/2020

Dyana Hughes, Reporting Manager

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

Erin Consuegra, QA/QC Manager



# CHAIN OF CUSTODY



## ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

Standard

Expedite (Addition Fees Apply)

Date Required \_\_\_\_\_

Client: Anniston Water&Sewer Bd-Chocch  
Project: 272-0420

Sample No.	Location	Collector	Date/Time Sampled	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
203032-01	effluent PR	Mike Stallings	4.14.20/0715	grab			

PO# 47818

Flow Rate:

Sample No.	Location	Collector	Date/Time Sampled	G or C	Frequency	Composite Sample(s)	
						First Subsample Date/Time	Last Subsample Date/Time
203032-02	effluent PR	Ron Westley	4-14-20/0427	comp	1/ hr	4.13.20 0427	4-14-20 0426

Flow Rate:

Sample No.	Location	Collector	Date/Time Sampled	G or C
<del>203032-04</del>	<del>Field Blank LLHg</del>	<del></del>	<del></del>	<del>grab</del>

Mercury sampled quarterly per NPDES permit. HD

Flow Rate: 18.87

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01b	H2SO4	O&G	PH <sub>2</sub> S <sub>2</sub>	-01c	None	subcontract	PH <sub>2</sub> S <sub>2</sub>
-01d	naoh	CN-	PH <sub>2</sub> S <sub>2</sub>	-01e	H2SO4	Phenol	BP
-01f	NA2S2O3	625.1 SVOC WW	BP	-01g	Na2S2O3	Duplicate	BP
-01h	Na2S2O3	Duplicate	BP	-01j	NA2S2O3	624.1 WWVOC	PH <sub>2</sub> S <sub>2</sub>
-02a	H2SO4	AMMONIA	PH <sub>2</sub> S <sub>2</sub>	-02b	H2SO4	TKN	
-02c	H2SO4	NO2-/NO3	PH <sub>2</sub> S <sub>2</sub>	-02d	H2SO4	Total Phosphorus	
-02e	None	TDS	BP	-02f	HNO3	ICP Metals	
-02g	None	Hardness	BP			subcontract	





# CHAIN OF CUSTODY



## ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

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

Standard

Expedite (Addition Fees Apply)

\_\_\_\_\_ Date Required

For Client Use:

Date Prepared: 040320

Relinquished By: K. Kenton

Date/Time: 4.14.20

Received By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Relinquished By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Received By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Relinquished By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Received By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Received at Lab By: Brian Patton

Date/Time: 4/15/20 9:20

Relinquished To Sealed Container:



Client Anniston Water & Sewer

Sample # 203032

# ERA Cooler Receipt Form

## 1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 4/15/20 9:28 Receiving Analyst: BP

B. Method of Delivery:

Fed Ex  UPS  USPS  ERA Driver  Client Drop Off  Other  
Tracking Number 1233575095037430

C. Condition of Custody Seal upon arrival:  Absent  by ERA Driver  Present & sealed  Present & broken

## 2. Condition of Cooler Contents

A. Chain Of Custody Information:  Completed  Incomplete,

B. Cooling Process  Solid Ice  Ice pack  Dry Ice  None  Other

C. Broken Bottles?  No  Yes If yes, which? \_\_\_\_\_

D. Temperature °C 2.3 Thermometer ID: Auburn  
Reason for incorrect temp: ( $>6.0^{\circ}\text{C}$ )  Frozen  Beginning of Cooling process  Ice melted  Other

## 3. Sample Information and Verification

A. Sample Numbers match Chain of Custody?  Yes  No  
Correct bottle types used for each sample?  Yes  No  
All samples arrived within holding time?  Yes  No  
Sufficient volume in each bottle for tests?  Yes  No  
B. All samples were verified & marked on the Chain of Custody?  Yes  No

Additional Preservative information	
1	Preservative Type: _____
2	Preservative Lot # _____
3	Preservative Type: _____
4	Preservative Lot # _____

C. Samples with preservative have been checked and are in the correct pH range?  Yes, no preservatives needed  No, see preservative info  Not applicable

pH Strip Lot #: 201619 / 232518

D. Hexane Lot for O&G 19110505  N/A

E. Trip Blanks  Absent  Present  N/A

## 4. Comments and Resolutions

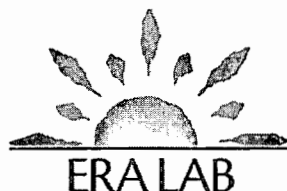
If any non-compliance was noted (temp out of range, holding time exceedance), contact the client to inform them and document here. Note how client was contacted (email/phone) when/who contacted and result of communication:  
How was client contacted: \_\_\_\_\_ Who contacted? \_\_\_\_\_ Date/Time of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

## 5. Analyst Conformation

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

Primary Reviewer: BP

Secondary Reviewer: [Signature] Page 10 of 11



## ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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

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

Sample #: 203032

All results are reported in Central Time.

### Definitions

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

**End of Report**



## LRS, Inc.

Laboratory Resources & Solutions, Inc.

P.O. Box 1260  
205 6th Avenue  
Ashville, AL 35953  
(205) 594-1445  
www.lab-resource.com

# Analytical Data Report

Client: **The Water Works and Sewer Board  
of the City of Anniston**

P.O. Box 2268  
Anniston, AL 36202

RECEIVED

JUL 13 2022

MUNICIPAL SECTION

Attention: Mr. Heath Denton

Project ID: **CCWWTP Priority Pollutants (February 17-18, 2021)**  
Permit # AL0022195

Laboratory Report Number: **21-053-0045**

Report Date: March 8, 2021

Data Reviewed by:

*Wayne J. Gaston*

---

**Wayne Gaston**  
Project Manager  
Laboratory Resources & Solutions, Inc.  
[wgaston@lab-resource.com](mailto:wgaston@lab-resource.com)

- Unless otherwise noted, all analysis on this report performed at Waypoint Analytical, Inc., 2790 Whitten Road, Memphis, TN 38133. NELAC #460181
- These results relate only to the items tested. This report may only be reproduced in full.
- Local support services for this project are provided by Laboratory Resources & Solutions, Inc. (LRS). All questions regarding this report should be directed to LRS, Inc. at (205) 594-1445.

3/5/2021

Anniston Water Works and Sewer Board  
Mr. Heath Denton  
P.O. Box 2268  
Anniston, AL, 36202

Ref: Analytical Testing  
Lab Report Number: 21-053-0045  
Client Project Description: CCWWTP Priority Pollutants  
Oxford, AL  
Project #AL0022195

Dear Mr. Heath Denton:  
Waypoint Analytical, LLC. received sample(s) on 2/19/2021 for the analyses presented in the following report.

The above referenced project has been analyzed per your instructions. The analyses were performed in accordance with the applicable analytical method. Where the laboratory was not responsible for the sampling stage (refer to the chain of custody) results apply to the sample as received.

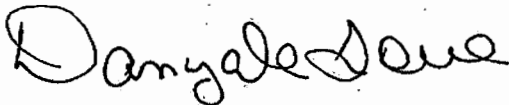
The analytical data has been validated using standard quality control measures performed as required by the analytical method. Quality Assurance, method validations, instrumentation maintenance and calibration for all parameters (NELAP and non-NELAP) were performed in accordance with guidelines established by the USEPA (including 40 CFR 136 Method Update Rule August 2017) and NELAC unless otherwise indicated. Any parameter for which the laboratory is not officially NELAP accredited is indicated by a '~' symbol. These are not included in the scope because NELAP accreditation is either not available or has not been applied for. Additional certifications may be held/are available for parameters, where NELAP accreditation is not required or applicable. A full list of certifications is available upon request.

Certain parameters (chlorine, pH, dissolved oxygen, sulfite...) are required to be analyzed within 15 minutes of sampling. Usually, but not always, any field parameter analyzed at the laboratory is outside of this holding time. Refer to sample analysis time for confirmation of holding time compliance.

The results are shown on the attached Report of Analysis(s). Results for solid matrices are reported on an as-received basis unless otherwise indicated. This report shall not be reproduced except in full and relates only to the samples included in this report.

Please do not hesitate to contact me or client services if you have any questions or need additional information.

Sincerely,



Danyale Love  
Project Manager

*Laboratory's liability in any claim relating to analyses performed shall be limited to, at laboratory's option, repeating the analysis in question at laboratory's expense, or the refund of the charges paid for performance of said analysis.*





2790 Whitten Road, Memphis, TN 38133  
 Main 901.213.2400 ° Fax 901.213.2440  
 www.waypointanalytical.com

## Certification Summary

**Laboratory ID: WP MTN: Waypoint Analytical, LLC., Memphis, TN**

State	Program	Lab ID	Expiration Date
Alabama	State Program	40750	02/28/2022
Arkansas	State Program	88-0650	02/07/2021
California	State Program	2904	06/30/2021
Florida	State Program - NELAP	E871157	06/30/2021
Georgia	State Program	C044	02/18/2023
Georgia	State Program	04015	06/30/2021
Illinois	State Program - NELAP	200078	10/10/2021
Kentucky	State Program	80215	06/30/2021
Kentucky	State Program	KY90047	12/31/2021
Louisiana	State Program - NELAP	LA037	12/31/2021
Louisiana	State Program - NELAP	04015	06/30/2021
Mississippi	State Program	MS	02/11/2023
North Carolina	State Program	415	12/31/2021
Oklahoma	State Program	9311	08/31/2021
Pennsylvania	State Program - NELAP	68-03195	05/31/2021
South Carolina	State Program	84002	06/30/2021
South Carolina	State Program	84002	06/30/2021
Tennessee	State Program	02027	02/11/2023
Tennessee	A2LA ISO 17025:2017	4313.01	10/31/2021
Texas	State Program - NELAP	T104704180	09/30/2021
Virginia	State Program	00106	06/30/2021
Virginia	State Program - NELAP	460181	09/14/2021

**Sample Summary Table**

**Report Number:** 21-053-0045  
**Client Project Description:** CCWWTP Priority Pollutants  
Oxford, AL  
Project #AL0022195

Lab No	Client Sample ID	Matrix	Date Collected	Date Received
98727	Effluent Discharge - Grab	Aqueous	02/18/2021 07:30	02/19/2021
98728	Effluent Discharge - Comp	Aqueous	02/17/2021 06:10	02/19/2021



---

Client: Anniston Water Works and Sewer Board  
Project: CCWWTP Priority Pollutants  
Lab Report Number: 21-053-0045  
Date: 3/3/2021

---

**CASE NARRATIVE**

**Total Metals Method EPA-200.7**

Analyte: Calcium

QC Batch No: L538756

The matrix spike and/or the matrix spike duplicate was outside quality control acceptance ranges. A dilution test was performed and passed quality control acceptance ranges. No matrix interference is suspected.

Analyte: Magnesium

QC Batch No: L538756

The matrix spike and/or the matrix spike duplicate was outside quality control acceptance ranges. A dilution test was performed and passed quality control acceptance ranges. No matrix interference is suspected.





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 www.waypointanalytical.com

12798

Anniston Water Works and Sewer Board  
 Mr. Heath Denton  
 P.O. Box 2268  
 Anniston , AL 36202

Project CCWWTP Priority Pollutants  
 Information : Oxford, AL  
 Project #AL0022195

Report Date : 03/08/2021  
 Received : 02/19/2021

Report Number : **21-053-0045**

**REPORT OF ANALYSIS**

Danyale Love  
 Project Manager

Lab No : **98727**

Matrix: **Aqueous**

Sample ID : **Effluent Discharge - Grab**

Sampled: **2/18/2021 7:30**

Test	Results	Units	ML	DF	Date / Time Analyzed	By	Analytical Method
Cyanide, Total	<0.005	mg/L	0.005	1	02/25/21 10:41	FMM	4500CNE-2011
HEM: Oil and Grease	<1.4	mg/L	1.4	1	03/01/21 16:20	CxC	1664B
Phenols (Total)	<0.050	mg/L	0.050	1	03/01/21 10:00	CLP	EPA-420.1

Qualifiers/ Definitions	DF	Dilution Factor	L	Limit Exceeded
	MQL	Method Quantitation Limit		

12798

Anniston Water Works and Sewer Board  
 Mr. Heath Denton  
 P.O. Box 2268  
 Anniston, AL 36202

Project CCWWTP Priority Pollutants  
 Information : Oxford, AL  
 Project #AL0022195

Report Date : 03/08/2021  
 Received : 02/19/2021

*Danyale Love*

Report Number : 21-053-0045

**REPORT OF ANALYSIS**

Danyale Love  
 Project Manager

Lab No : 98727

Matrix: **Aqueous**

Sample ID : Effluent Discharge - Grab

Sampled: 2/18/2021 7:30

Analytical Method: 624.1      Prep Batch(es): L538148    02/25/21 07:50  
 Prep Method: 624.1

Test	Results	Units	ML	DF	Date / Time Analyzed	By	Analytical Batch
Acrolein	<20.0	µg/L	20.0	1	02/25/21 14:34	ELM	L538151
Acrylonitrile	<20.0	µg/L	20.0	1	02/25/21 14:34	ELM	L538151
Benzene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Bromodichloromethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Bromoform	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Bromomethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Carbon Tetrachloride	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Chlorobenzene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Chlorodibromomethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Chloroethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
2-Chloroethylvinyl Ether	<5.00	µg/L	5.00	1	02/25/21 14:34	ELM	L538151
Chloroform	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Chloromethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,2-Dichlorobenzene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,3-Dichlorobenzene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,4-Dichlorobenzene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,1-Dichloroethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,2-Dichloroethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,1-Dichloroethene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
cis-1,2-Dichloroethene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
trans-1,2-Dichloroethene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,2-Dichloroethene (Total)	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151

**Qualifiers/ Definitions**      DF      Dilution Factor      MQL      Method Quantitation Limit



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Anniston Water Works and Sewer Board  
 Mr. Heath Denton  
 P.O. Box 2268  
 Anniston, AL 36202

Project CCWWTP Priority Pollutants  
 Information: Oxford, AL  
 Project #AL0022195

Report Date: 03/08/2021  
 Received: 02/19/2021

*Danyale Love*

Danyale Love  
 Project Manager

Report Number: 21-053-0045

**REPORT OF ANALYSIS**

Lab No: 98727

Matrix: Aqueous

Sample ID: Effluent Discharge - Grab

Sampled: 2/18/2021 7:30

Analytical Method: 624.1      Prep Batch(es): L538148      02/25/21 07:50  
 Prep Method: 624.1

Test	Results	Units	ML	DF	Date / Time Analyzed	By	Analytical Batch
1,2-Dichloropropane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
cis-1,3-Dichloropropene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
trans-1,3-Dichloropropene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,3-Dichloropropene (Total)	<1.00	µg/L	1.00	1	02/25/21 14:34		L538151
Ethylbenzene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Trichlorotrifluoromethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Methylene Chloride	<10.0	µg/L	10.0	1	02/25/21 14:34	ELM	L538151
m,p-Xylene	<2.00	µg/L	2.00	1	02/25/21 14:34	ELM	L538151
o-Xylene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,1,1,2-Tetrachloroethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,1,2,2-Tetrachloroethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Tetrachloroethene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Toluene	<5.00	µg/L	5.00	1	02/25/21 14:34	ELM	L538151
1,1,1-Trichloroethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
1,1,2-Trichloroethane	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Trichloroethene	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Vinyl Chloride	<1.00	µg/L	1.00	1	02/25/21 14:34	ELM	L538151
Xylene (Total)	<1.00	µg/L	1.00	1	02/25/21 14:34		L538151
Surrogate: 4-Bromofluorobenzene	85.8		Limits: 71-131%	1	02/25/21 14:34	ELM	L538151
Surrogate: Dibromofluoromethane	82.4		Limits: 70-128%	1	02/25/21 14:34	ELM	L538151
Surrogate: 1,2-Dichloroethane - d4	107		Limits: 67-136%	1	02/25/21 14:34	ELM	L538151
Surrogate: Toluene-d8	84.0		Limits: 70-130%	1	02/25/21 14:34	ELM	L538151

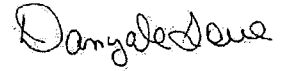
**Qualifiers/ Definitions**      DF      Dilution Factor      MQL      Method Quantitation Limit

12798

Anniston Water Works and Sewer Board  
 Mr. Heath Denton  
 P.O. Box 2268  
 Anniston, AL 36202

Project CCWWTP Priority Pollutants  
 Information : Oxford, AL  
 Project #AL0022195

Report Date : 03/08/2021  
 Received : 02/19/2021



Report Number : 21-053-0045

**REPORT OF ANALYSIS**

Danyale Love  
 Project Manager

Lab No : 98727

Matrix: Aqueous

Sample ID : Effluent Discharge - Grab

Sampled: 2/18/2021 7:30

**Analytical Method:** 625.1      **Prep Batch(es):** L537622 02/23/21 11:30  
**Prep Method:** 625.1

Test	Results	Units	ML	DF	Date / Time Analyzed	By	Analytical Batch
Acenaphthene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Acenaphthylene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Anthracene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Benzidine	<20.0	µg/L	20.0	1	02/24/21 02:04	CCB	L537822
Benzo(a)anthracene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Benzo(a)pyrene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Benzo(b)fluoranthene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Benzo(g,h,i)perylene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Benzo(k)fluoranthene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Bis(2-Chloroethoxy)methane	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Bis(2-Chloroethyl)ether	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Bis(2-Chloroisopropyl)ether	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Bis(2-ethylhexyl)phthalate	<10.0	µg/L	10.0	1	02/24/21 02:04	CCB	L537822
4-Bromophenyl phenyl ether	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Butyl benzyl phthalate	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
4-Chloro-3-methylphenol	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
2-Chloronaphthalene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
2-Chlorophenol	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
4-Chlorophenyl phenyl ether	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Chrysene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Dibenz(a,h)anthracene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
1,2-Dichlorobenzene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822

**Qualifiers/ Definitions**      DF      Dilution Factor      MQL      Method Quantitation Limit

12798

Anniston Water Works and Sewer Board  
 Mr. Heath Denton  
 P.O. Box 2268  
 Anniston, AL 36202

Project CCWWTP Priority Pollutants  
 Information : Oxford, AL  
 Project #AL0022195

Report Date : 03/08/2021  
 Received : 02/19/2021

*Danyale Love*

Report Number : 21-053-0045

**REPORT OF ANALYSIS**

Danyale Love  
 Project Manager

Lab No : 98727

Matrix: Aqueous

Sample ID : Effluent Discharge - Grab

Sampled: 2/18/2021 7:30

Analytical Method: 625.1      Prep Batch(es): L537622 02/23/21 11:30  
 Prep Method: 625.1

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
1,3-Dichlorobenzene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
1,4-Dichlorobenzene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
3,3'-Dichlorobenzidine	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
2,4-Dichlorophenol	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Diethyl phthalate	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Dimethyl phthalate	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
2,4-Dimethylphenol	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Di-n-butyl phthalate	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
4,6-Dinitro-2-methylphenol	<10.0	µg/L	10.0	1	02/24/21 02:04	CCB	L537822
2,4-Dinitrophenol	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
2,4-Dinitrotoluene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
2,6-Dinitrotoluene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Di-n-Octyl Phthalate	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
1,2-Diphenylhydrazine/Azobenzene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Fluoranthene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Fluorene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Hexachlorobenzene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Hexachlorobutadiene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Hexachlorocyclopentadiene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Hexachloroethane	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Indeno(1,2,3-cd)pyrene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Isophorone	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822

**Qualifiers/Definitions**      DF      Dilution Factor      MQL      Method Quantitation Limit



2790 Whitten Road, Memphis, TN 38133  
 Main 901.213.2400 • Fax 901.213.2440  
 www.waypointanalytical.com

12798

Anniston Water Works and Sewer Board  
 Mr. Heath Denton  
 P.O. Box 2268  
 Anniston, AL 36202

Project CCWWTP Priority Pollutants  
 Information: Oxford, AL  
 Project #AL0022195

Report Date: 03/08/2021  
 Received: 02/19/2021

*Danyale Love*

Report Number: 21-053-0045

**REPORT OF ANALYSIS**

Danyale Love  
 Project Manager

Lab No: 98727

Matrix: Aqueous

Sample ID: Effluent Discharge - Grab

Sampled: 2/18/2021 7:30

Analytical Method: 625.1      Prep Batch(es): L537622 02/23/21 11:30  
 Prep Method: 625.1

Test	Results	Units	ML	DF	Date / Time Analyzed	By	Analytical Batch
Naphthalene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Nitrobenzene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
2-Nitrophenol	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
4-Nitrophenol	<10.0	µg/L	10.0	1	02/24/21 02:04	CCB	L537822
N-Nitrosodimethylamine	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
N-Nitrosodiphenylamine	<10.0	µg/L	10.0	1	02/24/21 02:04	CCB	L537822
N-Nitroso-di-n-propylamine	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Pentachlorophenol	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Phenanthrene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
Phenol	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Pyrene	<2.00	µg/L	2.00	1	02/24/21 02:04	CCB	L537822
1,2,4-Trichlorobenzene	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
2,4,6-Trichlorophenol	<5.00	µg/L	5.00	1	02/24/21 02:04	CCB	L537822
Surrogate: 2-Fluorobiphenyl	38.7		Limits: 30-107%	1	02/24/21 02:04	CCB	L537822
Surrogate: 2-Fluorophenol	16.7		Limits: 8-88%	1	02/24/21 02:04	CCB	L537822
Surrogate: Nitrobenzene-d5	41.5		Limits: 29-105%	1	02/24/21 02:04	CCB	L537822
Surrogate: Phenol-d6	11.1		Limits: 7-58%	1	02/24/21 02:04	CCB	L537822
Surrogate: 4-Terphenyl-d14	89.4		Limits: 30-130%	1	02/24/21 02:04	CCB	L537822
Surrogate: 2,4,6-Tribromophenol	60.4		Limits: 16-138%	1	02/24/21 02:04	CCB	L537822

**Qualifiers/Definitions**      DF      Dilution Factor      MQL      Method Quantitation Limit



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12798  
 Anniston Water Works and Sewer Board  
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 P.O. Box 2268  
 Anniston, AL 36202

Project CCWWTP Priority Pollutants  
 Information : Oxford, AL  
 Project #AL0022195

Report Date : 03/08/2021  
 Received : 02/19/2021

*Danyale Love*

Danyale Love  
 Project Manager

Report Number : 21-053-0045

**REPORT OF ANALYSIS**

Lab No : 98728  
 Sample ID : Effluent Discharge - Comp

Matrix: Aqueous  
 Sampled: 2/17/2021 6:10

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Ammonia Nitrogen	<1.00	mg/L	1.00	1	03/08/21 13:40	ZBD	4500NH3C-2011
Nitrate+Nitrite-N	3.47	mg/L	0.100	1	02/24/21 15:21	ZBD	4500NO3F-2011
Total Dissolved Solids	155	mg/L	49.0	1	02/22/21 17:12	CJR	2540C-2011
Total Kjeldahl Nitrogen	<1.00	mg/L	1.00	1	03/05/21 15:42	CLP	4500NORGD-2011
Phosphorus	0.217	mg/L	0.100	1	03/01/21 19:59	JADS	EPA-200.7
Antimony	<0.0100	mg/L	0.0100	1	03/01/21 19:59	JADS	EPA-200.7
Arsenic	<0.0100	mg/L	0.0100	1	03/01/21 19:59	JADS	EPA-200.7
Beryllium	<0.0010	mg/L	0.0010	1	03/01/21 19:59	JADS	EPA-200.7
Cadmium	<0.0020	mg/L	0.0020	1	03/01/21 19:59	JADS	EPA-200.7
Calcium	21.9	mg/L	0.500	1	03/01/21 19:59	JADS	EPA-200.7
Chromium	<0.0050	mg/L	0.0050	1	03/01/21 19:59	JADS	EPA-200.7
Copper	0.0132	mg/L	0.0050	1	03/01/21 19:59	JADS	EPA-200.7
Hardness as CaCO3(SM-2340B)	93.9	mg/L	0.100	1	03/01/21 19:59		EPA-200.7
Lead	<0.0060	mg/L	0.0060	1	03/01/21 19:59	JADS	EPA-200.7
Magnesium	9.53	mg/L	0.100	1	03/01/21 19:59	JADS	EPA-200.7
Nickel	<0.0050	mg/L	0.0050	1	03/01/21 19:59	JADS	EPA-200.7
Selenium	<0.0100	mg/L	0.0100	1	03/02/21 19:58	TJS	EPA-200.7
Silver	<0.0050	mg/L	0.0050	1	03/01/21 19:59	JADS	EPA-200.7
Thallium	<0.0200	mg/L	0.0200	1	03/01/21 19:59	JADS	EPA-200.7
Zinc	0.0246	mg/L	0.0200	1	03/01/21 19:59	JADS	EPA-200.7

**Qualifiers/Definitions**      DF      Dilution Factor      L      Limit Exceeded  
 MQL      Method Quantitation Limit

**Shipment Receipt Form**

Customer Number: **12798**

Customer Name: **Anniston Water Works and Sewer Board**

Report Number: **21-053-0045**

**Shipping Method**

Fed Ex       US Postal       Lab       Other :   
 UPS       Client       Courier      Thermometer ID: T101

Shipping container/cooler uncompromised?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of coolers/boxes received	1		
Custody seals intact on shipping container/cooler?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Present
Custody seals intact on sample bottles?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Present
Chain of Custody (COC) present?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
COC agrees with sample label(s)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
COC properly completed	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Samples in proper containers?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Sample containers intact?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Sufficient sample volume for indicated test(s)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
All samples received within holding time?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Cooler temperature in compliance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Cooler/Samples arrived at the laboratory on ice. Samples were considered acceptable as cooling process had begun.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Water - Sample containers properly preserved	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Water - VOA vials free of headspace	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Trip Blanks received with VOAs	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A
Soil VOA method 5035 – compliance criteria met	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
<input type="checkbox"/> High concentration container (48 hr)	<input type="checkbox"/> Low concentration EnCore samplers (48 hr)		
<input type="checkbox"/> High concentration pre-weighed (methanol -14 d)	<input type="checkbox"/> Low conc pre-weighed vials (Sod Bis -14 d)		
Special precautions or instructions included?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	

Comments:

Signature: Makayla Weaver

Date & Time: 02/22/2021 11:52:37



**Billing Information:**

**LRS, Inc.**

P.O. Box 1260  
205 6th Avenue  
Ashville, Alabama 35953  
(205) 594-1445  
wgaston@lab-resource.com



**LRS Client Information:**

The Water Works and Sewer  
Board of the City of Anniston

P.O. Box 2268  
Anniston, AL 36202

#12798  
"Report to" Contact:

Mr. Heath Denton

Analysis/Container/Preservative

Chain of Custody  
Page 1 of 1

**Laboratory Resources  
& Solutions, Inc. (LRS)**  
A Laboratory Service Provider



Laboratory:  
Waypoint Analytical  
2790 Whitten Road  
Memphis, TN 38133

**Project Name: CCWWTP Priority Pollutants**

City/State collected:

Oxford, Alabama

P.O. #

48206

Collected by:  
Heath Denton

Client Project #: AL0022195

Collected by (signature):

Project Turnaround (Begins on Lab Login Date)


**RUSH?** Please Notify LRS

- \_\_\_\_\_ Same Day (200%)
- \_\_\_\_\_ Next Day (100%)
- \_\_\_\_\_ Two Day (50%)
- \_\_\_\_\_ Three Day (25%)

Date Results Needed:

Number of Containers.

Packed on Ice? N \_\_\_ Y \_\_\_

Sample ID	Comp/Grab	Matrix	Depth	Date	Time	Number of Containers	Oil & Grease E1664 (One 1-liter amber glass, H2SO4-preserved)	Total Phenols E420.1 (One 1-liter amber glass, H2SO4-preserved)	Total Cyanide SM4500CN (One 250-mL HDPE, NaOH-preserved)	TTOs E624.1 (Two 40-mL glass VOA vials, HCl-preserved)	Trichlorotrifluoromethane, Xylene E624.1	TTOs E625.1 (One 1-liter amber glass, non-preserved)	TDS SM2540C (One 500-mL HDPE, non-preserved)	Total Ammonia SM4500NH3	TKN SM4500Norg (One 1-liter HDPE, H2SO4-preserved)	NO2/NO3 SM4500NO3	Total Metals E200.7 (One 250-mL HDPE, HNO3-preserved)	Sb, As, Be, Cd, Cr, Cu, Pb, Ni, P, Se, Ag, Ti, Zn	Hardness as CaCO3 SM2340B	Sample Remarks	
Effluent Discharge - Grab	Grab	WW	*****	2.18.21	7:30	6	X	X	X	X		X									
Effluent Discharge - Comp.	Comp.	WW	*****	2.17.21	6:10	3							X	X				X			
 21-053-0045 12798 02-22-2021 Anniston Water Works and Sewer Board CCWWTP Priority Pollutants 11:50:37																					
<b>Custody Seals</b> received on Cooler(s)/Container(s)															pH Meter Number _____ Date _____ 3 pt. Calibration 7.00 _____ Time _____ 4.01 _____ 10.00 _____ Cal. Check (7.00) Reads @ _____						

\*Matrix: SS-Soil/Solid GW-Groundwater WW-Wastewater SW-Surface Water DW-Drinking Water OT- Other (Describe) \_\_\_\_\_

pH \_\_\_\_\_ Temp \_\_\_\_\_

Project Remarks:

Rainfall in Inches \_\_\_\_\_ Flow \_\_\_\_\_ Other \_\_\_\_\_

Relinquished by (Signature) Heath Denton	Date 2.18.21	Time 1241	Received by (Signature) K. Binkley	Samples returned via: FedEx ___ UPS ___ Other ___	Condition (lab use only)
Relinquished by (Signature) K. Binkley	Date 2.18.21	Time 1700	Received by (Signature) K. Binkley	Temp: 1.7° T101 JES	Bottles Received: 10659143
Relinquished by (Signature)	Date	Time	Received for lab by (Signature)	Date 2/19/21	Time 11:10

Client signature implies acceptance of LRS Terms and Conditions, which can be viewed online at [www.lab-resource.com](http://www.lab-resource.com)

## Simmons, Michael N

---


**From:** Clif Osborne <cosborne@awwsb.org>  
**Sent:** Monday, April 3, 2023 4:26 PM  
**To:** Simmons, Michael N  
**Cc:** CW157  
**Subject:** Stormwater Discharge

Michael,

Per our previous conversations about the elevated E. coli levels in the stormwater outfall at the Choccolocco WWTP we have taken some steps to identify and correct the issue. First, we did a thorough cleaning of the storm drains in the plant to remove any sludge that may have accumulated over the years or entered during the construction process (began in January 2020). Second, we conducted a visual inspection at the plant to identify any potential areas where wastewater could enter the storm drain. The visual inspection resulted in one area that may have contributed to the elevated results. Our plan for this area is to test the storm drain during the next rain event to determine if this is where the issue is occurring. If it is confirmed that this area is the culprit we will take corrective actions to prevent further occurrences in the future.

Clif

EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Choccolocco Creek WWTP	Form Approved 03/05/19 OMB No. 2040-0004
---------------------------	----------------------------------	---	---

Form 2F NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY</b>
---------------------	---	--

**SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))**

<b>Outfall Location</b>	1.1	Provide information on each of the facility's outfalls in the table below			
		<b>Outfall Number</b>	<b>Receiving Water Name</b>	<b>Latitude</b>	<b>Longitude</b>
		0025	Snow Creek	33° 36' 11"	85° 49' 32"
		0035	Snow Creek	33° 36' 16"	85° 49' 36"
				" " "	" " "
				" " "	" " "
				" " "	" " "
				" " "	" " "

**SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))**

<b>Improvements</b>	2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.			
	2.2	Briefly identify each applicable project in the table below.			
		<b>Brief Identification and Description of Project</b>	<b>Affected Outfalls (list outfall numbers)</b>	<b>Source(s) of Discharge</b>	<b>Final Compliance Dates</b>
					<b>Required</b> <b>Projected</b>
			RECEIVED NOV 14 2022 MUNICIPAL SECTION		
2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item)				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))**

<b>Site Drainage Map</b>	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
		<input checked="" type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>

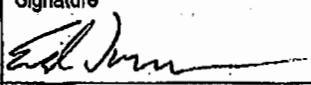
**SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))**

<b>Pollutant Sources</b>	4.1	Provide information on the facility's pollutant sources in the table below.			
	<b>Outfall Number</b>	<b>Impervious Surface Area (within a mile radius of the facility)</b>		<b>Total Surface Area Drained (within a mile radius of the facility)</b>	
	002S	1.7 +/-	<i>specify units</i> acres	10 +/-	<i>specify units</i> acres
	003S	0	<i>specify units</i> acres	0 (groundwater only)	<i>specify units</i> acres
			<i>specify units</i>		<i>specify units</i>
			<i>specify units</i>		<i>specify units</i>
			<i>specify units</i>		<i>specify units</i>
			<i>specify units</i>		<i>specify units</i>
			<i>specify units</i>		<i>specify units</i>
			<i>specify units</i>		<i>specify units</i>
	4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)  Municipal wastewater sludge is temporarily stored on site until it can be hauled to a landfill. Sludge is stored in a designated covered storage area in roll off dumpsters and/or on sludge drying beds. These areas are drained back into the plant process.  See Exhibit for other non-significant waste.			
	4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)			
		<b>Stormwater Treatment</b>			
	<b>Outfall Number</b>	<b>Control Measures and Treatment</b>		<b>Codes from Exhibit 2F-1 (list)</b>	
	002S	Sludge is treated using ATAD digestion to produce a Class A sludge. Sludge is dewatered using a screw press and drying beds.		5-N,H,Q	
	003S	Groundwater only			

EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Chocolocco Creek WWTP
---------------------------	----------------------------------	--

Form Approved 03/06/19  
OMB No. 2040-0004

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

Non-Stormwater Discharges	5.1	I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.			
		Name (print or type first and last name)		Official title	
		Edward A. Turner		General Manager	
		Signature 		Date signed 10-28-2022	
	5.2	Provide the testing information requested in the table below.			
		Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test

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

Significant Leaks or Spills	6.1	Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. N/A
-----------------------------	-----	---

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

Discharge Information	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
	7.1	Is this a new source or new discharge? <input type="checkbox"/> Yes → See instructions regarding submission of estimated data. <input checked="" type="checkbox"/> No → See instructions regarding submission of actual data.
	7.2	Have you completed Table A for each outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Discharge Information Continued

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

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EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL0022195

Choccolocco Creek WWTP

OMB No. 2040-0004

Discharge Information Continued

**Used or Manufactured Toxics**

7.18 Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct?

 Yes No → SKIP to Section 8.

7.19 List the pollutants below, including TCDD if applicable.

1.

4.

7.

2.

5.

8.

3.

6.

9.

**SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))**

Biological Toxicity Testing Data

8.1 Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?

 Yes No → SKIP to Section 9.

8.2 Identify the tests and their purposes below.

Test(s)

Purpose of Test(s)

Submitted to NPDES  
Permitting Authority?

Date Submitted

 Yes  No Yes  No Yes  No**SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))**

Contract Analysis Information

9.1 Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm?

 Yes No → SKIP to Section 10.

9.2 Provide information for each contract laboratory or consulting firm below.

Laboratory Number 1

Laboratory Number 2

Laboratory Number 3

Name of laboratory/firm

LRS, Inc.

Laboratory address

163 5th Street,  
Ashville, AL 35953

Phone number

(205) 683-6731

Pollutant(s) analyzed

Oil and Grease  
Phosphorus  
Nitrate-Nitrite Nitrogen  
Ammonia Nitrogen  
TKN  
CBOD  
TSS

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AUG 22 2022  
MUNICIPAL SECTION

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL0022195

Choccolocco Creek WWTP

OMB No. 2040-0004

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

Checklist and Certification Statement

10.1 In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
<input type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 3	<input checked="" type="checkbox"/> w/ site drainage map
<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 7	<input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
<input type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
<input type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
<input checked="" type="checkbox"/> Section 10	<input type="checkbox"/>

10.2 **Certification Statement**

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

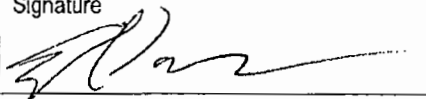
Name (print or type first and last name)

Edward A. Turner

Official title

General Manager

Signature



Date signed

3-1-2022



EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Choccolocco Creek WWTP	Outfall Number 002S
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	0		0		4	
2. Biochemical oxygen demand (BOD <sub>5</sub> )						
3. Chemical oxygen demand (COD)						
4. Total suspended solids (TSS)	291 mg/L		160 mg/L		4	
5. Total phosphorus	4.51 mg/L		1.86 mg/L		4	
6. Total Kjeldahl nitrogen (TKN)	6.34 mg/L		4.44 mg/L		4	
7. Total nitrogen (as N)						
8. pH (minimum)	6.0 s.u.		6.0 s.u.		4	
	7.93 s.u.		7.93 s.u.		4	

<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).

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EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Chocolocco Creek WWTP	Outfall Number 002S
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Form Approved 03/05/19  
OMB No. 2040-0004

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

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

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
DO	8.06 mg/L		6.54 mg/L		4	
NH3-N	1.89 mg/L		0.921 mg/L		4	
TKN	6.34 mg/L		4.44 mg/L		4	
NO2-NO3	2.21 mg/L		1.22 mg/L		4	
E-Coli	7,000 #/100 mL		3,170 #/100 mL		4	
CBOD	7.0 mg/L		4.75 mg/L		4	

<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).

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EPA Identification Number	NPDES Permit Number AL0022195	Facility Name Chocolocco Creek WWTP	Outfall Number 002S
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))<sup>1</sup>**

List each pollutant shown in Exhibits 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		

<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).

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EPA Identification Number	NPDES Permit Number AL0022195	Facility name Chocolocco Creek WWTP	Outfall Number 002S
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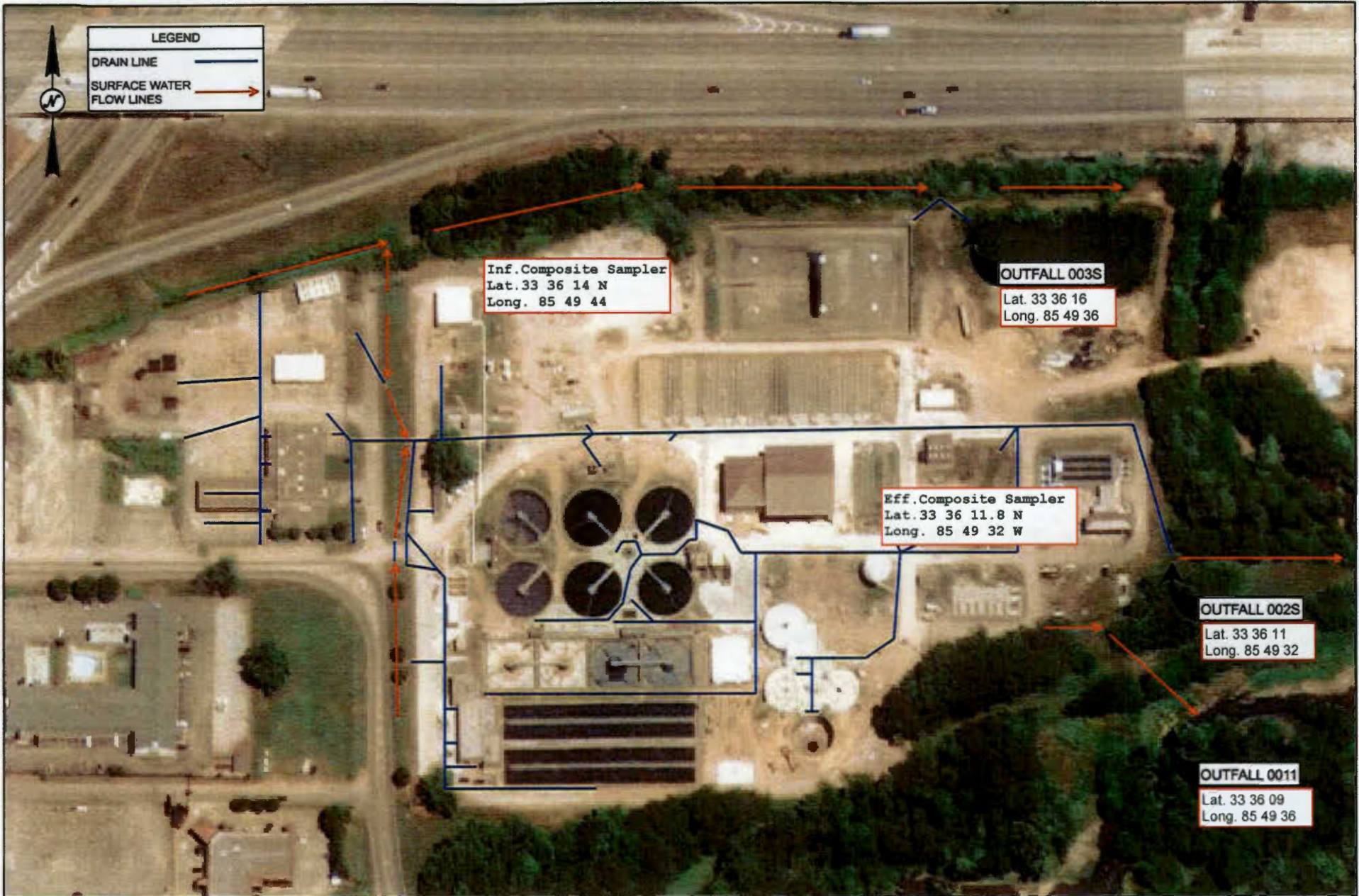
Form Approved 03/05/19  
OMB No. 2040-0004

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

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

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

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



**ANNISTON WATER WORKS  
AND SEWER BOARD**

931 NOBLE STREET STE 200  
ANNISTON, AL 36202



**CHOCOLOCCO CREEK WWTP**

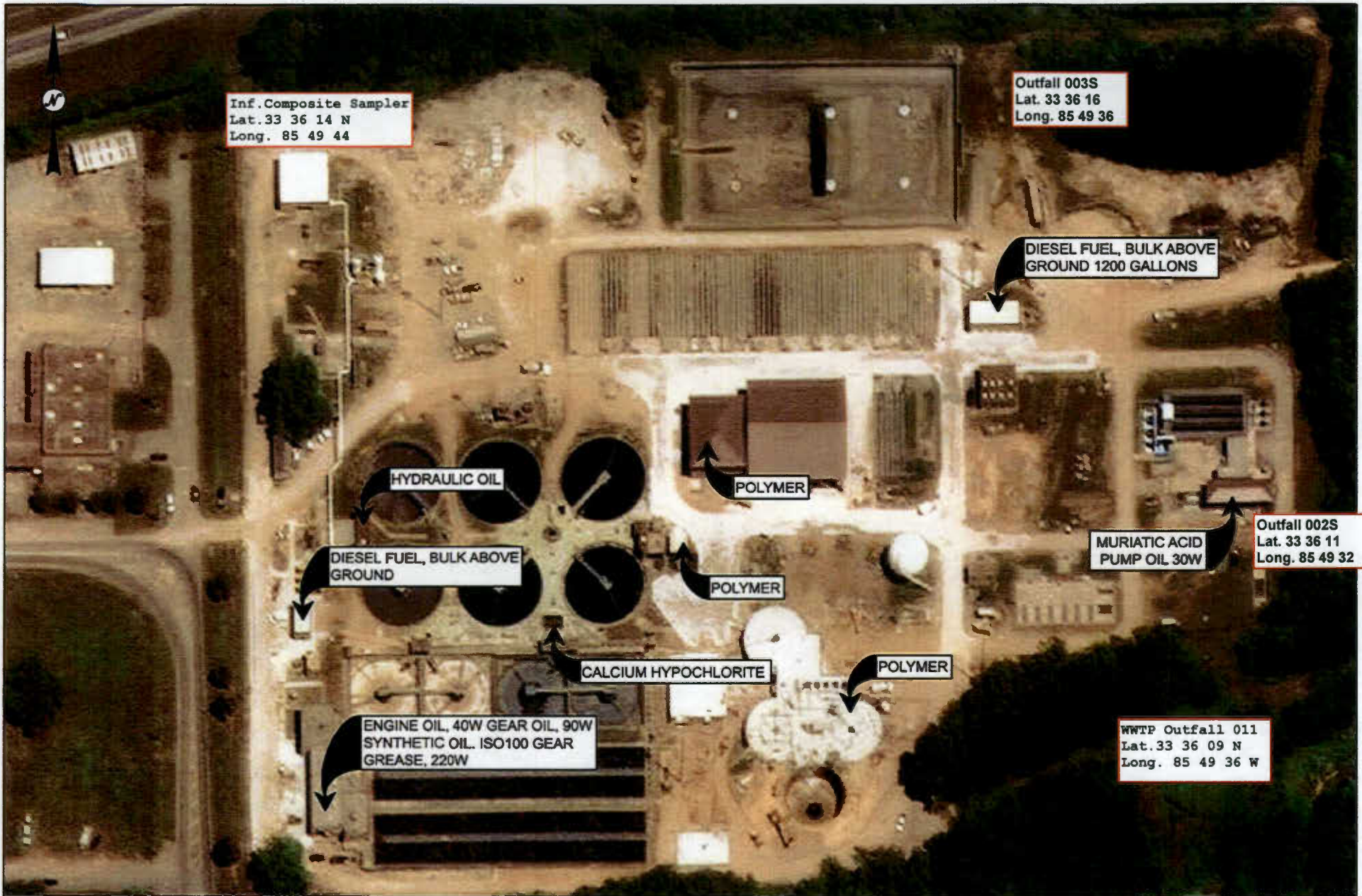
RECEIVED  
 35 FRIENDSHIP ROAD  
 OXFORD, AL 36203  
 AUG 19 2022

MUNICIPAL SECTION

SHEET TITLE:		STORMWATER SYSTEM	SHEET EXHIBIT
ISSUE DATE:	02/22/2022	SCALE:	NOT TO SCALE
PROJECT NUMBER:	---	DRAWN BY:	LF
SEQUENCE:	2 OF 6	CHECKED BY:	CO

**B**





**ANNISTON WATER WORKS  
AND SEWER BOARD**

931 NOBLE STREET STE 200  
ANNISTON, AL 36202



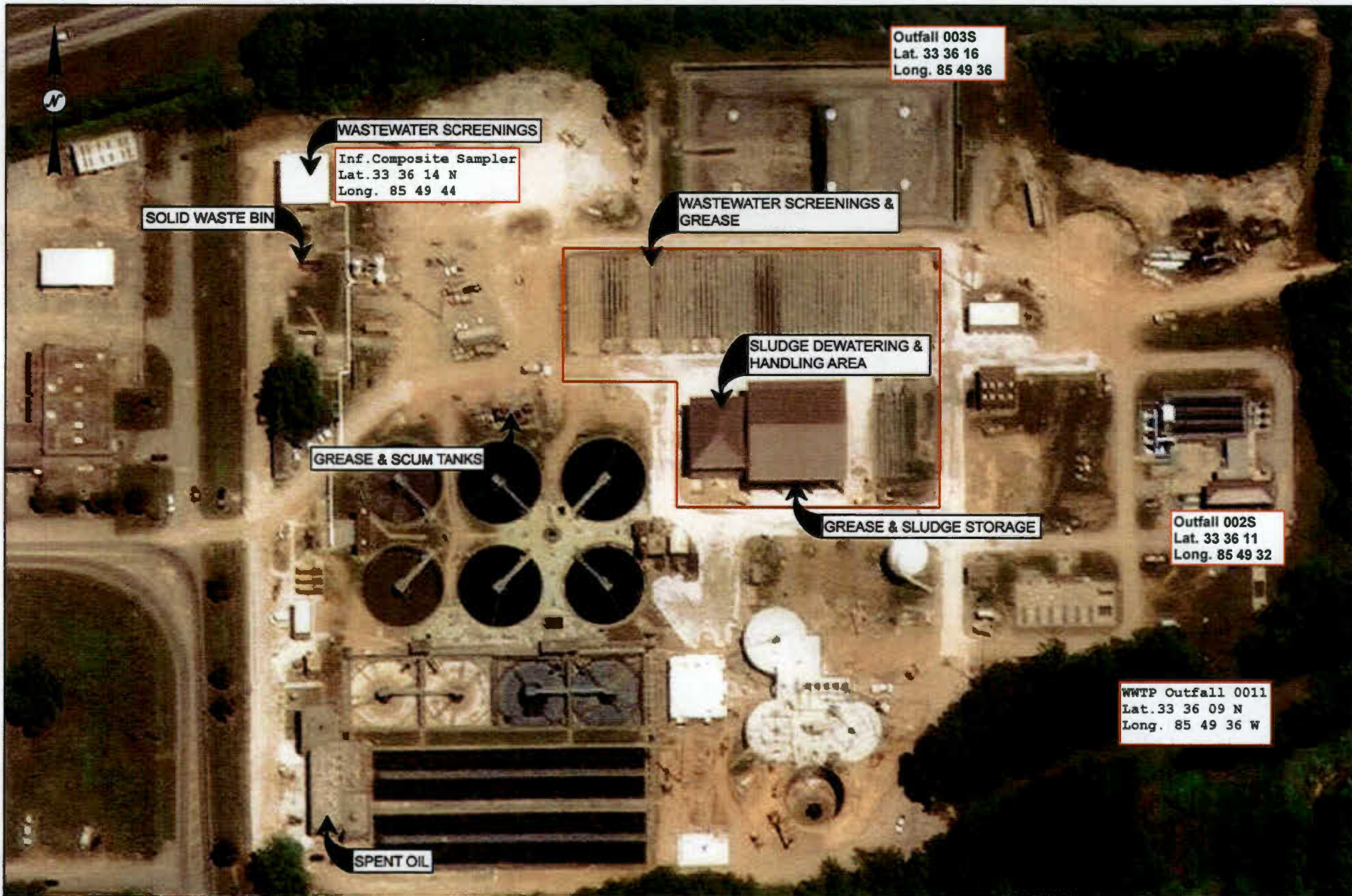
**CHOCOLOCCO CREEK WWTP**

25 FRIENDSHIP ROAD  
DIXFORD, AL 36203  
AUG 18 2022

MUNICIPAL SECTION

SHEET TITLE:		CHEMICALS STORED	SHEET EXHIBIT
ISSUE DATE:	02/22/2022	SCALE:	NOT TO SCALE
PROJECT NUMBER:	—	DRAWN BY:	LF
SEQUENCE:	3 OF 6	CHECKED BY:	CO

**C**



**ANNISTON WATER WORKS  
AND SEWER BOARD**

931 NOBLE STREET STE 200  
ANNISTON, AL 36202

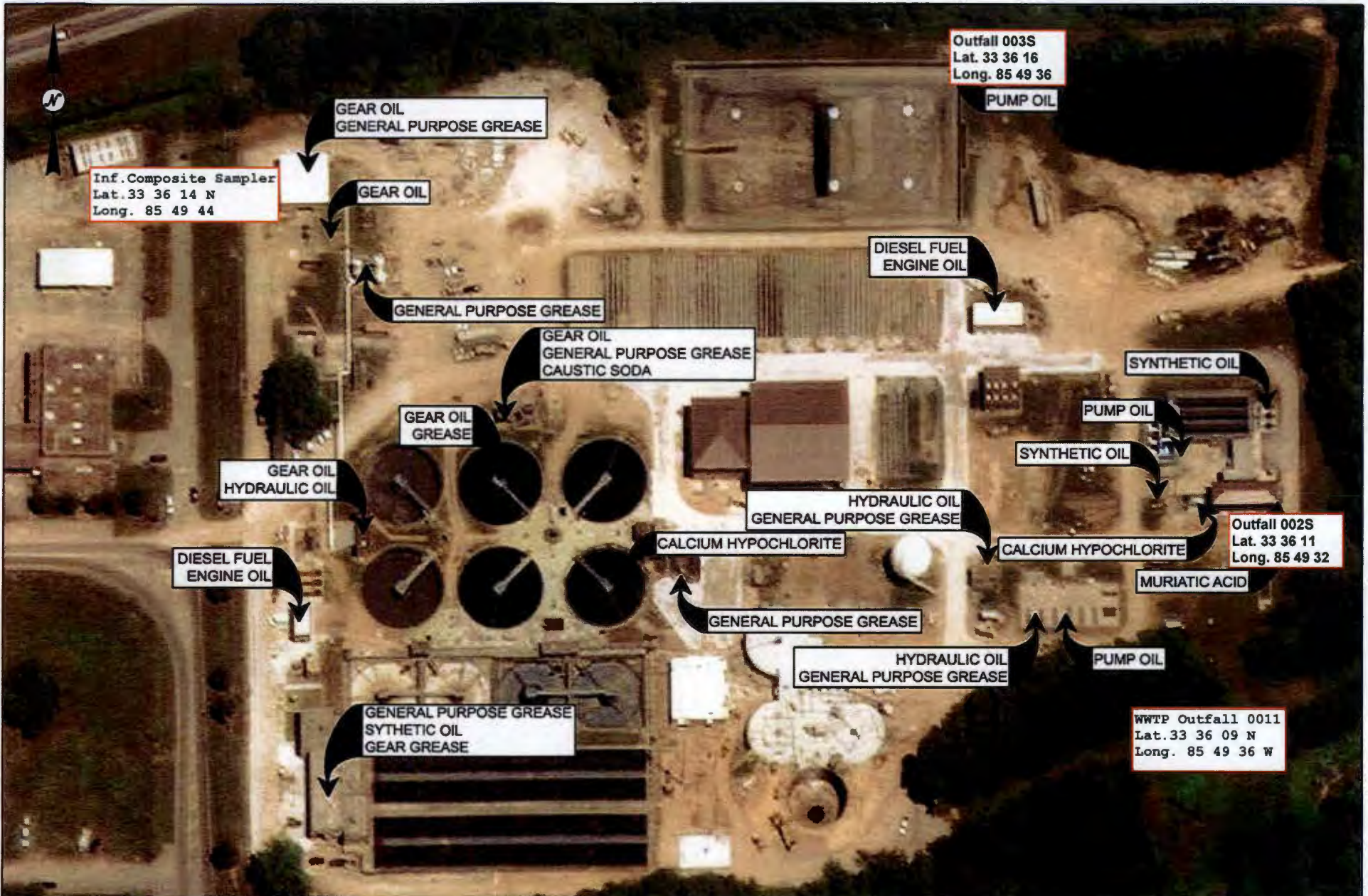


**CHOCOLOCCO CREEK WWTP**

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35 FRIENDSHIP ROAD  
ANNISTON, AL 36203  
AUG 19 2022

MUNICIPAL SECTION

SHEET TITLE:		WASTE STORED	SHEET EXHIBIT
ISSUE DATE:	02/22/2022	SCALE: NOT TO SCALE	<b>D</b>
PROJECT NUMBER:	—	DRAWN BY: LF	
SEQUENCE:	4 OF 8	CHECKED BY: CO	



Inf. Composite Sampler  
 Lat. 33 36 14 N  
 Long. 85 49 44

Outfall 003S  
 Lat. 33 36 16  
 Long. 85 49 36

Outfall 002S  
 Lat. 33 36 11  
 Long. 85 49 32

WWTP Outfall 0011  
 Lat. 33 36 09 N  
 Long. 85 49 36 W


**ANNISTON WATER WORKS  
 AND SEWER BOARD**  
 931 NOBLE STREET STE 200  
 ANNISTON, AL 36202



**CHOCOLOCCO CREEK WWTP**  
 41 FRIENDSHIP ROAD  
 OXFORD, AL 36052  
 MUNICIPAL SECTION

SHEET TITLE:		CHEMICALS USED	SHEET EXHIBIT
ISSUE DATE:	02/22/2022	SCALE:	NOT TO SCALE
PROJECT NUMBER:	---	DRAWN BY:	LF
SEQUENCE:	4 OF 6	CHECKED BY:	CO

**E**

Form 2S NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit for Sewage Sludge Management</b> <b>NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE</b>
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**PRELIMINARY INFORMATION**

Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application?

Yes → Complete Part 2 of application package (begins p. 7).       No → Complete Part 1 of application package (below).

**PART 1 LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))**

Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).

**PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))**

<b>Facility Information</b>	1.1	Facility name				
		Mailing address (street or P.O. box)				
		City or town		State	ZIP code	
		Contact name (first and last)	Title	Phone number	Email address	
		Location address (street, route number, or other specific identifier)				<input type="checkbox"/> Same as mailing address
		City or town		State	ZIP code	
	1.2	<b>Ownership Status</b>				
<input type="checkbox"/> Public—federal		<input type="checkbox"/> Public—state		<input type="checkbox"/> Other public (specify) _____		
<input type="checkbox"/> Private		<input type="checkbox"/> Other (specify) _____				

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**MAR 01 2022**  
**MUNICIPAL SECTION**

**PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))**

<b>Applicant Information</b>	2.1	Is applicant different from entity listed under Item 1.1 above?			
		<input type="checkbox"/> Yes		<input type="checkbox"/> No → SKIP to Item 2.3 (Part 1, Section 2).	
	2.2	Applicant name			
		Applicant address (street or P.O. box)			
		City or town		State	ZIP code
2.3	Contact name (first and last)	Title	Phone number	Email address	
	Is the applicant the facility's owner, operator, or both? (Check only one response.)				
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Both	
2.4	To which entity should the NPDES permitting authority send correspondence? (Check only one response.)				
	<input type="checkbox"/> Facility		<input type="checkbox"/> Applicant		<input type="checkbox"/> Facility and applicant (they are one and the same)

**PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))**

<b>Sewage Sludge Amount</b>	3.1	Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:			
		<b>Practice</b>			<b>Dry Metric Tons per 365-Day Period</b>
		Amount generated at the facility			
		Amount treated at the facility			
		Amount used (i.e., received from off site) at the facility			
Amount disposed of at the facility					





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

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

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

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

EPA Identification Number		NPDES Permit Number AL0022195	Facility Name Chocolocco Creek WWTP	Form Approved 03/05/19 OMB No. 2040-0004
Checklist and Certification Statement Continued	8.2	<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)	Official title	Phone number
		Signature		Date signed

**PART 1 APPLICANTS STOP HERE.**

Submit completed application package to your NPDES permitting authority.



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

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

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

All Part 2 applicants must complete this section.					
<b>Facility Information</b>					
General Information	1.1 Facility name Choccolocco Creek WWTP				
	Mailing address (street or P.O. box) 35 Friendship Rd				
	City or town Oxford	State AL	ZIP code 36203	Phone number (256) 241-2000	
	Contact name (first and last) Edward A. Turner	Title General Manager	Email address eturner@awwsb.org		
	Location address (street, route number, or other specific identifier) PO Box 2268 <input type="checkbox"/> Same as mailing address				
	City or town Anniston	State AL	ZIP code 36202		
	1.2 Is this facility a Class I sludge management facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.3 Facility Design Flow Rate		14.75 million gallons per day (mgd)		
	1.4 Total Population Served		18,400 +/-		
	1.5 Ownership Status				
<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input checked="" type="checkbox"/> Other public (specify) <u>The Water Works and Sewer Board of the City of Anniston</u> <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1).					
1.7 Applicant name The Water Works and Sewer Board of The City of Anniston					
Applicant mailing address (street or P.O. box) PO Box 2268					
City or town Anniston		State AL	ZIP code 36202		
Contact name (first and last) Edward A. Turner	Title General Manager	Phone number (256) 241-2000	Email address eturner@awwsb.org		
1.8 Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Both					
1.9 To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)					

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EPA Identification Number		NPDES Permit Number AL0022195	Facility Name Choccolocco Creek WWTP	Form Approved 03/05/19 OMB No. 2040-0004
1.10	Facility's NPDES permit number <input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.		AL0022195	
1.11	Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.			
	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)	
	<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> UIC (underground injection of fluids)		
<b>Indian Country</b>				
1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below.			
1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.			
<b>Topographic Map</b>				
1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Line Drawing</b>				
1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Contractor Information</b>				
1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1) below.			
1.17	Provide the following information for each contractor. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.			
		<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
	Contractor company name			
	Mailing address (street or P.O. box)			
	City, state, and ZIP code			
	Contact name (first and last)			
	Telephone number			
	Email address			

<b>EPA Identification Number</b>	<b>NPDES Permit Number</b> AL0022195	<b>Facility Name</b> Chocolocco Creek WWTP		<b>Form Approved 03/05/19</b> OMB No. 2040-0004	
<b>General Information Continued</b>	1.17 cont.	Responsibilities of contractor	<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
	<b>Pollutant Concentrations</b>				
	Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.				
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.				
	1.18	<b>Pollutant</b>	<b>Average Monthly Concentration (mg/kg dry weight)</b>	<b>Analytical Method</b>	<b>Detection Level</b>
		Arsenic	2.1	6010D	1.59
		Cadmium	0.57	6010D	0.132
		Chromium	55.4	6010D	1.66
		Copper	222	6010D	3.31
		Lead	26.7	6010D	1.19
	Mercury	0.73	7471A	0.0427	
	Molybdenum	4.89	6010D	0.894	
	Nickel	10.9	6010D	0.794	
	Selenium	1.99	6010D	2.12	
	Zinc	310.7	6010D	5.36	
<b>Checklist and Certification Statement</b>					
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.				
	<b>Column 1</b>		<b>Column 2</b>		
	<input checked="" type="checkbox"/> Section 1 (General Information)		<input type="checkbox"/> w/ attachments		
	<input checked="" type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)		<input checked="" type="checkbox"/> w/ attachments		
	<input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)		<input type="checkbox"/> w/ attachments		
	<input type="checkbox"/> Section 4 (Surface Disposal)		<input type="checkbox"/> w/ attachments		
	<input type="checkbox"/> Section 5 (Incineration)		<input type="checkbox"/> w/ attachments		
1.20	<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)	Official title			
	EDWARD A. TURNER	GENERAL MANAGER			
	Signature	Date signed			
		3-1-2022			
	Telephone number				
	256-241-2000				
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?  
 Yes  No → SKIP to Part 2, Section 3.

**Amount Generated Onsite**  
 2.2 Total dry metric tons per 365-day period generated at your facility: 622

**Amount Received from Off Site Facility**  
 2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?  
 Yes  No → SKIP to Item 2.7 (Part 2, Section 2) below.

2.4 Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:

Provide the following information for each of the facilities from which you receive sewage sludge.  
 Check here if you have attached additional sheets to the application package.

2.5 Name of facility

Mailing address (street or P.O. box)

City or town State ZIP code

Contact name (first and last) Title Phone number Email address

Location address (street, route number, or other specific identifier)  Same as mailing address

City or town State ZIP code

County County code  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.

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

2.7 Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)

<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) _____

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

2.9 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 checked="" type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)         | <input checked="" 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 checked="" 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.

The Chocolocco Creek WWTP utilizes autothermal thermophilic aerobic digestion (ATAD) process to achieve "Class A" biosolids as described by the United States EPA 503 regulations. The system is classified as a Process to Further Reduce Pathogens (PFRP) equivalent as described in Chapter 5 Table 5-4 under the classification "Thermophilic Aerobic Digestion" listed #4.

**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.

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

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

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

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

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

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

**Shipment Off Site for Treatment or Blending**

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

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

2.19 Name of receiving facility

Mailing address (street or P.O. box)

City or town

State

ZIP code

Contact name (first and last)

Title

Phone number

Email address

Location address (street, route number, or other specific identifier)

Same as mailing address

City or town

State

ZIP code

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

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

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

**Pathogen Class and Reduction Alternative**

**Vector Attraction Reduction Option**

- Not applicable
- Class A, Alternative 1
- Class A, Alternative 2
- Class A, Alternative 3
- Class A, Alternative 4
- Class A, Alternative 5
- Class A, Alternative 6
- Class B, Alternative 1
- Class B, Alternative 2
- Class B, Alternative 3
- Class B, Alternative 4
- Domestic septage, pH adjustment

- Not applicable
- Option 1
- Option 2
- Option 3
- Option 4
- Option 5
- Option 6
- Option 7
- Option 8
- Option 9
- Option 10
- Option 11

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



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

2.36	Site name or number of surface disposal site you do not own or operate		
	Mailing address (street or P.O. box)		
	City or Town	State	ZIP Code
	Contact Name (first and last)	Title	Phone Number Email Address
2.37	Site Contact (Check all that apply.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator		
2.38	Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period:		
<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:		
2.41	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? <input type="checkbox"/> Yes → SKIP to Item 2.46 (Part 2, Section 2) below. <input type="checkbox"/> No		
2.42	Indicate the total number of sewage sludge incinerators used that you do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package.		
2.43	Incinerator name or number		
	Mailing address (street or P.O. box)		
	City or town	State	ZIP code
	Contact name (first and last)	Title	Phone number Email address
	Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
	City or town	State	ZIP code
2.44	Contact (check all that apply) <input type="checkbox"/> Incinerator owner <input type="checkbox"/> Incinerator operator		
2.45	Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period:		
<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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Check here if you have attached additional sheets to the application package.		4

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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.48	Name of landfill						
		Mailing address (street or P.O. box)						
		City or town			State		ZIP code	
		Contact name (first and last)		Title	Phone number		Email address	
		Location address (street, route number, or other specific identifier)						<input type="checkbox"/> Same as mailing address
		County			County code			<input type="checkbox"/> Not available
		City or town			State		ZIP code	
	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:				400 tons (estimated)		
	2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.						
		Permit Number		Type of Permit				
2.51	Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

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

Land Application of Bulk Sewage Sludge

3.1	Does your facility apply sewage sludge to land?		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Part 2, Section 4.	
3.2	Do any of the following conditions apply?		
	<ul style="list-style-type: none"> <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 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		
	Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
	County	County code	<input type="checkbox"/> Not available
	City or town	State	ZIP code
	<b>Latitude/Longitude of Land Application Site (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) _____
3.5	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.		
	<input type="checkbox"/> Check here to indicate you have attached a topographic map for this site.		
<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 type="checkbox"/> No	
3.7	Owner name		
	Mailing address (street or P.O. box)		
	City or town	State	ZIP code
	Contact name (first and last)	Title	Phone number Email address
<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 type="checkbox"/> No	
3.9	Applier's name		
	Mailing address (street or P.O. box)		
	City or town	State	ZIP code
	Contact name (first and last)	Title	Phone number Email address

Land Application of Bulk Sewage Sludge Continued

**Site Type**

3.10 Type of land application:

<input 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?

3.12 What is the nitrogen requirement for this crop or vegetation?

**Vector Attraction Reduction**

3.13 Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site?

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

**PART 2, SECTION 4 SURFACE DISPOSAL (40 CFR 122.21(a)(10))**

<b>Surface Disposal</b>	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		
		Mailing address (street or P.O. box)		
		City or town	State	ZIP code
		Contact name (first and last)	Title	Phone number Email address
		Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
		County	County code	<input type="checkbox"/> Not available
		City or town	State	ZIP code
		<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:			
4.6	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:			
4.7	Does the active sewage sludge unit have a liner with a maximum permeability of $1 \times 10^{-7}$ 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 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 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"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment			<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11				
4.20	Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.)							
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery			<input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____				

**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.

Surface Disposal Continued

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

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 <input type="checkbox"/> Not available
	City or town
	State
	ZIP code
	Latitude/Longitude of Incinerator (see instructions)
	Latitude
	Longitude
	Method of Determination
	<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____
<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 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.

Incineration



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



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

11/4/2021

Delivered Via Email to Phillip Burgett

RE: Waste Certification  
Municipal Wastewater Sludge Mixture

RECEIVED  
MAR 01 2022  
MUNICIPAL SECTION

The Alabama Department of Environmental Management has reviewed your waste certification received on 11/1/2021 and has assigned a Certification Number for this waste as shown below.

Waste Profile #: CP3626	Choccolocco Creek Wastewater Treatment Plant
Certification #: SW-113023-C012	35 Friendship Road
Expiration Date of Certification: 11/30/2023	Oxford, AL

In your certification you requested one or more landfills be approved to receive your waste. Based on our review of the waste and the landfills requested, the waste is approved for disposal in the following landfills:

Three Corners Landfill	10-02
Star Ridge Landfill	58-05
Highway 70 MSWLF	59-15
Cedar Hill Landfill	58-01

You should provide this approval letter to the landfill(s) listed above and contact the landfill to determine any special handling requirements for this waste prior to delivery to the landfill. According to ADEM regulations, the landfill may not receive this waste unless it has received a waste certification approval. For waste generated on a routine basis (not a one-time occurrence), another written certification for this waste stream should be submitted to ADEM prior to the expiration date listed above or at any time the process producing the waste changes. Each submittal should include a completed Solid Waste Profile Sheet, any supporting documentation including current analytical, and the appropriate fee. Current analytical consists of analysis performed within the past six months.

If at any time before the expiration date of this certification, new analysis of the waste is performed, the new results will supersede any prior analysis from the time the samples are taken. If the new analysis indicates the waste is still non-hazardous, the waste may continue to be disposed of at the landfill listed above until the expiration date of this certification. If the new analysis indicates the waste is hazardous, this certification is revoked. Each time new analysis is performed on the waste, copies of the analytical results should be provided to ADEM and the landfill until this certification expires. The generator should not dispose of the waste prior to the receipt and review of the sampling results. Furthermore, this approval letter does not exempt Choccolocco Creek Wastewater Treatment Plant from complying with all applicable requirements of the ADEM Administrative Code. If you have any questions concerning this approval or the approval process, please contact Ms. Bailee Dykes at 334-279-3061.

Sincerely,

Brent A. Watson, Chief  
Compliance and Enforcement Section  
Land Division

BAW/bld

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)



## LRS, Inc.

Laboratory Resources & Solutions, Inc.

P.O. Box 1260  
205 6th Avenue  
Ashville, AL 35953  
(205) 594-1445  
[www.lab-resource.com](http://www.lab-resource.com)

# Analytical Data Report

Client: **The Water Works and Sewer Board  
of the City of Anniston**  
P.O. Box 2268  
Anniston, AL 36202

Attention: Mr. Heath Denton

Project ID: **CCWWTP Form 300 (September 22, 2021)**

Laboratory Report Number: **21-267-0082**

Report Date: October 7, 2021

Data Reviewed by:

*Wayne J. Gaston*

---

**Wayne Gaston**  
Project Manager  
Laboratory Resources & Solutions, Inc.  
[wgaston@lab-resource.com](mailto:wgaston@lab-resource.com)

- Unless otherwise noted, all analysis on this report performed at Waypoint Analytical, Inc., 2790 Whitten Road, Memphis, TN 38133. NELAC #460181
- These results relate only to the items tested. This report may only be reproduced in full.
- Local support services for this project are provided by Laboratory Resources & Solutions, Inc. (LRS). All questions regarding this report should be directed to LRS, Inc. at (205) 594-1445.

10/5/2021

Anniston Water Works and Sewer Board  
Mr. Heath Denton  
P.O. Box 2268  
Anniston, AL, 36202

Ref: Analytical Testing  
Lab Report Number: 21-267-0082  
Client Project Description: CCWWTP Form 300  
Oxford, AL

Dear Mr. Heath Denton:

Waypoint Analytical, LLC. received sample(s) on 9/24/2021 for the analyses presented in the following report.

The above referenced project has been analyzed per your instructions. The analyses were performed in accordance with the applicable analytical method. Where the laboratory was not responsible for the sampling stage (refer to the chain of custody) results apply to the sample as received.

The analytical data has been validated using standard quality control measures performed as required by the analytical method. Quality Assurance, method validations, instrumentation maintenance and calibration for all parameters (NELAP and non-NELAP) were performed in accordance with guidelines established by the USEPA (including 40 CFR 136 Method Update Rule August 2017) and NELAC unless otherwise indicated. Any parameter for which the laboratory is not officially NELAP accredited is indicated by a '~' symbol. These are not included in the scope because NELAP accreditation is either not available or has not been applied for. Additional certifications may be held/are available for parameters, where NELAP accreditation is not required or applicable. A full list of certifications is available upon request.

Certain parameters (chlorine, pH, dissolved oxygen, sulfite...) are required to be analyzed within 15 minutes of sampling. Usually, but not always, any field parameter analyzed at the laboratory is outside of this holding time. Refer to sample analysis time for confirmation of holding time compliance.

The results are shown on the attached Report of Analysis(s). Results for solid matrices are reported on an as-received basis unless otherwise indicated. This report shall not be reproduced except in full and relates only to the samples included in this report.

Please do not hesitate to contact me or client services if you have any questions or need additional information.

Sincerely,



Kim S Storey

*Laboratory's liability in any claim relating to analyses performed shall be limited to, at laboratory's option, repeating the analysis in question at laboratory's expense, or the refund of the charges paid for performance of said analysis.*





2790 Whitten Road, Memphis, TN 38133  
Main 901.213.2400 ° Fax 901.213.2440  
www.waypointanalytical.com

## Certification Summary

Laboratory ID: WP MTN: Waypoint Analytical, LLC., Memphis, TN

State	Program	Lab ID	Expiration Date
Alabama	State Program	40750	02/28/2022
Arkansas	State Program	88-0650	02/07/2022
California	State Program	2904	06/30/2022
Florida	State Program - NELAP	E871157	06/30/2022
Georgia	State Program	C044	02/18/2023
Georgia	State Program	04015	06/30/2022
Illinois	State Program - NELAP	200078	10/10/2022
Kentucky	State Program	80215	06/30/2022
Kentucky	State Program	KY90047	12/31/2021
Louisiana	State Program - NELAP	LA037	12/31/2021
Louisiana	State Program - NELAP	04015	06/30/2022
Mississippi	State Program	MS	02/11/2023
North Carolina	State Program	415	12/31/2021
Pennsylvania	State Program - NELAP	68-03195	05/31/2022
South Carolina	State Program	84002	06/30/2022
South Carolina	State Program	84002	06/30/2022
Tennessee	State Program	02027	02/11/2023
Tennessee	A2LA ISO 17025:2017	4313.01	10/31/2021
Texas	State Program - NELAP	T104704180	09/30/2022
Virginia	State Program	00106	06/30/2022
Virginia	State Program - NELAP	460181	09/14/2022



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**Sample Summary Table**

**Report Number:** 21-267-0082  
**Client Project Description:** CCWWTP Form 300  
Oxford, AL

Lab No	Client Sample ID	Matrix	Date Collected	Date Received
91841	CCWWTP Sludge	Solid	09/22/2021 08:05	09/24/2021
91842	CCWWTP Sludge	Solids	09/22/2021 08:05	09/24/2021



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Client: Anniston Water Works and Sewer Board  
Project: CCWWTP Form 300  
Lab Report Number: 21-267-0082  
Date: 10/5/2021

---

**CASE NARRATIVE**

**Report revised for 9071 analysis run using higher sample volume.**

**Flashpoint Method ASTM D93-80**

QC Batch No: L577338

The sample analysis was performed using a modified version of the reference method. Due to the sample matrix, the continual stirring required by the method had to be omitted.

**High Temp/Pressure Extraction for PCB's Method 3546**

Sample 91842 (CCWWTP Sludge)

QC Batch No: L576508/L576508

The weight/volume extracted was reduced during the extraction procedure due to the nature of the sample. Reporting limits are factored for the sample size reduction.





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12798

Anniston Water Works and Sewer Board  
 Mr. Heath Denton  
 P.O. Box 2268  
 Anniston, AL 36202

Project CCWWTP Form 300  
 Information : Oxford, AL

Revised Report Date: 10/07/2021  
 Received : 09/24/2021

Kim S Storey

Report Number : 21-267-0082

**REPORT OF ANALYSIS**

Lab No : 91841  
 Sample ID : CCWWTP Sludge

Matrix: Solid  
 Sampled: 9/22/2021 8:05

Analytical Method: 1311

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Metals Extraction	Leachate			1	09/27/21 12:00	JAN	L576062
TCLP VOC ZHE Extraction	Leachate			1	09/27/21 12:00	JAN	L576068
TCLP SVOC Extraction	Leachate			1	09/27/21 12:00	JAN	L576062
TCLP Pesticide Extraction	Leachate			1	09/27/21 12:00	JAN	L576062
TCLP Herbicide Extraction	Leachate			1	09/27/21 12:00	JAN	L576062

Analytical Method: 6010D      Prep Batch(es): L576526    09/29/21 12:00  
 Prep Method: 3015A

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Arsenic	<0.250	mg/L	0.250	1	09/30/21 01:42	JTR	L576676
TCLP Barium	<0.250	mg/L	0.250	1	09/30/21 01:42	JTR	L576676
TCLP Cadmium	<0.0500	mg/L	0.0500	1	09/30/21 01:42	JTR	L576676
TCLP Chromium	<0.100	mg/L	0.100	1	09/30/21 01:42	JTR	L576676
TCLP Lead	<0.100	mg/L	0.100	1	09/30/21 01:42	JTR	L576676
TCLP Selenium	<0.500	mg/L	0.500	1	09/30/21 01:42	JTR	L576676
TCLP Silver	<0.0500	mg/L	0.0500	1	09/30/21 01:42	JTR	L576676

**Qualifiers/**      DF      Dilution Factor      MQL      Method Quantitation Limit  
**Definitions**

12798  
Anniston Water Works and Sewer Board  
Mr. Heath Denton  
P.O. Box 2268  
Anniston, AL 36202

Project CCWWTP Form 300  
Information : Oxford, AL

Revised Report Date: 10/07/2021  
Received : 09/24/2021

*Kim Storey*  
Kim S Storey

Report Number : 21-267-0082

**REPORT OF ANALYSIS**

Lab No : 91841  
Sample ID : CCWWTP Sludge

Matrix: Solid  
Sampled: 9/22/2021 8:05

Analytical Method: 7470A		Prep Batch(es): L576484		09/29/21 10:00			
Prep Method: 7470A							
Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Mercury	<0.0200	mg/L	0.0200	1	09/29/21 15:23	TJS	L576581

Analytical Method: 8081A		Prep Batch(es): L576587		09/29/21 15:00			
Prep Method: 3510C							
Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Chlordane	<0.008000	mg/L	0.008000	10	09/30/21 19:03	VIC	L576988
TCLP Endrin	<0.001600	mg/L	0.001600	10	09/30/21 19:03	VIC	L576988
TCLP gamma-BHC	<0.001600	mg/L	0.001600	10	09/30/21 19:03	VIC	L576988
TCLP Heptachlor	<0.001600	mg/L	0.001600	10	09/30/21 19:03	VIC	L576988
TCLP Heptachlor Epoxide	<0.001600	mg/L	0.001600	10	09/30/21 19:03	VIC	L576988
TCLP Methoxychlor	<0.001600	mg/L	0.001600	10	09/30/21 19:03	VIC	L576988
TCLP Toxaphene	<0.01200	mg/L	0.01200	10	09/30/21 19:03	VIC	L576988

Surrogate: Decachlorobiphenyl 48.25 Limits: 34-116% 10 09/30/21 19:03 VIC L576988  
Surrogate: Tetrachloro-m-xylene 49.71 Limits: 25-123% 10 09/30/21 19:03 VIC L576988

Analytical Method: 8151A		Prep Batch(es): L576392		09/28/21 16:20			
Prep Method: 8151A							
Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP 2,4-D	<0.0200	mg/L	0.0200	1	09/30/21 16:11	VIC	L576985
TCLP 2,4,5-TP (Silvex)	<0.0020	mg/L	0.0020	1	09/30/21 16:11	VIC	L576985
Surrogate: DCAA	48.40		Limits: 20-120%	1	09/30/21 16:11	VIC	L576985

**Qualifiers/** DF Dilution Factor **MQL** Method Quantitation Limit  
**Definitions**

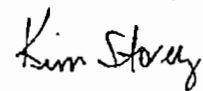


12798

Anniston Water Works and Sewer Board  
Mr. Heath Denton  
P.O. Box 2268  
Anniston, AL 36202

Project CCWWTP Form 300  
Information : Oxford, AL

Revised Report Date: 10/07/2021  
Received : 09/24/2021



Kim S Storey

Report Number : 21-267-0082

### REPORT OF ANALYSIS

Lab No : 91841  
Sample ID : CCWWTP Sludge

Matrix: Solid  
Sampled: 9/22/2021 8:05

Analytical Method: 8270D      Prep Batch(es): L576725      09/30/21 10:00  
Prep Method: 3510C

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
TCLP Hexachlorobenzene	<0.0200	mg/L	0.0200	1	09/30/21 18:38	VBW	L576951
TCLP Hexachlorobutadiene	<0.0200	mg/L	0.0200	1	09/30/21 18:38	VBW	L576951
TCLP Hexachloroethane	<0.0200	mg/L	0.0200	1	09/30/21 18:38	VBW	L576951
TCLP Nitrobenzene	<0.0200	mg/L	0.0200	1	09/30/21 18:38	VBW	L576951
TCLP Pentachlorophenol	<0.0400	mg/L	0.0400	1	09/30/21 18:38	VBW	L576951
TCLP Pyridine	<0.0200	mg/L	0.0200	1	09/30/21 18:38	VBW	L576951
TCLP 2,4,5-Trichlorophenol	<0.0200	mg/L	0.0200	1	09/30/21 18:38	VBW	L576951
TCLP 2,4,6-Trichlorophenol	<0.0200	mg/L	0.0200	1	09/30/21 18:38	VBW	L576951
Surrogate: TCLP 2,4,6-Tribromophenol	74.3		Limits: 42-102%	1	09/30/21 18:38	VBW	L576951
Surrogate: TCLP 2-Fluorobiphenyl	54.5		Limits: 24-86%	1	09/30/21 18:38	VBW	L576951
Surrogate: TCLP 2-Fluorophenol	25.5		Limits: 13-37%	1	09/30/21 18:38	VBW	L576951
Surrogate: TCLP 4-Terphenyl-d14	70.8		Limits: 30-122%	1	09/30/21 18:38	VBW	L576951
Surrogate: TCLP Nitrobenzene-d5	55.5		Limits: 25-78%	1	09/30/21 18:38	VBW	L576951
Surrogate: TCLP Phenol-d5	17.7		Limits: 9-27%	1	09/30/21 18:38	VBW	L576951

**Qualifiers/**      DF      Dilution Factor      MQL      Method Quantitation Limit  
**Definitions**



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Anniston Water Works and Sewer Board  
 Mr. Heath Denton  
 P.O. Box 2268  
 Anniston , AL 36202

Project CCWWTP Form 300

Information : Oxford, AL

Revised Report Date: 10/07/2021

Received : 09/24/2021

Kim S Storey

Report Number : 21-267-0082

**REPORT OF ANALYSIS**

Lab No : 91842

Matrix: Solids

Sample ID : CCWWTP Sludge

Sampled: 9/22/2021 8:05

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Moisture	77.7	%	0.010	1	09/28/21 16:15	FMM	SW-DRYWT
Flash Point	>96	degrees C		1	10/04/21 07:55	MAR	ASTM D93-80
HEM: Oil and Grease	1480	mg/Kg - dry	316	1	10/05/21 17:10	MCB	SW-9071B
Total Solids	22.3	%	0.010	1	09/28/21 16:15	FMM	2540G-2011

Qualifiers/ Definitions	DF	Dilution Factor	L	Limit Exceeded
	MQL	Method Quantitation Limit		



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Anniston Water Works and Sewer Board  
 Mr. Heath Denton  
 P.O. Box 2268  
 Anniston, AL 36202

Project CCWWTP Form 300  
 Information : Oxford, AL

Revised Report Date: 10/07/2021  
 Received : 09/24/2021

Kim S Storey

Report Number : 21-267-0082

**REPORT OF ANALYSIS**

Lab No : 91842  
 Sample ID : CCWWTP Sludge

Matrix: Solids  
 Sampled: 9/22/2021 8:05

Analytical Method: 8082A      Prep Batch(es): L576508    09/29/21 10:23  
 Prep Method: 3546

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Batch
Aroclor 1016	<4060	µg/Kg - dry	4060	10	09/29/21 20:38	VIC	L576787
Aroclor 1221	<4060	µg/Kg - dry	4060	10	09/29/21 20:38	VIC	L576787
Aroclor 1232	<4060	µg/Kg - dry	4060	10	09/29/21 20:38	VIC	L576787
Aroclor 1242	<4060	µg/Kg - dry	4060	10	09/29/21 20:38	VIC	L576787
Aroclor 1248	<4060	µg/Kg - dry	4060	10	09/29/21 20:38	VIC	L576787
Aroclor 1254	<4060	µg/Kg - dry	4060	10	09/29/21 20:38	VIC	L576787
Aroclor 1260	<4060	µg/Kg - dry	4060	10	09/29/21 20:38	VIC	L576787
Surrogate: Decachlorobiphenyl	87.2		Limits: 25-125%	10	09/29/21 20:38	VIC	L576787
Surrogate: Tetrachloro-m-xylene	95.6		Limits: 25-125%	10	09/29/21 20:38	VIC	L576787

**Qualifiers/Definitions**      DF      Dilution Factor      MQL      Method Quantitation Limit

### Shipment Receipt Form

Customer Number: **12798**  
 Customer Name: **Anniston Water Works and Sewer Board**  
 Report Number: **21-267-0082**

#### Shipping Method

Fed Ex       US Postal       Lab       Other :   
 UPS       Client       Courier      Thermometer ID: T137

Shipping container/cooler uncompromised?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of coolers/boxes received	1		
Custody seals intact on shipping container/cooler?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Present
Custody seals intact on sample bottles?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Present
Chain of Custody (COC) present?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
COC agrees with sample label(s)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
COC properly completed	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Samples in proper containers?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Sample containers intact?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Sufficient sample volume for indicated test(s)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
All samples received within holding time?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Cooler temperature in compliance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Cooler/Samples arrived at the laboratory on ice. Samples were considered acceptable as cooling process had begun.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Water - Sample containers properly preserved	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Water - VOA vials free of headspace	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Trip Blanks received with VOAs	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Soil VOA method 5035 – compliance criteria met	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
<input type="checkbox"/> High concentration container (48 hr)	<input type="checkbox"/> Low concentration EnCore samplers (48 hr)		
<input type="checkbox"/> High concentration pre-weighed (methanol -14 d)	<input type="checkbox"/> Low conc pre-weighed vials (Sod Bis -14 d)		
Special precautions or instructions included?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	

Comments:

Signature: Hannah R. Brown      Date & Time: 09/24/2021 12:27:06

