LANCE R. LEFLEUR DIRECTOR



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Alabama Department of Environmental Management

FEBRUARY 3, 2023

Al Kelley Mayor City of Millbrook PO BOX 1072 Millbrook, AL 36054

RE: Draft Permit NPDES Permit No. AL0049921 Millbrook WWTP Elmore County, Alabama

Dear Mayor Kelley:

Transmitted herein is a draft of the referenced permit.

We would appreciate your comments on the permit within 30 days of the date of this letter. Please direct any comments of a technical or administrative nature to the undersigned.

By copy of this letter and the draft permit, we are also requesting comments within the same time frame from EPA.

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

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

Birmingham Branch 110 Vulcan Road Birmingham, AL 35209-4702 (205) 942-6168 (205) 941-1603 (FAX) Decatur Branch 2715 Sandlin Road, S.W. Decatur, AL 35603-1333 (256) 353-1713 (256) 340-9359 (FAX)



Mobile Branch 2204 Perimeter Road Mobile, AL 36615-1131 (251) 450-3400 (251) 479-2593 (FAX) Mobile-Coastal 3664 Dauphin Street, Suite B Mobile, AL 36608 (251) 304-1176 (251) 304-1189 (FAX)

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

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

Please also be aware that Part IV. of your permit requires that you develop, implement, and maintain a Sanitary Sewer Overflow Response Plan.

The Alabama Department of Environmental Management encourages you to voluntarily consider pollution prevention practices and alternatives at your facility. Pollution Prevention may assist you in complying with effluent limitations, and possibly reduce or eliminate monitoring requirements.

Should you have any questions, please contact the undersigned slee@adem.alabama.gov.

Sincerely,

Sandra Z

Sandra Lee Municipal Section Water Division

Enclosure

cc: Environmental Protection Agency Email Ms. Elaine Snyder/U.S. Fish and Wildlife Service Ms. Elizabeth Brown/Alabama Historical Commission Advisory Council on Historic Preservation Department of Conservation and Natural Resources





(2.3 MGD)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE:

CITY OF MILLBROOK PO BOX 1072 MILLBROOK, AL 36054

FACILITY LOCATION:

MILLBROOK WWTP 627 THORNFIELD DRIVE MILLBROOK, ALABAMA ELMORE COUNTY

PERMIT NUMBER:

AL0049921

RECEIVING WATERS:

ALABAMA RIVER (WOODRUFF LAKE) (0013) LAND APPLICATION (0021) UT TO COOSADA CREEK – STORMWATER ONLY (003S)

In accordance with and subject to the provisions of the Federal Water Pollution Control Act, as amended, 33 U.S.C. SS1251-1388 (the "FWPCA"), the Alabama Water Pollution Control Act, as amended, Code of Alabama 1975, SS 22-22-1 to 22-22-14 (the "AWPCA"), the Alabama Environmental Management Act, as amended, Code of Alabama 1975, SS2-22A-17, and rules and regulations adopted thereunder, and subject further to the terms and conditions set forth in this permit, the Permittee is hereby authorized to discharge into the above-named receiving waters.

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

Draft

Alabama Department of Environmental Management

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NPDES Permit Number AL0049921

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PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. DSN 0013: Municipal Wastewater

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

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Oxygen, Dissolved (DO) (00300) Effluent Gross Value	****	****	*****	5.0 Minimum Daily	****	****	mg/l	3X Weekly test	Grab	Not Seasonal
pH (00400) Effluent Gross Value	****	****	*****	6.0 Minimum Daily	****	8.5 Maximum Daily	S.U.	3X Weekly test	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	575 Monthly Average	863 Weekly Average	lbs/day	****	30.0 Monthly Average	45.0 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
Solids, Total Suspended (00530) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	191 Monthly Average	287 Weekly Average	lbs/day	****	10.0 Monthly Average	15.0 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	383 Monthly Average	575 Weekly Average	lbs/day	****	20.0 Monthly Average	30.0 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	****	****	****	****	Daily	Continuous	Not Seasonal

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

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

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

- (2) S = Summer (April October)
 W = Winter (November March)
 ECS = E. coli Summer (May October)
 ECW = E. coli Winter (November April)
- (3) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter "*9" on the monthly DMR.

DSN 0013 (Continued): Municipal Wastewater

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

Parameter Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)	
Chlorine, Total Residual (50060) See notes (3) Effluent Gross Value	****	*****	****	****	*****	1.0 Maximum Daily	mg/l	3X Weekly test	Grab	Not Seasonal
E. Coli (51040) Effluent Gross Value	*****	****	****	****	548 Monthly Average	2507 Maximum Daily	col/100mL	3X Weekly test	Grab	ECW
E. Coli (51040) Effluent Gross Value	****	*****	*****	*****	126 Monthly Average	298 Maximum Daily	col/100mL	3X Weekly test	Grab	ECS
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	422 Monthly Average	633 Weekly Average	lbs/day	*****	22.0 Monthly Average	33.0 Weekly Average	mg/i	3X Weekly test	24-Hr Composite	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091) Percent Removal	*****	****	*****	85.0 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal
Solids, Suspended Percent Removal (81011) Percent Removal	****	*****	*****	85.0 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal

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

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

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

- (2) S = Summer (April October)
 W = Winter (November March)
 ECS = E. coli Summer (May October)
 - ECW = E. coli Winter (November April)
- (3) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter "*9" on the monthly DMR.

2. DSN 001T: Toxicity

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

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Toxicity, Ceriodaphnia Acute (61425) Effluent Gross Value	*****	0 Single Sample	pass=0;fail=1	****	*****	****	****	See Permit Requirements	24-Hr Composite	Nov
Toxicity, Pimephales Acute (61427) Effluent Gross Value	****	0 Single Sample	pass=0;fail=1	****	*****	*****	*****	See Permit Requirements	24-Hr Composite	Nov

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

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

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

- (2) S = Summer (April October)
 W = Winter (November March)
 ECS = E. coli Summer (May October)
 ECW = E. coli Winter (November April)
- (3) 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.

3. DSN 0021: Golf Course Irrigation

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 002, 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)
pH (00400) Effluent Gross Value	****	****	*****	6.0 Minimum Daily	****	8.5 Maximum Daily	S.U.	Weekly	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	5.0 Monthly Average	7.5 Weekly Average	mg/l	Weekly	24-Hr Composite	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	2.5 Monthly Average	3.75 Weekly Average	mg/l	Weekly	24-Hr Composite	Not Seasonal
Nitrogen, Nitrate Total (As N) (00620) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	7.5 Monthly Average	10.0 Weekly Average	. mg/l	Weekly	24-Hr Composite	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Weekly	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	Weekly	24-Hr Composite	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	****	*****	****	*****	Daily	Continuous	Not Seasonal
Coliform, Fecal General (74055) Effluent Gross Value	****	****	*****	****	126 Monthly Average	1000 Maximum Daily	col/100mL	Weekly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	5.0 Monthly Average	7.5 Weekly Average	mg/l	Weekly	24-Hr Composite	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.F

(2) S = Summer (April – October)
W = Winter (November - March)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)

(3) See Part IV.C. for Total Residual Chlorine¹(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. DSN 003S: Stormwater Runoff

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 003, 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)
pH (00400) Storm Water	****	****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Annualiy	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 Seasonai
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	Annualiy	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	Calculated	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.

- (2) S = Summer (April October)
 W = Winter (November March)
 ECS = E. coli Summer (May October)
 ECW = E. coli Winter (November April)
- (3) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter "*9" on the monthly DMR.

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 available Director or Designee on ADEM Form 421, 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 <u>Code of Alabama</u> 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 30l(c), 30l(g), 30l(h), 30l(k), or 3l6(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 <u>Code of Alabama</u> 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

- 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". <u>Code of Alabama</u> 1975, Section 22-22-1(b)(9).
- 15. Discharge Monitoring Report (DMR) means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
- 16. DO means dissolved oxygen.
- 17. 8HC means 8-hour composite sample, including any of the following:
 - a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 1 hour over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
 - b. A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
- 18. EPA means the United States Environmental Protection Agency.
- 19. FC means the pollutant parameter fecal coliform.
- 20. Flow means the total volume of discharge in a 24-hour period.
- 21. FWPCA means the Federal Water Pollution Control Act.
- 22. Geometric Mean means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).

- 23. Grab Sample means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
- 24. Indirect Discharger means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
- 25. Industrial User means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category "Division D Manufacturing" and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
- 26. MGD means million gallons per day.
- 27. Monthly Average means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
- 28. New Discharger means a person, owning or operating any building, structure, facility, or installation:
 - a) From which there is or may be a discharge of pollutants;
 - b) That did not commence the discharge of pollutants prior to August 13, 1979, and which is not a new source; and
 - c) Which has never received a final effective NPDES permit for dischargers at that site.
- 29. NH3-N means the pollutant parameter ammonia, measured as nitrogen.
- 30. Notifiable sanitary sewer overflow means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:
 - a) Reaches a surface water of the State; or
 - b) May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.
- 31. **Permit application** means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.
- 32. Point source means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).
- 33. Pollutant includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.
- 34. Privately Owned Treatment Works means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a "POTW".
- 35. **Publicly Owned Treatment Works (POTW)** means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
- 36. Receiving Stream means the "waters" receiving a "discharge" from a "point source".
- 37. Severe property damage means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
- 38. Significant Source means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work's capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
- 39. TKN means the pollutant parameter Total Kjeldahl Nitrogen.
- 40. TON means the pollutant parameter Total Organic Nitrogen.
- 41. TRC means Total Residual Chlorine.

- 42. TSS means the pollutant parameter Total Suspended Solids.
- 43. 24HC means 24-hour composite sample, including any of the following:
 - a) The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
 - b) A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected;
 - c) A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
- 44. Upset means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
- 45. Waters means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership or corporation unless such waters are used in interstate commerce." <u>Code of Alabama</u> 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 - ACUTE DIFFUSER

- 1. Acute Toxicity Test
 - a. The permittee shall perform 48-hour acute toxicity tests on the wastewater discharges required to be tested for acute toxicity by Part I of this permit.
 - b. The samples shall be diluted using an appropriate control water, to the Instream Waste Concentration (IWC) which is **18 percent** effluent. The IWC is the actual concentration of effluent, after mixing, in the receiving stream during a 1-day, 10-year flow period.
 - c. Any test where survival in the effluent concentration is less than 90% and statistically lower than the control indicates acute toxicity and constitutes noncompliance with this permit.

2. General Test Requirements

a. A 24-hour composite sample shall be obtained for use in above biomonitoring tests. The holding time for each 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-02-012 or most current edition or another control water selected by the permittee and approved by the Department.

- b. Effluent toxicity tests in which the control survival is less than 90% or in which the other requirements of the EPA Test Procedure are not met shall be unacceptable and the permittee shall rerun the tests as soon as practical within the monitoring period.
- c. In the event of an invalid test, upon subsequent completion of a valid test, the results of all tests, valid and invalid, are reported with an explanation of the tests performed and results.
- d. Toxicity tests shall be conducted for the duration of this permit in the month of NOVEMBER. Should results from the Annual Toxicity test indicate that Outfall 0011 exhibits acute 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.

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 Section 2 and 7 shall be included with the DMR. The test results must be submitted to the Department no later than 28 days after the month in which the tests were performed.

4. Additional Testing Requirements

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

5. Test Methods

The tests shall be performed in accordance with the latest edition of the "EPA Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms" and shall be performed using the fathead minnow (*Pimephales promelas*) and the cladoceran (*Ceriodaphnia dubia*).

6. Effluent Toxicity Testing Reports

The following information shall be submitted with each discharge monitoring report unless otherwise directed by the Department. The Department may at any time suspend or reinstate this requirement or may increase or decrease 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 date (MGD, CFS, GPM)
 - (3) Design flow of treatment facility at time of sampling
- c. <u>Source of Effluent and Dilution Water</u>
 - (1) Effluent samples
 - (i) Sampling point
 - (ii) Sample collection dates and times (to include composite sample start and finish times)
 - (iii) Sample collection method
 - (iv) Physical and chemical data of undiluted effluent samples (water temperature, pH, alkalinity, hardness, specific conductance, total residual chlorine (if applicable), etc.)
 - (v) Sample temperature when received at the laboratory
 - (vi) Lapsed time from sample collection to delivery
 - (vii)Lapsed time from sample collection to test intiation
 - (2) Dilution Water Samples
 - (i) Source
 - (ii) Collection date(s) and time(s) (where applicable)
 - (iii) Pretreatment
 - (iv) Physical and chemical characteristics (pH, hardness, water temperature, alkalinity, specific conductance, etc.)
- d. <u>Test Conditions</u>
 - (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)Feeding frequency, and amount and type of food
 - (12) Light intensity (mean)
- e. <u>Test Organisms</u>
 - (1) Scientific name
 - (2) Life stage and age
 - (3) Source
 - (4) Disease treatment (if applicable)

- f. Quality Assurance
 - (1) Reference toxicant utilized and source
 - (2) Date and time of most recent acute reference toxicant test(s), raw data, and current cusum chart(s)
 - (3) Dilution water utilized in reference toxicant test
 - (4) Results of reference toxicant test(s) (LC50, etc.), report concentration-response relationship and evaluate test sensitivity. The most recent reference toxicant test shall be conducted within 30-days of the routine.
 - (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: LC50, NOEC, Pass/Fail (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) (LC50, NOEC, Pass/Fail, etc.), report concentration-response relationship (definitive test only), report percent minimum significant difference (PMSD).
- h. Conclusions and Recommendations
 - (1) Relationship between test endpoints and permit limits
 - (2) Action to be taken

Adapted from "Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine

C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

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

D. PLANT CLASSIFICATION

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

E. SANITARY SEWER OVERFLOW RESPONSE PLAN

1. SSO Response Plan

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

a. General Information

- (1) Approximate population of City/Town, if applicable
- (2) Approximate number of customers served by the Permittee
- (3) Identification of any subbasins designated by the Permittee, if applicable
- (4) Identification of estimated linear feet of sanitary sewers
- (5) Number of Pump/Lift Stations in the collection system
- b. Responsibility Information
 - (1) The title(s) and contact information of key position(s) who will coordinate the SSO response, including information for a backup coordinator in the event that the primary SSO coordinator is unavailable. The SSO coordinator is the person responsible for assessing the SSO and initiating a series of response actions based on the type, severity, and destination of the SSO, except for routine SSOs for which the coordinator may pre-approve written procedures. Routine SSOs are those for which the corrective action procedures are generally consistent.
 - (2) The title(s), and contact information of key position(s) who will respond to SSOs, including information for backup responder(s) in the event the primary responder(s) are unavailable (i.e., position(s) who provide notification to the Department, the public, the county health department, and other affected entities such as public water systems; position(s) responsible for organizing crews for response; position(s) responsible for addressing public inquiries)

c. SSO and Surface Water Assessment

- (1) Identification of locations within the collection system at which an SSO is likely to occur (e.g., based upon historical SSOs, lift stations where electricity may be lost, etc.)
- (2) A map of the general collection system area, including identification of surface waterbodies and the location(s) of public drinking water source(s). Mapping of all collection system piping, pump stations, etc. is not required; however, if this information is already available, it should be included.
- (3) Identification of surface waterbodies within the collection system area which are classified as Swimming according to ADEM Admin. Code chap. 335-6-11. References available to assist in this requirement include the following: <u>http://adem.alabama.gov/alEnviroRegLaws/files/Division6Vol1.pdf</u> and <u>http://adem.alabama.gov/wqmap</u>.
- (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
 - General SSO Response Procedures (e.g., procedures for dispatching staff to assess/correct an SSO; procedures for routine SSO corrective actions such as those for sewer blockages, overflowing manholes, line breakages, pump station power failure, etc.; procedures for disinfection of affected area, if applicable);
 - (2) Procedures for collection and proper disposal of the SSO, if feasible.
 - (3) General procedures for coordinating instream water quality monitoring, including, but not limited to, procedures for mobilizing staff, collecting samples, and typical test methods should the Department or the Permittee determine monitoring is appropriate following an SSO. Identification of a contractor who will collect and analyze the sample(s) may be listed in lieu of the procedures.
 - (4) References to other documents (such as Standard Operating Procedures for SSO Responses) may be acceptable for this section; however, the referenced document shall be identified and shall be reviewed at a frequency of at least that required by the Administrative Procedures Section.
- h. Date of the SSO Response Plan, dates of all modifications and/or reviews, the title and signature of the reviewer(s) for each date and the signature of the responsible official or the appropriate designee.

2. SSO Response Plan Implementation

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

3. Department Review of the SSO Response Plan

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

4. SSO Response Plan Administrative Procedures

- a. The Permittee shall maintain a copy of the SSO Response Plan at the permitted facility or an alternate location approved by the Department in writing and shall make it available for inspection by the Department.
- b. The Permittee shall make a copy of the SSO Response Plan available to the public upon written request within 30 days of such request. The Permittee may redact information which may present security issues, such as location of public water supplies, identification of specific details of vulnerabilities, employee information, etc.
- c. The Permittee shall provide training for any personnel required to implement the SSO Response Plan and shall retain at the facility documentation of such training. This documentation shall be available for inspection by the Department. Training shall be provided for existing personnel prior to the date by which implementation of the SSO Response Plan is required and for new personnel as soon as possible. Should significant revisions be made to the SSO Response Plan, training regarding the revisions shall be conducted as soon as possible.
- d. The Permittee shall complete a review and evaluation of the SSO Response Plan at least once every three years. Documentation of the SSO Response Plan review and evaluation shall be signed and dated by the responsible official or the appropriate designee as part of the SSO Response Plan.

F. POLLUTANT SCANS

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

G. MAJOR SOURCE STORMWATER REQUIREMENTS

1. Prohibitions

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

2. Operational and Management Practices

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

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

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

NPDES Permit No:	AL0049921	Date: August 02, 2022
Permit Applicant:	City of Millbrook PO Box 1072 Millbrook, AL 36054	
Location:	Millbrook WWTP 627 Thornfield Drive Millbrook, AL 36054	
Draft Permit is:	Initial Issuance: Reissuance due to expiration Modification of existing per Revocation and Reissuance:	n: X mit:
Basis for Limitations:	Water Quality Model: CBO Reissuance with no modific Instream calculation at 7Q1 Toxicity based: TRC Secondary Treatment Level Other (described below): pH	D5, NH3N, DO, TKN ation: CBOD5, NH3N, DO, TSS, TSS Percent Removal, CBOD5 Percent Removal, E. coli, pH, TKN, TRC 0: ~18% s: TSS, TSS Percent Removal, CBOD5 Percent Removal I, E. Coli
Design Flow in Million (Gallons per Day: 2	2.3 MGD

Major:

Yes

Description of Discharge:

Feature ID	Description	Receiving Water	WBC	303(d)	TMDL
001	Municipal Wastewater	Alabama River	Fish and Wildlife	No	No
	-	(Woodruff Lake)	(F&W)		
003	Stormwater Runoff	UT to Coosada Creek	Fish and Wildlife	No	No
			(F&W)		
002	Golf Course Irrigation	Land Application	N/A	N/A	N/A

Discussion: This is a permit reissuance due to permit expiration.

Outfall 0013: This discharge limits for Five Day Carbonaceous Biochemical Oxygen Demand (CBOD₅), Total Ammonia Nitrogen (NH₃N), Total Kjeldahl Nitrogen (TKN), and Dissolved Oxygen (DO) were developed by the Municipal Section based on a Waste Load Allocation (WLA) model performed by the Department's Water Quality Branch on October 28, 2016. The monthly averages limits for CBOD₅ and NH₃N are 22 mg/L and 10 mg/L, respectively; while TKN has a monthly average limit of 20.0 mg/L. DO has a daily minimum limit of 5.0 mg/L.

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

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

The receiving stream is the Alabama River (Woodruff Lake) and it is a Tier I stream. The stream is not listed on the current 303(d) list and there are no State of Alabama TMDLs affecting this discharge point at this time. The receiving stream name for Outfall 001 is being updated from Coosa River to the Alabama River (Woodruff Lake). The discharge location has not changed, only the receiving stream name is being updated.

This permit imposes monthly monitoring for the following nutrient-related parameters: Total Phosphorus (TP) and Nitrite plus Nitrate-Nitrogen (NO_2+NO_3N). Monitoring for these nutrient-related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge.

This Permittee treats municipal wastewater only, and has design flow of 1.0 MGD or greater to be classified as a major municipality. Therefore, the Department completed a Reasonable Potential Analysis (RPA) of the wastewater data submitted in EPA Form 2A, Table C, of the Permittee's application (i.e., per 40 CFR Par 122 Appendix J – Table 2). There was no stream background data that would be appropriate to use in the RPA. The RPA indicated no pollutants in the treated effluent have the potential to contribute to excursions of Alabama's in-stream water quality standards.

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

A daily maximum Total Residual Chlorine (TRC) of 1.0 mg/L is being imposed at Outfall 0011. The TRC limit was developed based on EPA suggested WQ criteria and the Department's Permit Development Rationale, and should be protective of acute and chronic toxicity criteria in the receiving stream. If monitoring is not applicable during the monitoring period, enter "*9" on the monthly DMR.

Based on the Department's review of the application and receiving water conditions, 48 hour acute toxicity testing for a diffuser is warranted in this proposed permit. Testing is required yearly during the month of November. The IWC for the facility is about 18%. The IWC was based on an October 20, 2016 Mixing Zone Analysis performed by the Department's Water Quality Branch.

The monitoring frequency for most parameters is three days per week. The monitoring frequency for nutrient-related parameters (TP and NO_2+NO_3N) is once per month. Flow is to be monitored continuously as in the previous permit. The percent removals shall be calculated once per month.

The facility land applies discharge from their holding pond to be used as irrigation water at the Pines Golf Course (Outfall 0021). Outfall 0021 limits for pH, TSS, NH₃N, CBOD₅, Fecal Coliform, and NO₃N were based on best professional judgment to ensure the protection of water quality should any surface runoff occur and the protect public health since the discharge will occur in a public access area. The daily minimum and daily maximum limitation for pH are 6.0 and 8.5. The monthly average limitations for CBOD₅, TSS, NH₃N, NO₃N, and Fecal Coliform are 5.0 mg/L, 5.0 mg/L, 2.5 mg/l, 7.5 mg/L, and 126 col/100 mL, respectively. The daily maximum limitation for Fecal Coliform is 1000 col/100 mL. The weekly average limitation for CBOD₅, TSS, NH₃-N and NO₃-N are 7.5 mg/L, 7.5 mg/L, 3.75 mg/L, and 10 mg/L, respectively. Additionally, the facility will be required to monitor for TKN and TP to provide an indication of overall nutrient loading to the golf course. The flow to the holding pond will be recorded continuously. The monitoring frequency for all other Outfall 0021 parameters will be once per week.

Stormwater runoff to an unnamed tributary to Coosada Creek will be monitored for pH, TSS, Oil and Grease, NH₃-N, TKN, NO₂-NO₃N, TP, E. Coli, Flow, and CBOD₅ based on 40 CFR Part 122. The stormwater receiving stream name is being updated to an unnamed tributary to Coosada Creek. The location of the discharge has not changed, only the name of the receiving stream is being updated. The designated outfall for storm water runoff monitoring is 003S. Storm water runoff is to be monitored annually.

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

Prepared by:

Sandra Lee

		vaste	Load	Alloc	atio	nS	umma	ary	Page 1
			REQUES	ST INFO	RMATIC	ON	Request I	Number:	3340
rom:			Shanda Tort	pert	In Bra	anch/s	Section	Municipal	
0	Date Submit	ted 7/7/	2016	Date Rec	juired	8/6/2	2016	FUND Code	605
Da	ate Permit ap	pplication red	ceived by NF	PDES prog	gram	6/30/	2016		
Receiving V	Vaterbody		Alabama	River (W	oodruff	Lake)			
Previous Stre	eam Name								
Facili	ty Name		Millbrook	WWTP			(Name of I	Discharger-WC	will use to
							Previous D	lischarger Nan	ne
Riv	er Basin	Alabama		Outfall	Latitude		32.499722	(decimal c	legrees)
	*County	Elmore		Outfall Lo	ongitude	-	86.304169	(decimal c	legrees)
Permit	Number	ALC	0049921		Perm	it Type		Permit Reissu	ance
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		, allocation get							
f yes, impacting ischargers	Wetumpka Wi Enconchate W	ilako WWTP /WTP		disc	hargers	permit	AL0064025 AL0022225		
ames.	Towassa WW	TP Creek WWTP		nun	n bers .		AL0022241		
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	Proposed [Discharge D	esign Flow	2.	3	MGD	be thos	e requested f	or modelin
Commente i	ncluded	loonaige	o gir i o i						
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					L	.at/Lon	g Method	G	PS
12 Digit Hu	C Code	0315020	010104						
Use Cla	ssification	F&	vv	T					
Site Visit C	ompleted?	Yes	No		1	Date of	f Site Visit	7/21/2016	
		in a second	-	1	Date of	WLA	Response	10/28/2016	
Waterbody	Impaired?	Yes	V No						
Antid	aradation	T Yes	No.		Approv	ved TN	IDL?		
Andu	egradation				Yes		No		
Waterbody	Tier Level	Tie	rl						
Use Suppor	t Category	1			Approv	al Date	e of TMDL		
	10	lacta I	and Al	llooat	ion	Info	rmatic		
		asie L	Udu A	nucal			maul	ш	
Modeled R	each Lengtl	h (63.5	Miles		Date o	f Allocation	n 9/29/	2016
Name of	Model Used	QU	AL2E			Allo	cation Type	e Ann	ual
		Carden and the second s							
Model Co	mpleted by	Brian	Haigler	_	T	ype of	Model Use	d Calib	rated

			C	onventior	nal Parameter	rs		Other Pa	rameters	
Annua	al Effi	uent	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD
L	imits.		Season		Season		Season		Season	
Qw	2.3	MGD	From		From		From		From	
BOD5	22	mg/L	Through		Through		Through		Through	
NH3-N	10	mg/L	CBOD5		CBOD5		TP		TP	
TKN	20	mg/L	NH3-N		NH3-N		TN		TN	
D.O.	5	mg/L	TKN		TKN		TSS		TSS	
			D.O.		D.O.				ſ	
"Mor	nitor (Only" Pa	rameters for	Effluent:	Param	eter	Frequency	Para	neter	Frequenc
					TP	Mor	nthly			
					NO2+NO3-N	Mor	nthly		- r	

Parameter	Summer	Winter
CBODu	1.54 mg/l	1.54 mg/l
NH3-N	0.07 mg/l	0.07 mg/l
emperature	30 °C	20 °C
pH	7 su	7 su

	Hydrology at Dis	charge Lo	cation			
Drainage Area	Drainage Area	14959	sq mi	Method Used to Calculate		
Qualifier	Stream 7Q10	3036.8	cfs	ADEM Estimate w/USGS Gage Data		
LAG	Stream 1Q10	2000	cfs	ADEM Estimate w/USGS Gage Data		
	Stream 7Q2	4230.9	cfs	ADEM Estimate w/USGS Gage Data		
	Annual Average	17741	cfs	ADEM Estimate w/USGS Gage Data		

Comments and/or Notations A desk-top model and Mixing Zone Model were both completed for this facility. 12/19/2022: Receiving stream name updated from Coosa River to Alabama River (Woodruff Lake).

		REQU	IEST IN	FORMATI	ON	reque	st number:	3340
om:	(Responsible Engine	er) Shanda T	orbert	Int	Branch/	Section	Muni	cipal 605
	Date Submit	application received by	V NPDE	S program	6/30/2	016	FUND	
Pac	oiving Waterbody	Alabama	Divor (M	loodruff Lak	(0)			
revio	eiving waterbody	Alduditid I						
TEVIO	Facility Name	Millbroc	k WWT	P		(Name of	Discharge	er-WO will use to
	r donity realize					Previous	Discharg	er Name
	River Basin	Alabama		Outfall Lati	itude	32,499	722	(decimal degrees)
	*County	Elmore	0	utfall Longi	itude	-86.304	169	(decimal degrees)
	Permit Number	AL0049921		Pern	nit Type		Permit F	Reissuance
				Perm	it Status	-	A	ctive
				Type of Dis	charger		MUN	ICIPAL
0	Do other discharges	exist that may impa	ct the nodel?	□ Yes		lo		
yes, ii	mpacting dischargers n	ames.		Impacting o	discharge	rs permit n	umbers.	
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Comments A desk-top model and Mixing Zone model were both completed for this facility and/or

Notations 12/19/2022: Receiving stream name updated from Coosa River to Alabama River (Woodruff Lake).

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Millbrook WWTP	
NPDES Permit Number:	AL0049921	
Receiving Stream:	Alabama River (Woodruff Lake)	
Facility Design Flow (Q _w):	2.300 MGD	
Receiving Stream 7Q ₁₀ :	3036.800 cfs	
Receiving Stream 1Q ₁₀ :	2000.000 cfs	
Winter Headwater Flow (WHF):	4230.90 cfs	
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	20 deg. Celsius	
Headwater Background NH ₃ -N Level:	0.07 mg/l	
Receiving Stream pH:	7.0 s.u.	
Headwater Background FC Level (summer):	N./A.	(Only applicable for facilities with diffusers.)
(winter)	N./A.	

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

Stream Dilution Pation (SDP)	Qw	 0 130/
Stream Dirucion Ration (SDR) = -	7Q10 + Qw	 0.12 70

AMMONIA TOXICITY LIMITATIONS

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

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

Limiting Dilution of	Q_w	
	$7Q_{10} + Q_w$	
=	0.12%	Stream-Dominated, CMC Applies
Criterion Maximum Concentration (CMC):	CMC=0.411/(1+10 ^(7.204-pH)) + 58.4/(1+	10 ^(pH-7.204))
Criterion Continuous Concentration (CCC):	$CCC = [0.0577/(1+10^{(7.688-pH)}) + 2.487/(1+10^{(7.688-pH)})]$	$(1+10^{(pH-7.688)})] * Min[2.85, 1.45*10^{(0.028*(25-T))}]$
	<u>CMC</u>	<u>CCC</u>
Allowable Summer Instream NH ₃ -N:	36.09 mg/l	2.18 mg/l
Allowable Winter Instream NH ₃ -N:	36.09 mg/l	4.15 mg/l
Summer NHN Toyicity Limit =	[(Allowable Instream NH ₃ -N) *	$(7Q_{10} + Q_w)] - [(Headwater NH_3-N) * (7Q_{10})]$
Summer 1113-14 Toxicity Emili		Q _w
=	30776.6 mg/l NH3-N at 7Q10	
Winter MIL NUT and a limit of	[(Allowable Instream NH ₃ -N) * (WHF + Q_w] - [(Headwater NH ₃ -N) * (WHF)]
winter NH_3 -N Toxicity Limit =		Qu
=	N./A.	
The ammonia limits established in the permit model) or the toxicity limits calculated above.	will be the lesser of the DO-based amm	onia limit (from the wasteload allocation

	DO-based NH3-N limit	Toxicity-based NH3-N limit
Summer	10.00 mg/l NH3-N	30776.60 mg/l NH3-N
Winter	N./A.	N./A.

Summer: The DO based limit of 10.00 mg/l NH3-N applies. Winter limits are not applicable.

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

The following factors trigger toxicity testing requirements:

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

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

Acute toxicity testing is required

Instream Waste Concentration $(IWC) =$	Based on Cormix Model	_	18 00%	Note: This number will be rounded
Instream waste Concentration (TwC) –			10.00 /0	up for toxicity testing purposes.

DISINFECTION REQUIREMENTS

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

See the attached Disinfection Guidance for applicable stream standards.

(Non-coastal limits apply) Applicable Stream Classification: Fish & Wildlife Disinfection Type: Chlorination

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

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

MAXIMUM ALLOWABLE CHLORINATION LIMITS

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

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

Maximum allowable TRC in effluent:	9.398 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	16.233 mg/l (acute)	(0.019)/(SDR)

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

Prepared By:

Sandra Lee

Date: 1/4/2023

PAGE 2/2

Facility Name: Millbrook WWTP

NPDES No.: AL0049921

6/13/2017

	$O_{d}^{*}C_{1} + O_{d2}^{*}$	$C_{42} + 0$),*C	. = 0,*C		,		Enter Max	Enbor Avg		ł
		-uz · ·		Background	Background	Background	Background	Discharge as	Discharge as	Partition Coefficient	
D	Polutant	Carcinogen Tyes*	Туре	source (C ₁₂)	from upstream source (Cd2)	(C,) Daily	Instream (C,)	Applicant	Applicant	(Stream / Lake)	
4 14		作時時日 3 A		Daily Max	Monthly Ave	Max	Monthly Ave	(Cd) Max	(Lg) Ave	, .,	
1	Antimony Arsenic:	YES	Metals	0	0	- 0	.~ 0	0	0	0.574	2
3	Berylium		Metals	o	ŏ	a the output	0	0	0		3.55
5	Chromium / Chromium III**		Metals	0	0	0		0	, U	0.236	
6 7	Chronium / Chronium VI** Copper**		Metals Metals	0	0	0 **	0	0 10.1	0 9.15	0.388	
8	Lead**		Metals	0	0			0	0	0.206	
10	Nickel**		Metals	o	ő	O month	[*] , ,0 [*] , [*]	1.6	1.18	0.502 0.505	303
11	Silver		Metals Metals	0	0	0	່ານ, ພາກເບິ່ງກ່ຽນຫຼືໃຫ້ ເປັນ ແມ່ນ	0	0	1	20
13 14	Thallium Zinc**		Metals Metals	0	0	0	0	0	0 68,3	0.330	17
15	Cyanide Total Rhenalis Compounds		Metals	0	0	. 0		9	6.5	-	42
17	Hardness (As CaCO3)		Metals	0	0	TTAL		51000	35670	•	Ent
18 19	Acrolein Acrylonitrile*	YES	VOC VOC	0	0	Base Con	0	, o	0	: :	0.00
20 21	Aldrin Benzene*	YES	VOC	0	0	0	······································	0	0	1	Calc
22	Bromoform*	YES	VOC	0	0				0	•	00,0
24	Chlordane	YES	VOC	o	0		0,,733.3	0	ő	-	
26	Chlorodibromo-Methane*	YES	VOC	0	0	0	all Contraction	0	0	:	7.00
27 28	Chloroethane 2-Chloro-Ethylvinyl Ether		VOC VOC	0	0			0 0	0	:	۲ I
29 30	ChloroForm*	YES	VOC VOC	0	0	- Contrait		8.4Z	4.75	:	** 11e
31	4,4'-DDE	YES	VOC	ō	0	and guilter		0	ŏ	-	Octob
33	Dichlorobromo-Methane*	YES	VOC	o	o	0,0	0	0	o		out
34 35	1, 2-Dichloroethane*	YES	VOC	0	ő			ů	0	:	
36 37	Trans-1, 2-Dichloro-Ethylene 1, 1-Dichloroethylene*	YES	VOC	0	0	0. 0. 0.	0	0 0	0	:	
38 30	1, 2-Dichloropropane 1, 3-Dichloro-Procylene		VOC	0	0	0, 85	mitta a	0	0	:	
40	Dieldrin	YES	VOC	0	0	1		0	0	-	
42	Methyl Bromide		voc	o	o	0	~~ °	0	0		
43 44	Methylene Chloride*	YES	VOC	0	ŏ	್ ್ ಸ್ಟ್ರೇವ್	್ಷಾರೆಂ ್ಟ್ರೇ	0	0	:	
45 46	1, 1, 2, 2-Tetrachloro-Ethane* Tetrachloro-Ethylene*	YES YES	VOC	0	0		•^ 0	0	0	:	
47 48	Toluene	YES	VOC VOC	0	0 0	0		0	0	:	
49	Tributyftine (TBT)	YES	VOC	0	, o	. 93. 1100		0	0		
51	1, 1, 2-Trichloroethane*	YES	VOC	ő	o	ann annaith		0	ů l	-	
52 53	Vinyl Chloride*	YES	VOC	0	ő			0	0	:	
54 55	P-Chloro-M-Cresol 2-Chlorophenol		Acids Acids	0	0	0	~ 0 	0	0	:	
56 57	2, 4-Dichlorophenol 2, 4-Dimethylphenol		Acids Acids	0	0	0	~ `0 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0	0	1	1
58	4, 6-Dinitro-O-Cresol		Acids	0	0	0		0	0	•	
60	4,6-Dintro-2-methylophenol	YES	Acids	0	ŏ	0, 1		0	0		
62	2-Nitrophenol	TES	Acids	0	0		0	0	0	:	
63 64	4-Nitrophenol Pentachlorophenol*	YES	Acids Acids	0	0			0	0	:	
65 66	Phenol 2, 4, 6-Trichlorophenol*	YES	Acids Acids	0	0		ค้าง ของ งันเม้	0	_0 D	:	
67	Acenaphthene		Bases	0	0	a .	0,	0	0	•	
69	Anthracene		Bases	0	0	0	. 0	0	0	:	
70 71	Benzidine Benzo(A)Anthracene*	YES	Bases Bases	0	0	0	0 v v	0	0	:	
72	Benzo(A)Pyrene* 3, 4 Benzo-Fluoranthene	YES	Bases Bases	0	0		0.0	0	0	:	
74 75	Benzo(GHI)Perylene Benzo(K)Fluoranthene		Bases Bases	0	0	0 0	0	0 0	0	:	
76	Bis (2-Chloroethoxy) Methane	VEC	Bases	0		, 0	0	0	ő	:	
78	Bis (2-Chlorolso-Propyl) Ether		Bases	0	ů	. 0	<u></u>	ő	o		
79 80	4-Bromophenyl Phenyl Ether	TES	Bases	a	0		့္လ်ိဳး ၀ိုက္က်ိဳး	0	0	:	
81 82	Butyl Benzyl Phthalate 2-Chloronaphthalene		Bases Bases	0	0	- 0	0	0	0	:	
83 84	4-Chlorophenyl Phenyl Ether Chrysene*	YES	Bases Bases	0	0	0	· · ·	0	0	:	
85 86	Di-N-Butyl Phthalate		Bases	0	0	0	, o	0	Ū.	-	
87	Dibenzo(A,H)Anthracene*	YES	Bases	0	0	0	, o ~	ő	ő	-	
89	1, 3-Dichlorobenzene		Bases	0			0	0	0	:	
90 91	3, 3-Dichlorobenzidine*	YES	Bases	0	0	شي و	· . 0	0	0	:	
92 93	Diethyl Phthalate Dimethyl Phthalate		Bases Bases	0	0	0	a ≏ 0 0	0	ġ Q	1.	
94 95	2, 4-Dinitrotoluene* 2, 6-Dinitrotoluene	YES	Bases Bases	0	0	0	0	0	0	:	
96 97	1,2-Diphenylhydrazine Endosulfan (alpha)	YES	Bases Bases	0	0	0,0	. 0	0	0	:	
98	Endosulfan (beta)	YES	Bases	0	0	0		ů o	ő	-	
100	Endrin Endrin	YES	Bases	0	0		ಮುಖ್ಯ ಎಗಿಯಾ ಎ ೦ ಬರ್ಗಿ	0	ŏ		
101	Fluoranthene	TES	Bases Bases	0	0			° °	0	:	
103 104	Fluorene Heptochlor	YES	Bases Bases	0	0	~ 0.000,0	. 0	0	0	:	
105 106	Heptachlor Epoxide	YES	Bases Bases	0	0	0,14		0	0	:	
107	Hexachlorobutadiene*	YES	Bases	ō	0	0 miles		0	0	· •	
109	Hexachlorocyclohexan (beta)	YES	Bases	o	0	· • •	0	0	0	:	
110	Hexachlorocyclohexan (gamma) HexachlorocycloPentadiene	YES	Bases	0	0	. 0	° 0 °	0	0	:	
112 113	Hexachloroethane Indeno(1, 2, 3-CK)Pyrene*	YES	Bases Bases	0	0		÷ ; =	0	0	:	
114	Isophorone		Bases	0	0	0		0	0	:	
116	Nitrobenzene		Bases	0	0	° °	,	0	0	:	
118	N-Nitrosodi-N-Methylamine*	YES	Bases	0	0	0-2-	÷ 0	0	0	:	
119 120	N-Nitrosodi-N-Phenylamine* PCB-1016	YES	Bases Bases	0	0	0.8		0	0	:	
121 122	PCB-1221 PCB-1232	YES	Bases Bases	0	0	0	····· 0 · ···	0	0	:	
123 174	PCB-1242 PCB-1248	YES	Bases Bases	0	0	• 0 jet	- 0	0	0	:	
125	PCB-1254	YES	Bases	0	0	0.1.1		0	ů	-	
127	Phenanthrene	123	Bases	0	0		0	0	0	:	
128 129	1, 2, 4-Trichlorobenzene		Bases Bases	0	0	0 musi	0	0	0	:	
-										and don't	

23	Enter Q ₆ = wastewater discharge flow from facility (MGD)
3.5586267	Q ₀ = wastewater discharge flow (cfs) (this value is caluclated from the MGD)
0.	Enter flow from upstream discharge Qd2 = background stream flow in MGD above point of discharge
0	Qd2 = background stream flow from upstream source (cfs)
3036.8	Enter 7Q10, Q, = background stream flow in cfs above point of discharge
2000	Enter or estimated, 1Q10, Q, = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
17741	Enter Mean Annual Flow, Q, = background stream flow in cfs above point of discharge
4230.9	Enter 7Q2, Q, = background stream flow in cfs above point of discharge (For LWF class streams)
Enter to Left	Enter C. = background in-stream pollutant concentration in µg/ (assuming this is zero "0" unless there is data)
a, +0dz+0,	Q, = resultant in-stream fow, after discharge
Calculated on other	C _r = resultant in-stream poliutant concentration in µg/l in the stream (after complete mixing occurs)
50	Enter, Background Hardness above point of discharge (assume 50 South of Birmingham and 100 North of Birmingham)
7.00 s.u.	Enter, Background pH above point of discharge
YES	Enter, is discharge to a stream? "YES" Other option would be to a lake. (Dis changes the partition coefficients (or the metals)

** Using Partition Coefficients

October 17, 2022

	NPDES No.:	AL0049	21	-															
Fres	water F&W classification.					Fres	hwater Acute	(µg/l) Q, =1Q	10 .		n i fr	Fresh	water Chronic	(µg/l) Q, = 7Q	10	Human Hea Carcin	th Consumption ogen Q, = Ann	on Fish only (pr val Average	⊈⁄i).
<u></u>					Max Daily Discharge as		3 19				Avg Daily Discharge as				Y Na si	Non	-Catcinogen C	, = /Q10	1
ID	Polutant	(IRP7	Carcinogen	from upstream	Applicant	Water Quality	Draft Permit	20% of Draf	RP7	from upstream	Applicant	Water Quality	Drait Permit	20% of Draft Record Limit	RP7	Water Quality Criteria (C.)	Draft Perimit	20% of Draft	RP7
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Daily Max	(Come	Criteria (C,)				Monthly Ave		Criteria (C _r)	-	. And the	ja r		an pr	5. 1 m ² . 8	
1 2	Antimony Arsenic		YES	0	0 43.7	592.334	333492.942	66698.588	No	0	0 32.35	261.324	223265,566	44553.113	'- No	3.73E+02	3.19E+05 1.51E+03	6.38E+04 3.02E+02	No No
3	Berylium Cadmium	ξ.		0	0	4.347	2447.497	489.499	No	0	0		549.876	- 109.975	- No			Ξ.	:
6	Chromium/ Chromium III Chromium/ Chromium VI	l		0	0	1537.913	865867.353	173173.471	1 No No	0	0	_200,051_1 11,000	170916.044 9397.992	34183.209 1879.598	No No		- - -	-	:
8	Lead			0	0	148,291	82363.873	16472.775	No	0	9.15	5,701	10906.428	2181,286 974,101	No			-	•
10	Mercury Nickel			0	1.6	515.824	290416.619	58083.324	No	0	1,18	57 292	48948.297	9789.659	No	4.24E-02 9.93E+02	3.62E+01 8.48E+05	7.25E+00 1,70E+05	No
12	Silver			0	0	0.976	549.751	109.950	No	0	0	5,000] -	4271.814	554,353	No -	2.436+03	2.08E+06	4,15E+05	Ņo -
14	Zinc	}	•	0	78,1	197,369	111121.512	22224.302	No	0	68,3	198.983	170003.931	34000,765	No	1.49E+04	2.34E+02 1.27E+07	4.67E+01 2.54E+06	No
16 17	Total Phenolic Compounds Hardness (As CaCO3)	÷		0	38		-			0	31.5 35670	-		-	-			-	-
18 19	Acrolein Acrolonitrile	1	YES	0	0	•			i nin	0	0				i -	5.43E+00	4.64E+03	9.27E+02	No
20 21	Aldrin Benzene		YES	0	0	3.000	1689.044	337,809	No	0	0	- 1	-		1	2.94E-05	1.47E-01 7.72E+04	2.93E-02 1.54E+04	No
22 23	Bromoform Carbon Tetrachloride		YES	0	0				- :	0	0			· . <u>-</u>	' <u>-</u>	7.88E+01 9.57E-01	3.93E+05 4.77E+03	7.85E+04 9.55E+02	No No
24 25	Chlordane Clorobenzene		YES	0	0 0	2,400	1351.235	270.247	No 	0	0	0,0043	3.674	0.735	No -	4.73E-04 9.06E+02	2.36E+00 7.74E+05	4.72E-01 1.55E+05	No No
26 27	Chlorodibromo-Methane Chloroethane	ł	YES	0	0	: .		:	× 1	0	0	1 : .				7,41E+00	3.69E+04	7.39E+03 -	No -
28 29	2-Chloro-Ethylvinyl Ether ChloroForm	· ·	YES	0	0 8.42	1			• -	0	0 4.75			1	:	1.02E+02	5.09E+05	1.02E+05	No
30	4.4 - DDD 4.4 - DDE		YES	0	0		-	-	1	0	0				-	1.815-04 1.235-04	9.04E-01 6.38E-01	1.81E-01 1.28E-01	No No
32 33 34	Dichlorobromo-Methane	. .	YES	0	0	1.100	019.376	123,863	01	0	0	0.001	0,854	0,1/1	N0	1_20E+04	6.38E-01 5.00E+04	1.28E-01 1.00E+04	No No
35	1, 2-Dichloroethane Trans-1, 2-Dichloro-Ethylene	1	YES	0	0				1	0	0		-	-		2.14E+01	- 1.07E+05	2.13E+04	No No
37	1, 1-Dichloroethylene 1, 2-Dichloropropane	ļ .	YES	0	0	-			÷	Ö	0	.	-		-	_4.17E+03	2.08E+07 7.26E+03	4,16E+06	No
39 40	1, 3-Dichloro-Propylene Dieldrin	ł	YES	0	0	0.240	135,123	27.025	No	0 0	0	0.056	47.844	9.569	No	1.23E+01	1.05E+04 1.56E-01	2.10E+03 3.11E-02	No
41 42	Ethylbenzeno Methyl Bromido]		0	0	:	-		- E	0 0	0	-	- ,			1.24E+03	1.06E+06 7.44E+05	2.13E+05 1.49E+05	No No
43 44	Methyl Chlorido Methylene Chloride		YES	0 0	0 . 0			· · · • •		0	0. 0				· :	346E+02	1.72E+06	3.45E+05	- No
45 46	1, 1, 2, 2-Tetrachloro-Ethane Tetrachloro-Ethylene	1	YES	0	0	:			, 1	0 0	0		-	•	:	2.33E+00 1.92E+00	1.16E+04 9.56E+03	2.33E+03 1.91E+03	No No
47	Toluene Toxaphene	1	YES	0	0	0.730	411.001	82.200	No	0	0	0.0002	0.171	0.034	- No	8.72E+03	7.45E+06 8.07E-01	1.49E+06 1.61E-01	No No
49 50	Tributyttin (TBT) 1, 1, 1-Trichkorethane		YES	0	0	0.460	258.987	51.797	No -	0	0	0.072] -	81.514	12.303	No -	-	1	:	1
52	Trichlorethylene		YES	0	0					0	0	-	:		-	9.10E+00	4.54E+04 8.71E+04	9.07E+03 1.74E+04	No No
54 55	P-Chioro-M-Cresol	ļ		0	0				÷÷.	0	.0				-	9 710101	7.102+03	1.425+03	N0 -
56 57	2, 4-Dichlorophenol 2, 4-Dimethylphenol			0	0		·		-	0 0	Ö			-		1.72E+02	1.47E+05	2.94E+04	No
58 59	4, 6-Dinitro-O-Cresol 2, 4-Dinitrophenol			0	0			· •	:	0	0		-	-	:	3115+03	- 2.66E+06	5.32E+05	- No
60 61	4,6-Dinitro-2-methylphenol Dixtin (2,3,7,8-TCDD)		YES YES	0	0			:	:	0	0		:	:	1	1.65E+02	8.25E+05 1.33E-04	1.65E+05 2.66E-05	No No
62 63	2-Nitrophenol 4-Nitrophenol		{	0	0		-		-	0	0	:			:	-	:	:	
64 65	Pentachiorophenol Phenol		YES	0	0	8.723	4911.357	982.271	, No -	0 0	0 0	6.630	5717,895	1143.579	No -	1.77E+00 .5.00E+05	8.81E+03 4.27E+08	1,76E+03 8.54E+07	No No
66 67	2, 4, 6-Trichlorophenol Acenaphtheno		YES	0	0	· · ·				0	0		-	-			7.05E+03 4.94E+05	1.41E+03 9.89E+04	No No
68 69	Acenaphthylene Anthracene			0	0	-	1	:	:	0 0	0	:	:	-	-	2.33E+04	1.99E+07	- 3,99E+06	- No
71	Benzo(A)Anthracene		YES	0	0	1 :		, I ·	-	0	0	1			-	1.16E-04	9.91E-02 5.31E+01	1.98E-02 1.06E+01	No No
73	Benzo(b)fluoranthene Benzo(GHI)Perviene		163	0	0			-	-	0	0				-	1.07E-02	9.10E+00	1.06E+01 1.82E+00	No No
75	Benzo(K)Fluoranthene Bis (2-Chloroethoxy) Methane			0	0		-	-	·	0	0		-		-	_1.07E-02_]	9,10E+00	1,82E+00	No
77 78	Bis (2-Chloroethyl)-Ether Bis (2-Chloroiso-Propyl) Ether		YES	0	0	: .			1	0	0		•			3.07E-01	1.53E+03 3.23E+07	3.07E+02 6.45E+06	No No
79 80	Bis (2-Ethylhexyl) Phthalate 4-Bromophenyl Phenyl Ether		YES	0	0				1	0	0		1	···	· :	1.28E+00	6.39E+03	1.28E+03	No -
81 82	Butyl Benzyl Phthalate 2-Chloronaphthalene			0	0		<u>.</u>	. :		0 0	0 0		:	1	:	1.13E+03 9.24E+02	9.63E+05 7.90E+05	1.93E+05 1.58E+05	Na Na
83 84	4-Chlorophenyl Phenyl Ether Chrysene	1	YES	0	0	1 :	· <u>-</u>	2	-	0	0		: .	3	:	1.07E-02	5.31E+01	- 1.06E+01	- No
85 86	Di-N-Octyl Philhalate	· ·	VER	0	0	1 :	. .			0	0		-	· ÷ .		2.62E+03	2.24E+06	4.48E+05	No -
88 88	1, 2-Dichlorobenzene 1, 3-Dichlorobenzene		155	0	0	: .			-	0	0	<u>.</u> ,			-	1.07E-02 7.55E+02	5.31E+01 6.45E+05	1.06E+01 1.29E+05	No No
90 91	1, 4-Dichlorobenzene 3, 3-Dichlorobenzidine		YES	0	e o		- '		-	ů o	0				-	1.12E+02	9.61E+04 8.29F+01	1.92E+04 1.66F+01	No
92 93	Diethyl Phthalate Dimethyl Phthalate	[`	- 7.	0	0		·			0	0					2.56E+04 6.48E+05	2.18E+07 5.54E+08	4.37E+06 1.11E+08	No No
94 95	2, 4-Dinitrotoluene 2, 6-Dinitrotoluene		YES	0	0	1 :		· : ·		0	0 0	:	. †		:	_1.98E+00	9.88E+03	1.98E+03	No
96 97	1,2-Diphenylhydrazine Endosuifan (alpha)		YES	0	0	0.22	123.863	24.773	. No	0	0 0	0.056	47,844	9.569	- No	1.17E-01 5.19E+01	1.00E+02 2.59E+05	2.00E+01 5.17E+04	No No
98 99	Endosulfan (beta) Endosulfan sulfate		YES	0	0	- 0.22	123.863	24,773	No	0	0	0.056	47.844	9.569	No -	5.19E+01	2.59E+05 2.59E+05	5.17E+04 5.17E+04	No No
100	Endrin Aldeyhde	· ·	YES	0	0	0.086	48,419	9.684	No	0	0	0.036]	30.757	6,151	No -	3.53E-02 1,76E-01	1.76E+02 8.79E+02	3.52E+01 1.76E+02	No No
102	Fluorene	· ·	VEP	0	0	-	-			0	0			-	-	_8.12E+01 _3.11E+03	6.93E+04 2.66E+06	1,39E+04 5.32E+05	No No
104	Heptachlor Epoxido	ļ	YES	0	0	0.52	292.768	58.554	No	0	0	0.0038	3.247	0.649	No No	9.03E-05	2.31E-01 1.14E-01 8.37E-04	4.62E-02 2.28E-02	NO NO
107	Hexachlorobutadiene Hexachlorocyclohexan (almha)		YES	0	0		-	-	-	0	0		-	÷	-	1.06E+01	5.37E+04	1.07E+01	No No
109 110	Hexachlorocyclohexan (beta) Hexachlorocyclohexan (gamma)		YES	0	0	096	534.864	106.973	No	0	0	-	-		-	9.97E-03	4.97E+01 5.37E+03	2.042+00 9.94E+00 1.07E+03	NO NO
111	HexachlorocycloPentadiene Hexachlorocthane	Ì		0	0	-	-			0 0	0				-	6.45E+02	5.51E+05 1.64E+03	1.10E+05 3.28E+02	No
113 114	Indeno(1, 2, 3-CK)Pyrene Isophorona		YES	0	0	1 :	· :			0 0	0				:	1.07E-02	5.31E+01 4.79E+05	1.06E+01 9.58E+04	No No
115 116	Naphthalene Nitrobenzene			o o	0	:	-		-	0	0	-	· · ·		:	4.046+02	3.45E+05	6.90E+04	No
117 118	N-Nitrosodi-N-Propylamine N-Nitrosodimethylamine		YES	0 0	0	1 :	:		- :	0	0 0	-			2		1.47E+03 8.77E+03	2.94E+02 1.75E+03	No No
119 120	N-Nitrosodiphenytamine PCB-1016	}	YES YES	0	0	:	:	:	:	0	0 0	0.014	- 11,961	2.392	- No	3.50E+00 3.74E-05	1.75E+04 1.86E-01	3.49E+03 3.73E-02	No No
121	PCB-1221 PCB-1232		YES	0	0	:	:	:	:	0	0	0.014	11.961 11.961	2.392 2.392	No No	3.74E-05	1.86E-01 1.86E-01	3.73E-02 3.73E-02	No No
123	PCB-1242		YES	0	0	· · .			•	0	0	0.014	11.961	2.392	No No	3.74E-05	1.86E-01 1.86E-01	3.73E-02 3.73E-02	No No
126	PCB-1260	ľ	YES	0 n	0				-	0	0	0.014	11,961	2.392	No .	3.74E-06	1.86E-01	3.73E-02 3.73E-02	No
128	Pyrene 1, 2, 4-Trichlorobenzene				0		-	-	-	0	0		-	•	•	2.33E+03	1.99E+06	3.99E+05	No

FACT SHEET

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

Date Prepared: 11/16/2022

By: Sandra Lee

NPDES Permit No. AL0049921

1. Name and Address of Applicant:

City of Millbrook PO Box 1072 Millbrook, AL 36054

2. Name and Address of Facility:

Millbrook WWTP 627 Thornfield Drive Millbrook, AL 36054

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

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

4. Applicant's Receiving Waters

Feature ID	Receiving Water	Classification
001	Alabama River (Woodruff Lake)	Fish and Wildlife (F&W)
002	Land Application	N/A
003	UT to Coosada Creek	Fish and Wildlife (F&W)

For the Outfall latitude and longitude see the permit application.

5. Permit Conditions:

See attached Rationale and Draft Permit.

6. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

a. Comment Period

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

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

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

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

b. Public Hearing

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

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

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

c. Issuance of the Permit

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

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

d. Appeal Procedures

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

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

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



United States Environmental Protection Agency Office of Water Washington, D.C.

EPA Form 3510-2A Revised March 2019

Water Permits Division

Application Form 2A New and Existing Publicly Owned Treatment Works

NPDES Permitting Program

Note: Complete this form if your facility is a new or existing publicly owned treatment works.









MUNICIPAL SECTION









EPA	Identificatio	n Number	NPDES Pe	rmit Number		F	acility Name		Form Approved 03/05/19
1	1000204	1077	ALOO	49921		Mill	brook WWTP		OMB No. 2040-0004
Form 2A	Ŷ	EPA	· · · · · · ·	Арр	U. Iicatio	S. Environme n for NPDES F	ntal Protection Ag Permit to Discharg	ency e Wast	tewater
NPDES				NEW AN	ND EXI	STING PUBLI	CLY OWNED TRE	ATMEN	IT WORKS
SECTIO	N 1. BAS 1.1	Facility	LICATION INFORMATION INFORMATION	on for Al		PLICANTS (40	CFR 122.21(j)(1) a	nd (9))	
a H T		Millbro	ook WWTP						
ari Ari Ari		Mailino 3861 G	g address (street or P.O. Trandview Road	box)					
K T . GL F F Juli		City or	town				State		ZIP code
tion		Millbro	ook				Alabama		36054
rma		Conta	ct name (first and last)	Title			Phone number		Email address
Info		Michae	el Harris	Utilities D	Director		(334) 285-3001		michael.harris@millbrook-al.g
acility		Locati 627 Th	on address (street, route ornfield Drive	e number, o	or other	specific identif	ier) 🛛 Same a	ıs maili	ng address
· LL		City or	town				State		ZIP code
		Millbro	ook .				Alabama		36054
1. 1. 1. 1.	1.2	Is this	application for a facility	that has ye	t to con	nmence discha	irge?		
t m p			Yes → See instruction requirements	ns on data : for new dis	submis charge	sion 🔽 rs.	- No		
	1.3	ls app	licant different from entit	y listed und	der Item	1.1 above?			
~ 			Yes			Ŀ	No 🗲 SKIP	to Item	1.4.
н М6 1 ₆ ж.г.		Applic	ant name						
noi		Applic	ant address (street or P.	O. box)					
ormat		City o	r town				State		ZIP code
tinf									
pplican		Conta	ct name (first and last)	Title			Phone number		Email address
Ā	1.4	Is the	applicant the facility's ow	vner, opera	ator, or	both? (Check of	only one response.)		
		L	Owner			Operator			Both
	1.5	To wh	ich entity should the NP	DES permit	tting au	thority send co	rrespondence? (Ch	neck on	ly one response.)
ti ti si di		2	Facility			Applicant			Facility and applicant (they are one and the same)
្តីទ	1.6	Indica	te below any existing en	vironmenta	al permi	ts. (Check all t	hat apply and print	or type	the corresponding permit
ermi					Exis	ting Environme	ental Permits		4 8 ¹⁰
mental Pe		ſ	NPDES (discharges to s water) AL0049921	surface		RCRA (hazar	dous waste)		UIC (underground injection control)
Environ			PSD (air emissions)			Nonattainmer	nt program (CAA)		NESHAPs (CAA)
Existing			Ocean dumping (MPRS	5A)		Dredge or fill 404)	(CWA Section		Other (specify)
		1							

EPA 1	Identificatio	on Number	NPDES Permit Nu	mber	Facility Nam	e MTD]	Form Appro OMB N	ved 03/05/19 o. 2040-0004
ـــــــــــــــــــــــــــــــــــــ	4 7				tend below for the treet	vvir			
	1./	Municipality Served	Population Served		Collection System Typ (indicate percentage)	ient works. De	Ow	nership Sta	tus
erved		City of Millbrook	17,000	<u>100</u>	% separate sanitary sewer % combined storm and sar Unknown	nitary sewer	☑ Own □ Own □ Own		Maintain Maintain Maintain
ulation S					% separate sanitary sewer % combined storm and sar Unknown	nitary sewer	Own Own Own Own		Maintain Maintain Maintain
i and Popi					% separate sanitary sewer % combined storm and sar Unknown	nitary sewer	□ Own □ Own □ Own		Maintain Maintain Maintain
on System					% separate sanitary sewer % combined storm and sar Unknown	nitary sewer	☐ Own ☐ Own ☐ Own		Maintain Maintain Maintain
Collectic		Total Population Served	17,000			a			. 8
L C VE K VE V VE VE VE VE VE VE VE VE VE VE		Total percentage	of each type of	Sepa	arate Sanitary Sewer Sy	stem	Comb Sa	nitary Sewe	and. er
2		sewer line (in mil	es)			100 %			<u>%</u>
Country	1.8	Is the treatment v	works located in Indi	ian Country	/?				
Indian (1.9	Does the facility	discharge to a receiv	ving water	that flows through Indian	Country?			
	1.10	Provide design a	nd actual flow rates	in the desi	gnated spaces.		Des	ign Flow Ra	ate 🐑 :
									2.3 mgd
s			у судуулан ч билээ н судуулан ч билээ н н судуулан ч билээ н н судуулан ч	Annua	Average Flow Rates (Actual)	tin allow a re-	Ring Hard	$= \frac{1}{2} $
d Ac Rate:		Two Ye	ears Ago	ກ ^ກ ັນຊ. ເ ^ກ ິດຈ	Last Year	ភាពិ ស្ថិត ស្ថិត ស្ថិត	ษณ ⁸ ส พ.ศ. 1938 -	This Year	
low F			2.10 mgd		2	.37 mgd			2.43 mgd
esig		ь. Рад л. 1992 г Кад л. 1 - К _{ар}	· · ·	Maxim	um Daily Flow Rates (A	Actual)	yr far e si stre w		
D		Two Ye	ears Ago	1	Last Year		u sa Byžesci	This Year	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			4.07 mgd		4	.65 mgd			4.89 mgd
S.	1.11	Provide the total	number of effluent of	lischarge p	oints to waters of the Un	ited States b	y type.		6 P8-6
charge Point by Type		Treated Efflue	Tota ent Untreated	al Number Effluent	of Effluent Discharge F Combined Sewer Overflows	oints by Ty Bypa	pe	Const Emerg Over	ructed gency flows
Dis		2	0		0	()	()

100020	41077 A	AL0049921	Millbrook WWTP		OMB No. 20
Outfall	Is Other Than to Waters of t	he United States			
1.12	Does the POTW discharge to discharge to waters of the U	wastewater to basins, ponds, Inited States?	or other surface impo No → SKIP to Item	oundments that 1.14.	do not have outlets f
1.13	Provide the location of each	surface impoundment and as	sociated discharge in	nformation in th	e table below.
		Surface Impoundment	Location and Discha	arge Data	
	Location	Average Dischar Imp	Daily Volume ged to Surface oundment	Contin	uous or Intermitten (check one)
			gpd	Contin	uous ittent
			gpd	Contin	uous ittent
			gpd	Contin	uous ittent
1.14	Is wastewater applied to lan	d?		1 16	
1 15	Provide the land application	site and discharge data requ	ested helow		
1.10	Tronde are land applied on	Land Application	Site and Discharge I	Data	
	Location	Size	Average Da Appl	ily Volume lied	Continuous Intermitten (check one)
	Pines Golf Course 86°22'38"W 32°31'15"N	~100 ac	res 1,	,910,000 gpd	Continuous Intermittent
		ad	res	gpd	Continuous Intermittent
		a	res	gpd	
1.16	Is effluent transported to an Yes	other facility for treatment price	r to discharge? No → SKIP to Iter	m 1.21.	
1.17	Describe the means by which	ch the effluent is transported (e.g., tank truck, pipe)		
1.18	Is the effluent transported b	y a party other than the applic	ant? No → SKIP to Item	1.20.	
1.19	Provide information on the t	ransporter below.			
	-	Trans	porter Data	11	
	Entity name		Mailing address	s (street or P.C). DOX)
	City or town		State		ZIP code
	Contact name (first and last	;)	Title		

RECEIVED

DEC 07 2022 MUNICIPAL SECTION

EPA	Identification Number NPDES Permit Number 10002041077 AL0049921 1.20 In the table below, indicate the name, addres		nber		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004		
* * * * * * * * * * ***	1.20	In the table be	low. indicate	the name, a	address, conta	act informa	tion. NPDES number.	 and a	average daily flow rate of the
а г У В.	1120	receiving facili	ty.			obdine For	ility Data		
		Facility name			Kec	eiving Fac	Mailing address (stree	t or F	P.O. box)
Jünue		City or town					State		ZIP code
s Col		Contact name	(first and la	st)			Title		
ethod		Phone numbe	r	,			Email address		
sal Me		NPDES numb	er of receivi	na facility (if :	anv) 🗆 🗆 N	lone			
)ispo:	4.04						Average daily flow rat	e	mgd
e or D	1.21	have outlets to	ater dispose waters of t	d of in a mar he United Sta	ner otner tha ates (e.g., und	n those air derground	eady mentioned in iter percolation, undergrou	ns 1.1 nd inj	jection)?
harg		🔲 Yes			٢	- No	→ SKIP to Item 1.23.		
Disc	1.22	Provide inform	nation in the	table below	on these othe	r disposal i	nethods.		v s
hei		Disposal			Information	on other i	Appual Average	r	
o pue		Method	Loo	cation of losal Site	Size Dispos	e of al Site	Daily Discharge		Continuous or Intermittent (check one)
falls		Description		en en en		acres	apd		Continuous
out									Continuous
						acres	gpd		Intermittent
() (2 =						acres	gpd		Intermittent
с У	1.23	Do you intend Consult with y	to request of our NPDES	or renew one permitting a	or more of th uthority to det	e variance: ermine wh	s authorized at 40 CFF at information needs to	₹122. bes	.21(n)? (Check all that apply. submitted and when.)
rianc		Dischar	rges into ma	rine waters (CWA [r quality related effluer	nt limi	itation (CWA Section
Re Re		Not apr	plicable			502(1	J(Z)		
	1.24	Are any opera	tional or ma	intenance as	pects (related	to wastew	vater treatment and eff	luent	quality) of the treatment works
in we		the responsibi	lity of a con	ractor?	 r				
in a start of the	1.05	Devride le set					SKIP to Section 2.		
×. ×.	1.25	and maintena	nce respons	ibilities.	on for each co	ntractor in	addition to a descriptio	n of t	the contractor's operational
					Cor	tractor In	ormation	-	P
		N		Со	ntractor 1		Contractor 2	1. a.j. 	Contractor 3
tion.		Contractor na	me no)						
mai		Company han	ne)						
ufor		(street or P.O.	box)						
ctor		City, state, an	d ZIP			_			
ontra		Contact name	(first and						
Ŭ		last)							
a h We			·I						
a sur a s		Email address	} 						
		Uperational al	na						
al .		responsibilitie	s of						
9 15 ⁻¹²		contractor							

EPA	Identificat	ion Number	NPDES Permit Nur	nber	Facilit	ly Name	Fo	rm Approved 03/05/19
	1100020	41077	AL0049921		Millbroo	ok WWTP		OMB No. 2040-0004
SECTIO	N 2. AD	DITIONAL INFO	ORMATION (40 CFR 122	2.21(j)(1) and	(2))			
low.	Outfall	s to Waters of	the United States	Ŷ	ь	94. 4 40.2 ³ 6.2 ³ 8.2 9		5 7 5 ² ¹⁰ 10 5 10 10 10 10 10 10 10 10 10 10 10 10 10 1
JL JL	2.1	Does the treat	tment works have a desig	gn flow greate	er than or equal t	o 0.1 mgd?		
Desi		✓ Yes			No ➔ SKIP to	Section 3.		
ы	2.2	Provide the tre	eatment works' current av	verage daily v	volume of inflow	Average D	aily Volume of Inflow	r and Infiltration
trati		and infiltration	1.					100,000 gpd
Înfi		Indicate the st	teps the facility is taking t	o minimize in	flow and infiltrati	on.		
and		Manhole and S	Sewer Main phased reha	bilitation plar	ı			
Mol								
nft P								
ohic	2.3	Have you atta	iched a topographic map	to this applic	ation that contair	ns all the require	ed information? (Se	e instructions for
grag Aap		specific requir	rements.)					
opo Lopo		🖌 Yes			No			
- - -	2.4	Have you atta	ached a process flow diag	ram or scher	natic to this appli	ication that con	tains all the required	information?
low Igrai		(See instruction	ons for specific requireme	ents.)				
Ë Ë		🖌 Yes			No			
	2.5	Are improvem	ents to the facility sched	uled?				
*		🔲 Yes		V	No 🗲 SKIP	to Section 3.		
wike State		Briefly list and	d describe the scheduled	improvement	S.			
atio		1.						
ment								
nple		2.						
Ę							·	
ules		3.						
ched		4						
od Sc								
S all	2.6	Provide sched	duled or actual dates of c	ompletion for	improvements.	tion for Impre	vomonte	
nen		0 - k	Affected				Berin	Attainment of
ovel		Improveme	o Outfalls	Beg Constru	in iction Co	Ena	Discharge	Operational
a B		(from above	e) (list outfall	(MM/DD/	YYYY) (MM	Ŵ/DD/YYYY)	(MM/DD/YYYY)	
uled	,	1.	<u> </u>			е ^{рук —} В		
ched		2.						
S	8.2							
	ę.							
нь _{Ма}		4.		<u> </u>				
	2.7	Have appropr	riate permits/clearances c	concerning of	ner tederal/state	requirements to	een optained? Brief	iy explain your
	a fail a	Yes		No			None required o	or applicable
		Explanation:						
9 7 N 2 10 10 1 1 N 2 10 10 1 1 N 10 10 10 1 N 10 10 10 10								

EPA 1	Identifica	tion Number NF	PDES Permit Number AL0049921	M	Facility Name illbrook WW	ГР		Fo	rm Approve OMB No.	ed 03/05/19 . 2040-0004
SECTIO	N 3. INF	ORMATION ON EFFLUE	T DISCHARGES (40 CF	R 122.21(i)	(3) to (5))					
arright with a start of the sta	3.1	Provide the following info	rmation for each outfall. (Attach addit	ional sheets i	f you have r	nore tha	an three	outfalls.)	
the state of the			Outfall Number	0013	Outfall N	umber 002	21	Outfall	Numbe	r
		State	Alabama		A	abama				
fails		County	Elmore		E	Imore				
of Out		City or town	Millbrook		Mi	llbrook				
otion		Distance from shore		ft.			ft.			ft.
escri		Depth below surface		ft.			ft.			ft.
		Average daily flow rate		2.74 mgd		1.91	mgd			mgd
		Latitude	32° 29′ 5	59″N	32° 31	' 15"	N	0	,	"
- 34 - 34 - 4 - 4		Longitude	86° 18′ :	15″ W	86° 22	' 38"	w	٥	,	"
	3.2	Do any of the outfalls des	cribed under Item 3.1 ha	ve seasonal	or periodic d	scharges?				
Data		Yes			~	No 🗲 SKI	P to Iter	n 3.4.		
arge	3.3	If so, provide the followin	g information for each ap	plicable outf	all.				_	
sch										
ä		и е	Outfall Numbe	r	Outfall	Number		Outfa	ļļ Numb	er
iodic Di		Number of times per yea discharge occurs	Outfall Numbe	r <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Outfall	Number		Outfa	ļl Numb	er
or Periodic Di		Number of times per yea discharge occurs Average duration of each discharge (specify units)	Outfall Numbe	r	Outfall	Number		Outfa	ļl Numb	er <u>^ <u>*</u></u>
sonal or Periodic Di		Number of times per yea discharge occurs Average duration of each discharge (specify units) Average flow of each discharge	Outfall Numbe	r mgd	Outfall	Number	mgd	Outfa	ļī Numb	er
Seasonal or Periodic Di		Number of times per yea discharge occurs Average duration of each discharge (specify units) Average flow of each discharge Months in which discharge	Outfall Numbe	r mgd	Outfall	Number	mgd		ļi Numb	er
Seasonal or Periodic Di	3.4	Number of times per yea discharge occurs Average duration of each discharge (specify units) Average flow of each discharge Months in which discharg occurs Are any of the outfalls list	Outfall Numbe	r mgd	Outfall	Number	mgd		Numb	er
Séasonal or Periodic Di	3.4	Number of times per yea discharge occurs Average duration of each discharge (specify units) Average flow of each discharge Months in which discharge occurs Are any of the outfalls list Yes	Outfall Numbe	r mgd	fuser?	Number	mgd Item 3.6	Outfa	ļļ Numb	er
e Seasonal or Periodic Di	3.4	Number of times per yea discharge occurs Average duration of each discharge (specify units) Average flow of each discharge Months in which discharge occurs Are any of the outfalls list Yes Briefly describe the diffus	Outfall Numbe	r mgd bed with a dif	fuser?	Number → SKIP to	mgd Item 3.6	Outfa	ļļ Numb	mgd
sr Type Seasonal or Periodic Di	3.4	Number of times per yea discharge occurs Average duration of each discharge (specify units) Average flow of each discharge Months in which discharge occurs Are any of the outfalls list Yes Briefly describe the diffus	Outfall Numbe	r mgd bed with a dif e outfall. r	Outfall fuser? Outfall	Number → SKIP to Number	mgd	Outfa	li Numb	er
Diffuser Type Seasonal or Periodic Di	3.4	Number of times per yea discharge occurs Average duration of each discharge (specify units) Average flow of each discharge Months in which discharg occurs Are any of the outfalls list Image Yes Briefly describe the diffus	Outfall Numbe r r r r r r r r type at each applicable Outfall Number 16" Duckbill Diffuse Operating Pressure	r mgd bed with a dif e outfall. r of 80 PSi	Outfall fuser? Outfall 8" Duckbill Operating F	SKIP to SKIP to Diffuser ressure of 4	mgd Item 3.6 21 40 PSI	Outfa	ll Numb	er
Diffuser Type Seasonal or Periodic Di	3.4	Number of times per yea discharge occurs Average duration of each discharge (specify units) Average flow of each discharge Months in which discharg occurs Are any of the outfalls list Yes Briefly describe the diffus	Outfall Numbe	r mgd eed with a dif e outfall. r of 80 PSi	Outfall fuser? Outfall 8" Duckbill Operating F	SKIP to → SKIP to Number 00 Diffuser ressure of 4	mgd Item 3.6	Outfa	II Numb	er
ars of Diffuser Type Seasonal or Periodic Di U.S.	3.4	Number of times per yea discharge occurs Average duration of each discharge (specify units) Average flow of each discharge Months in which discharge occurs Are any of the outfalls list Yes Briefly describe the diffus Does the treatment work discharge points?	Outfall Numbe	r mgd ped with a dif e outfall. r of 80 PSi charge wast	Outfall fuser? Outfall 8" Duckbill Operating F ewater to wat	→ SKIP to Number → SKIP to Diffuser ressure of 4 ers of the U	mgd Item 3.6 221 40 PSI	Outfa	I Numb	er

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EPA	Identificat	ion Number 41077	NPDES	Permit 00499	Number 21			- Fac Millbr	ility Name ook WWTF	5			Form Approved 03 OMB No. 2040	/05/19)-0004
N COLUMN R	3.7	Provide the re	eceiving water a	nd rela	ted information	h (if ki	nown) for e	ach outfall		J			
H B C H C N		чел _р . ,	Outfall Number 0013			Outfall Number 0021			0	utfall Number	n " ~			
n N N N		Receiving water name			Coosa River				Holding	g Pond				
on		Name of wate or stream sys	ershed, river, tem	А	labama River E	3asin		N/A						
Descripti		U.S. Soil Con Service 14-di code		03150201010	04			0315020	010105					
Water		Name of state management/river basin U.S. Geological Survey 8-digit hydrologic cataloging unit code		me of state nagement/river basin S. Geological Survey ligit hydrologic aloging unit code			Alabama River Basin							
Receiving							03150201							
* ;		Critical low flow (acute) Critical low flow (chronic)		w (acute) 3,087.0			cfs			cfs	3		cfs	
							cfs			cfs			cfs	
N N N N N		Total hardness at critical low flow		mg/L of CaCO₃		_ of CO₃	mg/L of CaCO₃			g/L of aCO₃	mg/L of CaCO₃		g/L of aCO₃	
	3.8	Provide the fo	ollowing information	tion describing the treatment pr			ovided for discharges from each			n outfali.				
с. В		. н ³		Outfall Number 0013			-	Outfall Number _0021			Outfall Number		×.	
n n n n n N v		Highest Leve Treatment (c apply per out	e l of sheck all that fall)		Primary Equivalent to secondary Secondary Advanced Other (specify))			Primary Equivalen secondary Secondary Advanced Other (spe	t to / y ecify)			Primary Equivalent to secondary Secondary Advanced Other (specify)	
scriptio		Design Rem Outfall	oval Rates by		85				8	5				
ent Des		BOD₅ or CBC)D5		8	5	%			85	%			%
Treatm		TSS			8	35	%			85	%			%
And an Wi An Angelow An Angelow An Angelow An Angelow		Phosphorus			□ Not applica	able	%		□ Not a	oplicable	%		□ Not applicable	€ %
n 17 n 1 un ii s		Nitrogen			□ Not applica	able	%		□ Not a	oplicable	%		Not applicable	e %
0 10 12 10 17 10 17 10 17 10 10 10 10 10 10		Other (specif	y)		□ Not applica	able	%		□ Not a	oplicable	0/2		□ Not applicable	e %
1 31 ¹⁵ - 1							/0				/0			70

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EPA	1100020	141077	AL0049921	nder	N	facility	k WWTP		OMB	No. 2040-00	
dinuea	3.9	Describe the type of disin season, describe below. Chlorine Contact Chamber	fection used	for the eff	Ruent from eac	h outfal	in the ta	ble below. If dis	infection varie	s by	
atment Description Continu			Out	Outfall Number 0013			utfall Nur	nber <u>0021</u>	Outfall Number		
		Disinfection type		Chlor	ine		Chlo	orine			
		Seasons used		AL	L	+	A	LL			
I reat		Dechlorination used?		lot applic /es lo	able		Not ap Yes No	plicable	Outfall Num Outfall Num Not ap Yes No application package n on any of the facilit m 3.13. Jance of the facility's Outfall Num c Acute m 3.16. Table B, omitting chluts to this application	pplicable	
	3.10	Have you completed mon	itoring for all	Table A	parameters and	d attach	ed the re	sults to the app	lication package	je?	
	3.11	Have you conducted any discharges or on any rece	WET tests du eiving water r	uring the near the d	4.5 years prior lischarge point	to the o	late of the No →	e application on SKIP to Item 3.	any of the fac	ility's	
	3.12	Indicate the number of ac discharges by outfall num	tute and chro	and chronic WET tests conducte or of the receiving water near the			e discharge points.		nce of the facility's Outfall Number		
				Acute	Chronic	A	cute	Chronic	Acute	Chroni	
		Number of tests of discha water Number of tests of receiv	arge ing								
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd?									
sting Data	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?									
Effluent 1 e	3.15	Have you completed mor package?	nitoring for all	applicab	utants a	No.	ed the results t	o this applicate	on		
121.5	3.16	Does one or more of the t	following cond	ditions ap	ply?		110				
		 The facility has a design flow greater than or equal to 1 mgd. The POTW has an approved pretreatment program or is required to develop such a program. 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 the parameters of the parameters (Table D). 									
		Yes → Complete Tables C, D, and E as applicable.					No → SKIP to Section 4.				
	3.17	Have you completed mor package? Yes	nitoring for all	applicab	le Table C poll	utants a	nd attach	ned the results t	o this applicati	on	
	3.18	Have you completed mor attached the results to the	nitoring for all is application	applicab package	le Table D poll ?	utants r	equired b	y your NPDES	permitting adu	wity and	
		Yes				No additional sampling required by NPDES permitting authority.				NPDES	

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	1100020	041077	AL0049921	ber Fa Millb	cility Name rook WWI	rP	Form Approved 03/05/ OMB No. 2040-00			
	3.19	Has the POTW or (2) at least fo	conducted either (1) min ur annual WET tests in t	nimum of four quarterly W the past 4.5 years?	ET tests fo	 Complete t Item 3.26. 	ceding this permit application ests and Table E and SKIP to			
	3.20	Have you previo	ously submitted the resu	Its of the above tests to ye	our NPDES	 Provide res Item 3.26. 	thority? sults in Table E and SKIP to			
	3.21	Indicate the date	es the data were submit	rity and provid	e a summary of the results.					
		Dat	(MM/DD/YYYY)		Su	mmary of Re	sults			
Continued		11/28/2 11/20/2 11/18/2 11/18/2 11/17/2 11/16/2	018 - 11/30/2018 019 - 11/22/2019 020 - 11/20/2020 021 - 11/19/2021 022 - 11/18/2022	2018: PASS 2019: PASS 2020: PASS 2021: PASS 2022: FAIL	1					
ng Data	3.22	Regardless of h toxicity?	ow you provided your W	ET testing data to the NP	DES perm	 SKIP to Ite 	, did any of the tests result ir m 3 26			
Effluent Testir	3.23	Describe the ca Septic waste was This caused amn	use(s) of the toxicity: s unknowingly dumped nonia levels to increase.	into the sanitary sewer sy	stem and v	was not discov	rered until it reached the pla			
	3.24	Has the treatment works conducted a toxicity reduction evaluation? ✓ Yes No → SKIP to Item 3.26.								
	3 25	Provide details	of any toxicity reduction	evaluations conducted						
	3.25	Provide details Chlorine intake v	of any toxicity reduction was increased to remove	evaluations conducted. e ammonia.						
	3.25	Provide details of Chlorine intake with the second	of any toxicity reduction was increased to remove	evaluations conducted. e ammonia. licable outfalls and attach	ed the resu	ults to the appl	ication package?			
	3.25	Provide details of Chlorine intake version of the second s	of any toxicity reduction was increased to remove leted Table E for all app	evaluations conducted. e ammonia. licable outfalls and attach	ed the resu Not	ults to the appl applicable bec	ication package? cause previously submitted			
	3.25	Provide details of Chlorine intake of Chlorine intake of Have you comp	of any toxicity reduction was increased to remove leted Table E for all app	evaluations conducted. e ammonia. licable outfalls and attach	ed the resu Not infor	ults to the appl applicable becommation to the	ication package? cause previously submitted NPDES permitting authority.			
ECTIC	3.25 3.26 DN 4. INI	Provide details of Chlorine intake with the second	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD	evaluations conducted. e ammonia. licable outfalls and attach	ed the resu Not infor 122.21(j)(6	ults to the appl applicable bea rmation to the b) and (7))	ication package? cause previously submitted NPDES permitting authority.			
ECTIC	3.25 3.26 DN 4. INI 4.1	Have you comp	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges from	evaluations conducted. e ammonia. licable outfalls and attach OUS WASTES (40 CFR m SIUs or NSCIUs?	ed the resu Not infor 122.21(j)(6	ults to the appl applicable becommation to the c) and (7))	ication package? cause previously submitted NPDES permitting authority.			
ECTIC	3.25 3.26 DN 4. INI 4.1	Provide details of Chlorine intake v Have you comp Yes DUSTRIAL DISCH Does the POTM Yes Indicate the num	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges from	evaluations conducted. e ammonia. licable outfalls and attach DOUS WASTES (40 CFR m SIUs or NSCIUs?	ed the resu Not infor 122.21(j)(6 No ->	ults to the applicable becommation to the si) and (7))	ication package? cause previously submitted NPDES permitting authority. 4.7.			
lastes	3.25 3.26 0N 4. INI 4.1 4.2	Provide details of Chlorine intake of Chlorine inta	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges from mber of SIUs and NSCIL Number of SIUs	evaluations conducted. e ammonia. licable outfalls and attach IOUS WASTES (40 CFR m SIUs or NSCIUs?	ed the resu Not 122.21(j)(6 No → DTW.	ults to the appl applicable bec mation to the and (7)) SKIP to Item Number	ication package? cause previously submitted NPDES permitting authority. 4.7.			
is Wastes	3.25 3.26 0N 4. INI 4.1 4.2	Provide details of Chlorine intake with the chlorine interval and chlo	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges from nber of SIUs and NSCIU Number of SIUs	evaluations conducted. e ammonia. licable outfalls and attach DOUS WASTES (40 CFR m SIUs or NSCIUs?	ed the resu Not infor 122.21(j)(6 No -> DTW.	ults to the applicable becommation to the standard (7)) SKIP to Item	ication package? cause previously submitted NPDES permitting authority. 4.7.			
irdous Wastes	3.25 3.26 0N 4. INI 4.1 4.2 4.3	Provide details of Chlorine intake with the chlorine interval of the chlorine intake with the chlorine interval of the ch	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges from heer of SIUs and NSCIL Number of SIUs	evaluations conducted. e ammonia. licable outfalls and attach IOUS WASTES (40 CFR m SIUs or NSCIUs?	ed the resu Not 122.21(j)(6 No → DTW.	ults to the appl applicable bec mation to the and (7)) SKIP to Item Number	ication package? cause previously submitted NPDES permitting authority. 4.7.			
Hazardous Wastes	3.25 3.26 0N 4. INI 4.1 4.2 4.3	Provide details of Chlorine intake of Chlorine inta	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges fro nber of SIUs and NSCIL Number of SIUs	evaluations conducted. e ammonia. licable outfalls and attach IOUS WASTES (40 CFR m SIUs or NSCIUs?	ed the resu Not infor 122.21(j)(6 No → DTW.	ults to the applicable becommation to the commation to the commation and (7)) SKIP to Item	ication package? cause previously submitted NPDES permitting authority. 4.7.			
harges and Hazardous Wastes	3.25 3.26 0N 4. INI 4.1 4.2 4.3 4.4	Provide details of Chlorine intake with the chlorine integration of the c	of any toxicity reduction was increased to remove leted Table E for all app ARGES AND HAZARD / receive discharges from her of SIUs and NSCIU Number of SIUs / have an approved pref itted either of the following required in Table F: (1) a pretreatment program	evaluations conducted. a ammonia. licable outfalls and attach IOUS WASTES (40 CFR m SIUs or NSCIUS?	ed the resu Not infor 22.21(j)(6 No -> DTW. No g authority nual repo	ults to the applicable bed mation to the and (7)) SKIP to Item Number y that contains rt submitted w	ication package? cause previously submitted NPDES permitting authority. 4.7. r of NSCIUs information substantially ithin one year of the			
Discharges and Hazardous Wastes	3.25 3.26 0N 4. INI 4.1 4.2 4.3 4.4	Provide details of Chlorine intake of Chlorine integration of Chlorine	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges from her of SIUs and NSCIL Number of SIUs / have an approved pref itted either of the following required in Table F: (1) a pretreatment program	evaluations conducted. a ammonia. licable outfalls and attach COUS WASTES (40 CFR m SIUs or NSCIUs? Is that discharge to the PC reatment program? Ing to the NPDES permitting a pretreatment program a m?	ed the resu Not infor 122.21(j)(6 No -> DTW.	ults to the applicable becommation to the second se	ication package? cause previously submitted NPDES permitting authority. 4.7. of NSCIUs information substantially ithin one year of the 4.6.			
trial Discharges and Hazardous Wastes	3.25 3.26 3.26 4.1 4.2 4.3 4.4 4.5	Provide details of Chlorine intake of Chlorine integration of Yes Indicate the num identical to that application or (2 Yes Identify the title	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges from her of SIUs and NSCIL Number of SIUs / have an approved pred itted either of the following required in Table F: (1) a pretreatment progra- and date of the annual for	evaluations conducted. e ammonia. licable outfalls and attach [OUS WASTES (40 CFR m SIUs or NSCIUs? [] Is that discharge to the PO [] Is that discharge to	ed the resu Not infor 122.21(j)(6 No -> DTW. No ag authority nanual repo No -> gram refere	applicable becommation to the applicable becommation to the and (7)) SKIP to Item Number y that contains rt submitted w SKIP to Item enced in Item	ication package? cause previously submitted NPDES permitting authority. 4.7. c of NSCIUs information substantially ithin one year of the 4.6. 4.4. SKIP to Item 4.7.			
ndustrial Discharges and Hazardous Wastes	3.25 3.26 0N 4. INI 4.1 4.2 4.3 4.4 4.5	Provide details of Chlorine intake with Have you comp Provide details of Have you comp Provide details of Yes Have you comp Provide details of Provide details	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges from the of SIUs and NSCIL Number of SIUs / have an approved pred itted either of the followi required in Table F: (1)) a pretreatment progra- and date of the annual n	evaluations conducted. a ammonia. licable outfalls and attach IOUS WASTES (40 CFR m SIUs or NSCIUS? Is that discharge to the Pro- reatment program? Ing to the NPDES permitting a pretreatment program a m? report or pretreatment pro-	ed the resu Not infor 122.21(j)(6 No → DTW. No ig authority nual repo No → gram refere	ults to the applicable becommation to the solution to the solution to the solution to the solution (7)) SKIP to Item Number y that contains rt submitted w SKIP to Item enced in Item	ication package? cause previously submitted NPDES permitting authority. 4.7. of NSCIUs information substantially ithin one year of the 4.6. 4.4. SKIP to Item 4.7.			
Industrial Discharges and Hazardous Wastes	3.25 3.26 3.26 A.1 4.1 4.2 4.3 4.4 4.5 4.5	Provide details of Chlorine intake version of the Chlorine integration of the Chlorine version ver	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges from her of SIUs and NSCIL Number of SIUs / have an approved pref itted either of the following required in Table F: (1)) a pretreatment program and date of the annual method the following leted and attached Table	evaluations conducted. e ammonia. licable outfalls and attach [OUS WASTES (40 CFR m SIUs or NSCIUs? [7] Is that discharge to the PO [7] Is the PO [7] Is that discharge to the PO [7] Is the PO [7] I	ed the resu Not infor 22.21(j)(G No -> OTW. No ig authority nual repo No -> gram references	ults to the applicable becommation to the applicable becommation to the and (7)) SKIP to Item Number y that contains rt submitted w SKIP to Item enced in Item	ication package? cause previously submitted NPDES permitting authority. 4.7. of NSCIUs information substantially ithin one year of the 4.6. 4.4. SKIP to Item 4.7.			
Industrial Discharges and Hazardous Wastes	3.25 3.26 3.26 4.1 4.2 4.3 4.4 4.5 4.6	Provide details of Chlorine intake version of the chlorine interversion of the chlorine version version of the chlorine version ve	of any toxicity reduction was increased to remove leted Table E for all app IARGES AND HAZARD / receive discharges from her of SIUs and NSCIL Number of SIUs / have an approved pred itted either of the followi required in Table F: (1) c) a pretreatment progra- and date of the annual n leted and attached Tabl	evaluations conducted. a ammonia. licable outfalls and attach [IOUS WASTES (40 CFR m SIUs or NSCIUs? [] Is that discharge to the PC [] Is that discharge to the PC [] reatment program? [] ng to the NPDES permitting a pretreatment program a m? [] report or pretreatment program a [] [] [] [] [] [] [] [] [] []	ed the resu Not infor 122.21(j)(6 No -> DTW. No Ig authority nual repo No -> gram references (age? No	ults to the applicable bed rmation to the b) and (7)) • SKIP to Item Number y that contains rt submitted w • SKIP to Item enced in Item	ication package? cause previously submitted NPDES permitting authority. 4.7. of NSCIUs information substantially ithin one year of the 4.6. 4.4. SKIP to Item 4.7.			

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MUNICIPAL SECTION

EPA Identification Number 110002041077			NPDES Permit Number AL0049921			Faci Millbro	lity Name ook WWTP	Form Approved 03/05/19 OMB No. 2040-0004		
	4.7	Does the POT regulated as F	W receive CRA haz	e, or ha ardous	s it been notified tha wastes pursuant to 4	nat it will receive, by truck, rail, or dedicated pipe, any wastes that are o 40 CFR 261? ✓ No → SKIP to Item 4.9.				
	4.8	If yes, provide the follo Hazardous Waste Number		ving info	ormation: Waste (che	Annual Amount of Waste Received				
ontinued					Truck Dedicated pipe		Rail Other (specify)			
lous Wastes C	ous Wastes Co				Truck Dedicated pipe		Rail Other (specify)			
es and Hazard					Truck Dedicated pipe		Rail Other (specify)			
Discharg	4.9	Does the POT including those	W receive e underta	e, or ha ken pur	s it been notified tha suant to CERCLA ar	t it will receive, nd Sections 300	wastewaters that original (7) or 3008(h) of R	ginate from remedial activities, CRA? ection 5		
Industria	4.10	Does the POT specified in 40	W receive CFR 261	e (or ex 1.30(d)	pect to receive) less and 261.33(e)?	than 15 kilogra	ms per month of nor	acute hazardous wastes as		
		Yes -	SKIP to	Sectior	n 5.] No			
	4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; a the extent of treatment, if any, the wastewater receives or will receive before entering the POTW?								
SECTIO					(AO CEP 122 21/i)/	<u></u>	No			
E	5.1	Does the treat	ment wor	ks have	a combined sewer	system?				
lagraı		Yes				V	No →SKIP to S	Section 6.		
D Du	5.2	Have you atta	ched a CS	SO syst	em map to this appli	cation? (See in:	structions for map re	quirements.)		
Map		Have vou atta	ched a C	SO evet	em diagram to this a	No				
CSO	J.J ,	Yes		SC SYSI				yrann requirennents.)		

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EP/	A Identifica	ation Number NPD 041077	ES Permit Number AL0049921	Facility Name Millbrook WWTP	Form Approved 03/05/19 OMB No. 2040-0004				
A DEL	5.4	For each CSO outfall, provi	de the following information. (A	ttach additional sheets as neces	ssary.)				
			CSO Outfall Number	CSO Outfall Number	CSO Outfall Number				
Ę		City or town							
criptio		State and ZIP code							
Desc		County			-				
Dutfal		Latitude	o <i>) 11</i>	o / //	o / "				
cso c		Longitude	o <i>i "</i>	0 1 11	o / //				
		Distance from shore	ft.	ft.	ft.				
		Depth below surface	ft.	ft.	ft.				
	5.5	Did the POTW monitor any	of the following items in the part	st year for its CSO outfalls?	I				
			CSO Outfall Number	CSO Outfall Number	CSO Outfall Number				
		Rainfall	□ Yes □ No	Yes No	□ Yes □ No				
torinç		CSO flow volume	Yes No	Yes No	Yes No				
O Moni		CSO pollutant concentrations	Yes No	□ Yes □ No	Yes No				
cs		Receiving water quality	Yes No	Yes No	□ Yes □ No				
		CSO frequency	□ Yes □ No	Yes No	□ Yes □ No				
		Number of storm events	□ Yes □ No	□ Yes □ No	□ Yes □ No				
1, 94	5.6	Provide the following information for each of your CSO outfalls.							
			CSO Outfall Number	CSO Outfall Number	CSO Outfall Number				
ıst Year		Number of CSO events in the past year	events	events	events				
nts in Pa		Average duration per event	hours	hours	hours				
CSO Eve		Average volume per event	million gallons	million gallons	million gallons □ Actual or □ Estimated				
		Minimum rainfall causing a CSO event in last year	inches of rainfall	inches of rainfall	inches of rainfall				

EP/	A Identifica 110002	ation Number 041077	NPDI	ES Permit Nu ALOO49921	mber		Facility Name Millbrook WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
	57	Provide the inf	l formation in th	e table bel	ow for e	ach of vour	CSO outfalls		,	
				er	CSO Outfall Number					
				<u>vacator</u> iji	anna co			35. 		
		Receiving wat	er name							
		Name of water	rshed/							
ers		U.S. Soil Cons	C] Unkno	 wn					
War		Service 14-dig	ļit							
ving		watershed coc	le							
ecei		Name of state	Name of state							
A A A		management/	river basin							
S		8-Digit Hydrold Code (if known	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)		Unkno	own		-		
		Description of	known							
		receiving streat	mpacts on am by CSO ns for							
		examples)								
SECTIC	DN 6. CI	IECKLIST AND	CERTIFICAT	ION STAT	EMENT	(40 CFR 12	2.22(a) and (d))			
	6.1	In Column 1 b each section, all applicants	elow, mark th specify in Col are required to	e sections umn 2 any o provide a	ctions of Form 2A that you have completed and are submitting with your applic 2 any attachments that you are enclosing to alert the permitting authority. Not pyide attachments.					
		Column 1			Colum			mn 2		
		Section Information	on 1: Basic Application nation for All Applicants		ation w/ variance request(s)				w/ additional attachments	
		Section Information	Section 2: Additional Information			w/ topograp w/ additiona	hic map I attachments		w/ process flow diagram	
		Section 3: Information		on on w/ Table A w/ Table B				L	w/ Table D	
								r	w/ Table E	
Iame						w/ Table C			w/ additional attachments	
State		Section	n 4: Industriai	ardaua	w/ SIU and NSCIU attachments				w/ Table F	
ion.		Wastes	rges and Haz S	ardous	w/ additional attachments					
ficat		- Section	n 5: Combined	Sewer		w/ CSO ma	р р		w/ additional attachments	
Certi		Overflows		w/ CSO system diagram			tem diagram			
t and C		Section Certific	n 6: Checklist ation Stateme	and nt	w/ attachments				· · · · · · · · · · · · · · · · · · ·	
CKIS	6.2	Certification S	Statement							
Che		I certify under accordance wi submilled. Bas for gathering li complete. I an and imprisonn	penalty of law ith a system d sed on my inq he informatior h aware that the nent for knowi	that this d esigned to uiry of the n, the inform pere are sig ng violatior	ocumer assure person nation s qnifican	nt and all atta that qualified or persons w ubmitted is, t penalties fo	achments were prepare I personnel properly ga ho manage the system to the best of my know r submitting false inform	ed under my ather and ev n, or those p riedge and b mation, inclu	direction or supervision in valuate the information persons directly responsible elief, true, accurate, and uding the possibility of fine	
		Name (print or	Name (print or type first and last name)						lle	
		Al Kelley						Mayor		
		Signature	01					Date sign	ned	
		1/6.	lly					10.6	22	
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EPA Identification Number 110002041077	NPDES Permit NPDES Permit NAL00499	Number 21	Facility Name Millbrook WWTP	Ou	Outfall Number 0013		Form Approved 03/05/19 OMB No. 2040-0004	
ABLE A. EFFLUENT PARAMET	ERS FOR ALL POTW	IS						
	Maximum Da	ily Discharge	A	verage Daily Dischar	rge	Analytical	ML or MDI	
Pollutant	Value Units		Value Units		Number of Samples	Method ¹	(include units)	
Biochemical oxygen demand □ BOD₅ or ☑ CBOD₅ (report one)	8.25	mg/L	2.99	mg/L	60	SM-5210B	1.0 mg/L □ ML ☑ MDL	
Fecal coliform	557	col/100mL	144.42	col/100mL	60	EPA 1604		
Design flow rate	2.3	MGD	2.3	MGD	N/A			
pH (minimum)	7.26	S.U.						
pH (maximum)	8.07	S.U.						
Temperature (winter)	22	Celsius	18	Celsius	N/A			
Temperature (summer)	27	Celsius	25	Celsius	N/A			
Total suspended solids (TSS)	93.83	mg/L	8.73	mg/L	60	SM-2540D	0.5 mg/L I ML	

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

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EPA Form 3510-2A (Revised 3-19)
EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number	Form Approved 03/05/19
110002041077	AL0049921	Millbrook WWTP	0021	OMB No. 2040-0004

TABLE A. EFFLUENT PARAMET	ABLE A. EFFLUENT PARAMETERS FOR ALL POTWS								
的人物自己的关系。	Maximum Da	aily Discharge	A	verage Daily Dischar	Analytical	ML or MDI			
Pollutant	Value	Units	Value	Units	Number of Samples	Method ¹	(include units)		
Biochemical oxygen demand □ BOD₅ or ₪ CBOD₅ (report one)	4.15	mg/L	1.81	mg/L	60	SM-5210B	1.0 mg/L □ ML ☑ MDL		
Fecal coliform	254	col/100mL	61.70	col/100mL	60	EPA 1604			
Design flow rate	2.3	MGD	2.3	MGD	60				
pH (minimum)	6.19	S.U.							
pH (maximum)	7.32	S.U.				相關			
Temperature (winter)	N/A	N/A	N/A	N/A	N/A				
Temperature (summer)	N/A	N/A	N/A	N/A	N/A				
Total suspended solids (TSS)	5.5	mg/L	2.04	mg/L	60	SM-2540D	0.50 mg/L □ ML ☑ MDL		

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

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EPA Identification Number 110002041077	NPDES Permit I AL00499	Number 21	umber Facility Name 1. Millbrook WWTP		Outfall Number 0013		Form Approved 03/05/19 OMB No. 2040-0004
TABLE B. EFFLUENT PARAMETE	RS FOR ALL POTW	S WITH A FLOW EQU	JAL TO OR GREATE	R THAN 0.1 MGD			
	Maximum Da	aily Discharge	A	verage Daily Dischar	Analytical	ML or MDI	
Pollutant	Value	Units	Value	Units	Number of Samples	Method ¹	(include units)
Ammonia (as N)	0.54	mg/L	0.23	mg/L	60	SM 4500 NH3-N	ML MDL
Chlorine (total residual, TRC) ²	0.97	mg/Ľ	0.90	mg/L	60	DR-3900	
Dissolved oxygen	7.50	mg/L	5.67	mg/L	60	SM 4500-02	
Nitrate/nitrite	12.36	mg/L	9.45	mg/L	9	EPA 353.2	
Kjeldahl nitrogen	2.46	mg/L	1.24	mg/L	9	SM 4500 N-Org	
Oil and grease	< 4.56	mg/L	< 4.56	mg/L	9	EPA 1664A	0.5 🗆 ML
Phosphorus	1.49	mg/L	1.49	mg/L	9	EPA 365.4	0.1 🗆 ML 🗹 MDL
Total dissolved solids	184	mg/L (Dry)	184	mg/L (Dry)	9	SM 2540C-2011	2.5 ☑ ML ☑ MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3). ² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not

required to report data for chlorine.

EPA Identification Number 110002041077	NPDES Permit N AL004992	lumber 21	Facility Name Millbrook WWTP	Outfall Number 0021		Form Approved 03/05/19 OMB No. 2040-0004	
TABLE B. EFFLUENT PARAMETE	RS FOR ALL POTW	S WITH A FLOW EQU	JAL TO OR GREATE	R THAN 0.1 MGD			
national a statistical and a s	Maximum Da	ily Discharge	Average Daily Dis		ge	Analytical	ML or MDL
Pollutant	Value	Units	Value	Units	Number of Samples	Method ¹	(include units)
Ammonia (as N)	2.46	mg/L	0.82	mg/L	60	SM 4500 NH3-N	
Chlorine (total residual, TRC) ²	N/A	N/A	N/A	N/A	N/A	N/A	
Dissolved oxygen	N/A	N/A	N/A	N/A	N/A	N/A	
Nitrate/nitrite	9.66	mg/L	6.34	mg/L	9	EPA 353.2	
Kjeldahl nitrogen	1.86	mg/L	1.48	mg/L	9	SM 4500 N-Org	
Oil and grease	N/A	N/A	N/A	N/A	N/A	N/A	
Phosphorus	3.08	mg/L	2.34	mg/L	9	EPA 365.4	0.1 [□] ML ☑ MDL
Total dissolved solids	N/A	N/A	N/A	N/A	N/A	N/A	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3). ² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not

required to report data for chlorine.

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EPA Identification Number 110002041077	NPDES Permit Number AL0049921 N		Facility Name Outfa Millbrook WWTP 0		Outfall Number 0013		Form Approved 03/05/19 OMB No. 2040-0004	
TABLE C. EFFLUENT PARAMETE	RS FOR SELECTED Maximum Da	POTWS nily Discharge	Â	verage Daily Discharge		Analytical	ML or MDL	
	Value	Units	Value	Units	Samples	Wethod	(include units)	
Metals, Cyanide, and Total Pheno	 3'	and the theory of the second sec	ရ က်ရှိသည်။ လူကို ကြည့်သည်။ ကို ကို ကို ကို ကြည်သည်။ ကို ကြည်။ ကို ကြည်သည်။ ကို ကြည်သည်။ ကို ကြည်သည်။ ကို ကြည်သည်။ ကို ကြည်မကြည်။ ကို ကြည်။ ကို ကြည်။ ကြည်။ ကို ကြည်။ ကို ကြည်။ ကြည်။ ကို ကြည်။ ကို ကြည်။ ကြည်။ ကို ကြည်မိန်းမြန်းကြည်။ ကြည်။ ကြည်။ ကို ကြည်။ ကြည်။ ကို ကြည်။ ကို ကြည်။ ကိုကိုက ကို ကိုကိုကိုကိုကိုကိုကိုကိုကိုကိုကိုကိုကိုက	វីស្តែរី (សេរសិត្រ សិស្តែនៃទីស្ត្រ ។ សិត្ត សិត្ត រិទ្ធាស្ថិន សិស្តិ៍ សិត្ត សិត្ត សិត្ត សិត្ត សិត្ត សិត្ត សិត្ត សិត្ត សិត្ត សិត្ត សិត្ត សិត				
Hardness (as CaCO ₃)	51.0	mg/L CaCO2	35.67	mg/L CaCO2	3	SM 2340C-2011	5.0 🖾 ML ☑ MDL	
Antimony, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	11.4 DML 2 MDL	
Arsenic, total recoverable	43.7	ug/L	32.35	ug/L	3	EPA 200.7		
Beryllium, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	1.8 🖾 ML 1.8 🗹 MDL	
Cadmium, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	4.3 🗆 ML 🗆 MDL	
Chromium, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	7.6 ☑ ML ☑ MDL	
Copper, total recoverable	10.1	ug/L	9.15	ug/L	3	EPA 200.7	3.1 ☐ ML ☑ MDL	
Lead, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	23.3 🗆 ML 🗹 MDL	
Mercury, total recoverable	0.884	ng/L	0.874	ng/L	3	EPA 1631E	0.25 ☐ ML ☑ MDL	
Nickel, total recoverable	1.60	ug/L	1.18	ug/L	3	EPA 200.7	0.76 ☐ ML ☑ MDL	
Selenium, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	12.4 🖾 ML	
Silver, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	4.1 ☐ ML ☑ MDL	
Thallium, total recoverable	BMDL	ug/L	BMDL	ug/L	3	EPA 200.7	10.5 ☐ ML ☑ MDL	
Zinc, total recoverable	78.1	ug/L	68.3	ug/L	3	EPA 200.7	4.50 □ ML ☑ MDL	
Cyanide	0.009	mg/L	0.0065	mg/L	3	EPA 335.4	0.004 □ ML ☑ MDL	
Total phenolic compounds	0.038	mg/L	0.0315	mg/L	3	EPA 420.1	0.025 □ ML ☑ MDL	
Volatile Organic Compounds					2	a a a a a a a a a a a a a a a a a a a		
Acrolein	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	22 ☐ ML ☑ MDL	
Acrylonitrile	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	17.2 DML 17.2 DML	
Benzene	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.222 ☐ ML ☑ MDL	
Bromoform	BMDL	ug/L	BMDL			EPA 524.2	0.303 ☐ ML ☑ MDL	

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110002041077	AL004992	1	Millbrook WWTP		0013			
ABLE C. EFFLUENT PARAMETE	RS FOR SELECTED	POTWS	,					
Dellastend die	Maximum Da	aily Discharge	A	verage Daily Dischar	ge 🦷 📜	Analytical	ML or MDL	
Pollutant	No Nalue		Value	Units Units	Number of Samples		(include units)	
Carbon tetrachloride	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.347 DML	
Chlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.235 DML	
Chlorodibromomethane	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	1.9 🖾 ML 1.9 🖾 MDL	
Chloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.343 I ML Ø MDL	
2-chloroethylvinyl ether	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.582 I ML 0.582 MDL	
Chloroform	8.42	ug/L	4.75	ug/L	3	EPA 524.2	0.400 DML	
Dichlorobromomethane	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	1.81 IML 1.81 MDL	
1,1-dichloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.229 I ML MDL	
1,2-dichloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.270 DML 1 MDL	
trans-1,2-dichloroethylene	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.317 DML	
1,1-dichloroethylene	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.333 DML Ø MDL	
1,2-dichloropropane	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.248 DML	
1,3-dichloropropylene	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	1.94 DML	
Ethylbenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.257 DML	
Methyl bromide	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	4.85 I ML I MDL	
Methyl chloride	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	2.72 DML 2.72 MDL	
Methylene chloride	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.278 DML	
1,1,2,2-tetrachloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.240 DML	
Tetrachloroethylene	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.377 DML	
Toluene	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.227 ☐ ML ☑ MDL	
1,1,1-trichloroethane	BMDL	ug/L	BMDL	ug/L	3.	EPA 524.2	0.324 DML	
1,1,2-trichloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.247 DML	

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EPA Identification Number 110002041077	NPDES Permit N AL004992	NPDES Permit Number Facility Name AL0049921 Millbrook WWTP		Outfall Number 0013		Form Approved 03/05/19 OMB No. 2040-0004	
TABLE C. EFFLUENT PARAMETE	RS FOR SELECTED	POTWS					
	Maximum Da	ily Discharge	A	Average Daily Discharge			ML or MDL
Pollutant	Value	Units	Value	Units	Number of Samples	Method ¹	(include units)
Trichloroethylene	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.235 I ML
Vinyl chloride	BMDL	ug/L	BMDL	ug/L	3	EPA 524.2	0.33 I ML MDL
Acid-Extractable Compounds							
p-chloro-m-cresol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	6.16 ^{II} ML I MDL
2-chlorophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.86 I ML I MDL
2,4-dichlorophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	6.21 DML MDL
2,4-dimethylphenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	6.55 □ ML ☑ MDL
4,6-dinitro-o-cresol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	8.02 I ML B MDL
2,4-dinitrophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	13.4 □ ML ☑ MDL
2-nitrophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.17 I ML I MDL
4-nitrophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	20.5 ☐ ML ☑ MDL
Pentachlorophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.26 □ ML ☑ MDL
Phenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	8.17 I ML
2,4,6-trichlorophenol	BMDL	ug/L	BMDL	ug/L	3	EPA 625	4.55 □ ML ☑ MDL
Base-Neutral Compounds							
Acenaphthene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	7.08 ^{II} ML II MDL
Acenaphthylene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	4.07 □ ML ☑ MDL
Anthracene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	6.66 UML MDL
Benzidine	BMDL	ug/L	BMDL	ug/L	3	EPA 625	34.7 □ ML ☑ MDL
Benzo(a)anthracene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.1 IML IMDL
Benzo(a)pyrene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.61 □ ML ☑ MDL
3,4-benzofluoranthene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	6.56 ☐ ML ☑ MDL

EPA Identification Number	NPDES Permit N	lumber	ber Facility Name		tfall Number	Form Approved 03/05/19 OMB No. 2040-0004	
					0013		
Pollutant	Maximum Daily Discharge		A	verage Daily Discha	ge	Analytical	ML or MDL
· viluant	Value	Units	Value	Units	Number of Samples	Method ¹	(include units)
Benzo(ghi)perylene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.58 IML 5.58 MDL
Benzo(k)fluoranthene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	6.73 □ ML ☑ MDL
Bis (2-chloroethoxy) methane	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.48 I ML 5.48 MDL
Bis (2-chloroethyl) ether	BMDL	ug/L	BMDL	ug/L	3	EPA 625	8.42 🗆 ML 8.42 🗹 MDL
Bis (2-chloroisopropyl) ether	BMDL	ug/L	BMDL	ug/L	3	EPA 625	9.55 □ ML 9.55 ☑ MDL
Bis (2-ethylhexyl) phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625	7.58 □ ML ☑ MDL
4-bromophenyl phenyl ether	BMDL	ug/L	BMDL	ug/L	3	EPA 625	7.07 □ ML 7.07 ☑ MDL
Butyl benzyl phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625	7.35 □ ML ☑ MDL
2-chloronaphthalene	BMDL	ug/L	BMDL	ug/L	. 3	EPA 625	5.72 回 ML 团 MDL
4-chlorophenyl phenyl ether	BMDL	ug/L	BMDL	ug/L	3	EPA 625	6.33 □ ML ☑ MDL
Chrysene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	4.17 □ ML ☑ MDL
di-n-butyl phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.61 □ ML ☑ MDL
di-n-octyl phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.28 □ ML ☑ MDL
Dibenzo(a,h)anthracene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	4.66 □ ML ☑ MDL
1,2-dichlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	1.6 ☐ ML ☑ MDL
1,3-dichlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	9.37 □ ML ☑ MDL
1,4-dichlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	1.47 ☐ ML ☑ MDL
3,3-dichlorobenzidine	BMDL	ug/L	BMDL	ug/L	3	EPA 625	12.2 □ ML ☑ MDL
Diethyl phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625	4.73 □ ML ☑ MDL
Dimethyl phthalate	BMDL	ug/L	BMDL	ug/L	3	EPA 625	4.92 □ ML ☑ MDL
2,4-dinitrotoluene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	4.91 □ ML ☑ MDL
2,6-dinitrotoluene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	6.3 [□] ML ☑ MDL

EPA Identification Number 110002041077	NPDES Permit N AL004992	umber	Facility Name Millbrook WWTP		tfall Number 0013	Form Approved 03/05/19 OMB No. 2040-0004	
TABLE C. EFFLUENT PARAMETE	RS FOR SELECTED	POTWS	19% <u>5 8</u> ⁰ 2 2 2 2		4. AZ 3.5		· · · · · · · · · · · · · · · · · · ·
	Maximum Daily Discharge		Average Daily Dischar		ge	Analytical	ML or MDL
Pollutant	Value	Units	Value	Units	Number of Samples	Method ¹	(include units)
1,2-diphenylhydrazine	BMDL	ug/L	BMDL	ug/L	3	EPA 625	⊡ ML ☑ MDL
Fluoranthene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.8 □ ML ☑ MDL
Fluorene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.38 □ ML ☑ MDL
Hexachlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.82 □ ML 5.82 ☑ MDL
Hexachlorobutadiene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	8.69 🖾 ML 8.69
Hexachlorocyclo-pentadiene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	6.93 □ ML ☑ MDL
Hexachloroethane	BMDL	ug/L	BMDL	ug/L	3	EPA 625	8.78 □ ML ☑ MDL
Indeno(1,2,3-cd)pyrene	BMDL	ug/L	. BMDL	ug/L	3	EPA 625	7.43 □ ML ☑ MDL
Isophorone	BMDL	ug/L	BMDL	ug/L	3	EPA 625	7.55 □ ML ☑ MDL
Naphthalene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.04 I ML MDL
Nitrobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.09 □ ML ☑ MDL
N-nitrosodi-n-propylamine	BMDL	ug/L	BMDL	ug/L	3	EPA 625	8.16 □ ML ☑ MDL
N-nitrosodimethylamine	BMDL	ug/L	BMDL	ug/L	3	EPA 625	7.66 □ ML ☑ MDL
N-nitrosodiphenylamine	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.32 I ML MDL
Phenanthrene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	5.66 🖸 ML 🗹 MDL
Pyrene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	4.87 I ML MDL
1,2,4-trichlorobenzene	BMDL	ug/L	BMDL	ug/L	3	EPA 625	

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

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EPA Identification Number 110002041077	NPDES Permit AL00499	Number 921	Facility Name Millbrook WWTP	Out	all Number	Form Approved 03/05/ OMB No. 2040-00	/19 004
TABLE D. ADDITIONAL POLLUTAN	IS AS REQUIREI	D BY NPDES PERM	ITTING AUTHORITY				
	Maximum D	aily Discharge	A A	verage Daily Discharg	6	Analytical MI or MDI	4
(list)	Value	Units		Units	Number of Samples	Method ¹ (include units)	
No additional sampling is requi	red by NPDES pe	rmitting authority.					
)L
)L
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				-)L
)L
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		· .)L
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¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number	NPDES Permit Number	Facility Nar	me	Outfall Number	Form Approved 03/05/19 OMB No. 2040-0004
110002041077	AL0049921	Millbrook W	/WTP	0013	
TABLE E. EFFLUENT MONITORING FO	R WHOLE EFFLUENT TOXIC	ITY			
The table provides response space for on	e whole effluent toxicity sample	e. Copy the table to re	port additional test r	esults.	1. See "See "See "See "See "See "See "See
Test Information		<u> State Part State</u>	2. <u> </u>		
	Test Numbe	er <u>1</u>	Test l	Number <u>1</u>	Test Number
Test species	Ceriodaphn	ia Dubia	Pimep	hales Promelas	
Age at initiation of test	0-4 ho	urs	5	3-55 hours	
Outfall number	001	001T		001T	
Date sample collected	11/17/2	11/17/2020		1/17/2020	
Date test started	11/18/2	11/18/2020		1/18/2020	
Duration	48 ho	ur		48 hour	
Toxicity Test Methods		ks far (63)			
Test method number					
Manual title	EPA-821-R-	02-012	EPA-	821-R-02-012	
Edition number and year of publication	4th, 20	002		4th, 2002	
Page number(s)	51-5	2		51-52	
Sample Type			的物理法认真	如果我们在前来下了	了。""你们就是这些 ^{了,} ""你们是我们的问题。"
Check one:	🔲 Grab		🔲 Grab		Grab Grab
	24-hour composite		24-hour comp	oosite	24-hour composite
Sample Location	建筑 理论 武力 计归口	行政任法的规定			
Check one:	Before Disinfection		Before Disinfe	ection	Before disinfection
	After Disinfection		After Disinfect	lion	After disinfection
	After Dechlorination		After Dechlori	nation	After dechlorination
Point in Treatment Process					
Describe the point in the treatment proces at which the sample was collected for eac test.	BS Effluent		Effluent		
				un generative and the subgroup of source and the subgroup of the state and the subgroup of the	
Indicate for each test whether the test we					
performed to asses acute or chronic toxici	≥ Ľ Acute				
or both. (Check one response.)					
1	📙 Both] 📙 Both		📙 Both

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EPA Identification Number	NPDES Permit Number	PDES Permit Number Facility Name		ame Outfall Number		Form Approved 03/05/19
110002041077	AL0049921	Millbrook W	WTP	0013		OMB No. 2040-0004
TABLE E. EFFLUENT MONITORING FOR	WHOLE EFFLUENT TO	DXICITY				
The table provides response space for one v	whole effluent toxicity sa	mple. Copy the table to re	port additional test res	sults.		
	Test Nu	umber <u>1</u>	Test Nu	mber <u>1</u>	Test N	umber
Test Type			ی م ^ی کر مر ¹ م		9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Indicate the type of test performed. (Check one	Be Static		Static Static		Static	
response.)	Static-renewal		Static-renewal		Static-renewal	
	Flow-through		Flow-through		Flow-through	
Source of Dilution Water		ar 22 ⁸ 2 4	×	*	ч х	in the second se
Indicate the source of dilution water. (Check	Laboratory wate	er	Laboratory wate	er	Laboratory wat	er
one response.)	Receiving water	r	Receiving water	r	Receiving wate	r
If laboratory water, specify type.	<u>N</u>	инrw	N N	MHRW		
If receiving water, specify source.						
Type of Dilution Water	k ^a s s	a v		· · · · ·	- x	· · · · · · · · · · · · · · · · · · ·
Indicate the type of dilution water. If salt	Fresh water		Fresh water		Fresh water	
water, specify "natural" or type of artificial	Salt water (speci	fv)	Salt water (speci	fv)	Salt water (spec	ifv)
sea saits of brine used.				.,,		
Percentage Effluent Used					I	
Specify the percentage effluent used for all		190/		1 99/		
concentrations in the test series.		18%		18%		
Parameters Tested	б. "е			·	<u> </u>	
Check the parameters tested.	Пън	Ammonia	Прн	Ammonia	ПрН	Ammonia
					□ pri □ Solinity	
Acute Test Results		L		6		L
Percent survival in 100% effluent	1	100 %		100 %		0/
LC ₅₀				/0		/0
95% confidence interval		%	· · · · · · · · · · · · · · · · · · ·	%		%
Control percent survival		100 %		100 %		%

EPA Identification Number	NPDES Permit Number	Facility Nan	ne	Outfall Number	7	Form Approved 03/05/19	
110002041077	AL0049921	Millbrook W	WTP	0013		OWB NO. 2040-0004	
TABLE E. EFFLUENT MONITORIN	TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY						
The table provides response space f	or one whole effluent toxicity samp	le. Copy the table to re	port additional test resul	lts.			
	Test Numb	oer is	Test Num	nber	Test Num	ber	
Acute Test Results Continued							
Other (describe)	N/A	aladi in i suga na alada na alada na al	2.20 · SPANNAD			2	
Chronic Test Results							
NOEC		%		%		%	
IC ₂₅		%		%		%	
Control percent survival		%		%		%	
Other (describe)							
					-		
Quality Control/Quality Assurance		× 2 ⁰ -	day day	h e	1 0. 1 0. 1 0.		
Is reference toxicant data available?	✓ Yes	🗖 No	✓ Yes	□ No	🗆 Yes	□ No	
Was reference toxicant test within acceptable bounds?	✓ Yes	🗆 No	✓ Yes	🗆 No	T Yes	🗆 No	
What date was reference toxicant tes (MM/DD/YYYY)?	st run 11/04/202	20	11/04/20	020			
Other (describe)							

.

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EPA Identification Number 110002041077	NPDES Permit Numb AL0049921	er	Facility Name Millbrook WWTP			Form Approved OMB No. 20	03/05/19 040-0004
TABLE F. INDUSTRIAL DISCHARGE INFORMAT	ION						
Response space is provided for three SIUs. Copy the	ne table to report inform	ation for additional SIUs		en en en en de verset de la verset de la secondaria das la casa		Contractive and contraction and	
A REAL PROPERTY OF	SIU	A SHORE AND	SIU _		SIU	l <u></u>	
Name of SIU							
Mailing address (street or P.O. box)		· · · ·					
City, state, and ZIP code							
Description of all industrial processes that affect or contribute to the discharge.							
							•
List the principal products and raw materials that affect or contribute to the SIU's discharge.						•	
			-				
Indicate the average daily volume of wastewater discharged by the SIU.		gpd		gpd			gpd
How much of the average daily volume is attributable to process flow?		gpd		gpd			gpd
How much of the average daily volume is attributable to non-process flow?		gpd		gpd			gpd
Is the SIU subject to local limits?	☐ Yes	□ No		□ No	☐ Yes	🗆 No	
Is the SIU subject to categorical standards?	Tes Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19
110002041077	AL0049921	Millbrook WWTP	
TABLE F. INDUSTRIAL DISCHARGE INFORMAT	TION		
Response space is provided for three SIUs. Copy	he table to report information for additio	nal SIUs.	1,20 ⁻⁴⁴
		SIU	SIU
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g.			
upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	🗆 Yes 🛛 No	🗆 Yes 🛛 No	🗆 Yes 🗖 No
If yes, describe.	· ·		

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. <u>Please type or print legibly in blue or black ink</u>. Mail the completed application to:

			ADEM-Water Division Municipal Section P O Box 301463 Montgomery, AL 36130-1463	
			PURPOSE OF THIS APPLICATION	
	Initia	al Permit Application for New Facility*	Initial Permit Application for Existing Facility*	
	Modification of Existing Permit Reissuance of Existing Permit			
	Revocation & Reissuance of Existing Permit An application for participation in the ADEM's Electronic Environmental (E2) Resubmitted to allow permittee to electronically submit reports as required.			
SEC	CTION	NA – GENERAL INFORMATION		
1.	Fac	cility Name: Millbrook WWTP	Facility County: Elmore	
	a.	Operator Name: Donald Guthrie Jr.		
	b.	Is the operator identified in A.1.a, the ow	ner of the facility? Xes No	
		If No, provide the following information:		
		Operator Name:	1947	200000000000000000
		Operator Address (Street or PO Box):		
		City:	Zip:	
		Phone Number:	Email Address:	
		Operator Statue		
			Public-other (please specify):	
		Private Other (please spec	אדא):	
		Describe the operator's scope of respon	sibility for the facility:	
	0	Nome of Permittee* if different then One	states City of Millbrook	
	6.	*Permittee will be responsible for compl	iance with the conditions of the nermit	
0				
2.	NP			cation)
3.	Fac	cility Location (Front Gate): Latitude: 32 3	Longitude: 80° 21 54° W	
4.	Re	sponsible Official (as described on last pa	ge of this application):	
	Na	me and Title: Mayor Al Kelley		
	Add	dress: P.O. Box 1072		
	City	y: Millbrook	State: ALZip: 3605	54
	Pho	one Number: (334) 285-6428 REC	EIVED Email Address: al.kelley@cityofmillbrook-al.gov	
ADI	EM F	orm 188 m4 04/2020 DEC 0	7 2022	Page 1 of 6
		MUNICIPA	LSECTION	

5.	Designated Facility/DMR Contact:					
	Name: Michael Harris		Title: Utiliti	ies Director		
	Phone Number: (334) 285-6428	Email Ad	dress: micl	hael.harris@o	cityofmillbrook-al.go	v
6.	Designated Emergency Contact:					
	Name: Michael Harris		Title: Utilit	ies Director		(244) - <u>177</u>
	Phone Number: (334) 285-6428	Email Ad	ldress: micl	hael.harris@c	cityofmillbrook-al.go	v
7.	Please complete this section if the responsible official not listed in A.4.	Applicant's business en	tity is a P	Proprietorshi	p or Limited Liat	bility Company (LLC) with a
	Name:		Title:			
	Address:					1110 TO 2010
	City:	State:	·		Zij	D:
	Phone Number:	Email Ad	ldress:			
8.	Identify all Administrative Complaints concerning water pollution or other per (attach additional sheets if necessary	s, Notices of Violation, E ermit violations, if any ag):	Directives, ainst the A	or Administ opplicant wit	rative Orders, Co hin the State of A	onsent Decrees, or Litigation labama in the past five years
	Facility Name	Number		Type of /	Action	Date of Action
2.	Do you share an outfall with another fa For each shared outfall, provide the fol Applicant's Outfall No. Name of Other	cility? Yes No lowing: Permittee/Facility	(lf no, con NPD Permit	tinue to B.3 ES t No.) Where is by	sample collected Applicant?
3.	Do you have, or plan to have, automat	ic sampling equipment of	r continuou	us wastewat	er flow metering e	equipment at this facility?
	Current:	Flow Metering	X Yes	No	N/A	
	Planned.	Sampling Equipment	X Yes			
	Flameu.	Sampling Equipment	☐ Yes	X No		
	If so, please attach a schematic diagr describe the equipment below:	am of the sewer system	indicating f	the present	or future location	of this equipment and
	8" WAS mag meter (sludge pumping station meter (influent pump station)	n); 8" RAS mag meter (slud	ge pump st	ation); Uitraso	onic Level Transduc	er (headworks); 14" mag
		RECEIVED				
AD	EM Form 188 m4 04/2020	DEC 07 2022				Page 2 of 6

NPDES Individual Permit -Modification/Reissuance - Municipal (Form 188)

Digitally signed by: GlobalSign RSA OV SSL CA 2018 Date: 2022.06.02 10:35:05 -05:00 Reason: Submission Data Location: State of Alabama

version 1.9

(Submission #: HPF-TRP7-Y94BQ, version 1)

Details

Submission ID HPF-TRP7-Y94BQ

Form Input

General Instructions

NPDES Individual Permit Modification and Reissuance Form Publicly-Owned Treatment Works (POTW), Other Treatment Works Treating Domestic Sewage (TWTDS), and Public Water Supply Treatment Plants

IF YOU ARE APPLYING FOR A PERMIT MODIFICATION, PLEASE CONTACT YOUR ASSIGNED PERMIT CONTACT TO DISCUSS THE TYPE OF MODIFICATION YOU SHOULD APPLY FOR BEFORE COMPLETING THIS FORM.

This form should be used to submit the following permit requests for permitted Publicly-Owned Treatment Works (POTW), Other Treatment Works Treating Domestic Sewage (TWTDS), and Public Water Supply Treatment Plants:

(1) Permit Transfers

(2) Permittee/Facility Name Changes

(3) Minor Modifications

This modification may not be used for changes that would result in changes to permit conditions

(4) Major Modifications (No Effluent Limit Change)

(5) Major Modifications (Effluent Limit Change)

(6) Reissuances

Reissuance of a permit due to approaching expiration

Revocation and Reissuance of permit prior to its scheduled expiration

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

Applicable Fees:

Permit Transfers and/or Permittee/Facility Name Changes \$800 Minor Modifications \$800 Major Modifications (No Effluent Limit Change) \$3,140 (Major Sources) \$2,250 (Minor Sources or Public Water Supply Treatment Plants) Major Modifications (Effluent Limit Change) \$7,060 (Major Sources) \$4,290 (Minor Sources or Public Water Supply Treatment Plants) Reissuances \$7,060 (Major Sources) \$4,290 (Minor Sources) \$4,290 (Minor Sources) \$4,290 (Minor Sources) \$4,290 (Minor Sources or Public Water Supply Treatment Plants) Reissuances \$7,060 (Major Sources) \$4,290 (Minor Sources or Public Water Supply Treatment Plants) For assistance, please click here to determine the permit engineer responsible for the site or call (334) 271-7810.

Processing Information

Purpose of Application

Reissuance of Permit Due to Approaching Expiration

Please indicate if the Permittee is applying for a permit transfer and/or name change in addition to permit modification or reissuance: None

Action Type Reissuance

Briefly describe any planned changes at the facility that are included in this reissuance application: None

Do you have additional contacts associated with this site? No

Permit Information

Permit Number AL0049921

Current Permittee Name City of Millbrook

Permittee

Permittee Name City of Millbrook

Mailing Address PO BOX 1072 MILLBROOK, AL 36054

Is the Operator the same as the Permittee? Yes

Has the Operator s scope of responsibility changed? No

Responsible Official

Prefix Mr.		
First Name Al	Last Name Kelley	
Title Mayor		
Organization City of Millbroo	Name ok	
Phone Type	Number	Extension
Business	334-285-6428	
Email mbmappem@	cityofmillbrook-al.	gov
Mailing Addre	SS	
3160 Main Stre	eet	
Millbrook, AL 3	6054	

Existing Permit Contacts

Affiliation Type	Contact Information	Remove?
Responsible Official, Notification Recipient	Al Kelley, City of Millbrook	Кеер
Permittee	City of Millbrook	Кеер
Emergency Contact, DMR Contact, Environmental Contact	Michael Harris, City of Millbrook	Кеер

Facility/Site Information

Facility/Site Name Millbrook WWTP

Organization/Ownership Type

Municipality (City or Town)

The Facility/Site Address is the physical location of the treatment plant. Do not enter a PO Box. Do not enter the address of the office of the Permittee if different from the treatment plant.

Facility/Site Physical Location Address

627 Thornfield Drive Millbrook, AL 36054

Facility/Site County

Elmore

Facility/Site Contact

Prefix Mr.		
First Name	Last Name	
Michael	Harris	
Title Utilities Direct	or	
Organization City of Millbroo	Name ok	
Phone Type	Number	Extension
Business	334-285-3001	
Email		

michael.harris@cityofmillbrook-al.gov

Note

Detailed directions should be included if a street address is not available.

Detailed Directions to the Facility/Site NONE PROVIDED

Please refer to the link below for Lat/Long map instruction help.

Map Instruction Help

Facility/Site Front Gate Latitude and Longitude 32.5255560000000,-86.3650000000000

Primary SIC Code 4952-Sewerage Systems

Primary NAICS Code 221320-Sewage Treatment Facilities

Emergency Contact

Prefix Mr.		
First Name Michael	Last Name Harris	
Title Utilities Direct	or	
Phone Type	Number	Extension
Business	334-285-3001	
Email michael.harris(@citvofmillbrook→	al.gov

Does the facility have a designated Environmental Contact who is different than the Facility Contact or Emergency Contact listed above?

Enforcement History

Has the applicant been issued any Notices of Violation, Orders (Consent or Administrative/Unilateral), or Judicial Actions (Complaint, Settlement Agreement, Consent Decree, or Court Order) concerning water pollution or other permit violations within the State of Alabama in the past five years?

Wastewater Treatment & Discharge Information

Please indicate which type of operations occur at this facility: Treatment Works Treating Domestic Sewage

What treatment type is used at this facility: Mechanical (WWTP)

What discharge options are used at this facility: Surface Water

What is the Total Design Flow (in millions of gallons per day, MGD) for this facility? 2.3

What is the facility s total 2-Year Actual Average Flow (in millions of gallons per day, MGD)? 2.3

Does this facility have any current or proposed stormwater outfalls from the treatment facility? Yes

Process Flow Schematic

Figure 3 - Process Flow (CDG).pdf - 05/25/2022 01:04 PM Comment NONE PROVIDED

Do you share an outfall with another facility? No

Indicate if automatic sampling equipment or continuous wastewater flow metering equipment is being operated at this facility:

Current	Yes/No
Continuous Wastewater Flow Metering Equipment	Yes
Automatic Sampling Equipment	Yes

Indicate if installation of automatic sampling equipment or continuous wastewater flow metering equipment is planned at this facility:

Planned	Yes/No
Continuous Wastewater Flow Metering Equipment	N/A
Automatic Sampling Equipment	N/A

Schematic Diagram

Figure 3 - Process Flow (CDG).pdf - 05/25/2022	<u>01:06 PM</u>
Comment	
NONE PROVIDED	

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)? No

Treatment Methods (TWTDS)

Treatment Level

Preliminary Treatment (e.g., grit removal, flow equalization, screening) Secondary Treatment [e.g., suspended growth biological treatment; attached growth and combined biological treatment]. Primary Treatment (e.g., primary clarification, chemically-enhanced primary treatment)

Wastewater Disinfection Technology Information

Chlorination Dechlorination

Please select all POTW Treatment Categories that apply.

Activated Sludge Process & Modifications Aeration Disinfection Land Application Dechlorination Clarification

Please select all unit operations that apply for Activated Sludge Process & Modifications: Activated Sludge, Extended Aeration

Please select all unit operations that apply for Aeration:

Aeration (general) Aeration (post-treatment)

Please select all unit operations that apply for Clarification: Clarification, Secondary

Please select all unit operations that apply for Disinfection: Disinfection, Chlorination

Please select all unit operations that apply for Land Application: Land Application, Slow Rate, W/O Underdrain

Please select all unit operations that apply for Preliminary Treatment: Grit Removal

Screen, Mechanical Bar

Waste Storage & Disposal Information

Any storage of solids or liquids at the facility that have any potential for accidental discharge to a water of the state? No

Collection System Information

Collection Systems

Collection System ID	Collection System Name	Owner Type of Collection System	Population of Collection System
City of Millbrook	City of Millbrook	Publicly owned (Owned by State, municipality, or Tribal government. This includes a district association or other public body created by or pursuant to State law and having jurisdiction over the disposal of sewage).	17,000

Industrial Indirect Discharge Contributors

Does this wastewater treatment system receive or plan to receive industrial source wastewater contributions? No

Coastal Zone Information

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County? No

Anti-Degradation Evaluation

Does this modification/reissuance include a new or increased discharge that began after April 3, 1991? No

Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced above?

No

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 must be submitted 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.

The EPA application forms are found on the Department s website here.

EPA Form 2A

Form 2A(2).pdf - 05/25/2022 01:12 PM Comment NONE PROVIDED

EPA Form 2F Form 2F.pdf - 05/25/2022 01:13 PM Comment NONE PROVIDED

EPA form 2S

Form 2S.pdf - 05/25/2022 01:14 PM Comment NONE PROVIDED

Other attachments (as needed)

Figure 2 - Site Location.pdf - 05/25/2022 01:18 PM Figure 5 - Storm Water Outfall Location.pdf - 05/25/2022 01:18 PM Figure 3 - Process Flow (CDG).pdf - 05/25/2022 01:18 PM Figure 1 - Site Overview and Outfall Location.pdf - 05/25/2022 01:18 PM Figure 5A - Storm Water Outfall Topo.pdf - 05/25/2022 01:18 PM Figure 6 - Site Drainage.pdf - 05/25/2022 01:18 PM Figure 4 - Land Application Overview Map.pdf - 05/25/2022 01:18 PM Comment NONE PROVIDED

Topographic Map

Attach topographic map here.

<u>Figure 1 - Site Topo.pdf - 05/17/2022 09:45 AM</u> Comment NONE PROVIDED

Engineering Report/BMP Plan Requirements

Engineering Report/BMP Plan Requirements NONE PROVIDED Comment NONE PROVIDED

Outfalls (1 of 2)

Outfall: 001

Do you want to remove this outfall from the modified/reissued permit? No

Outfall Identifier 001

Is this Outfall equipped with a diffuser? Yes

Description of Diffuser: 16" Duckbill Diffuser; Operating Pressure of 80 PSI

What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)? 2.3

Receiving Water Coosa River

Does the discharge enter the named receiving water via an unnamed tributary? NONE PROVIDED

Please refer to the link below for Lat/Long map instruction help. Map instruction Help

Location of Outfall or Discharge Point/Receiving Water 32.50179600000000, -86.30448000000000

A list of the 303(d) impaired waters can be found here.

303(d) Segment? No

A list of waters subject to a TMDL can be found here.

TMDL Segment? No

Outfalls (2 of 2)

Outfall: 003

Do you want to remove this outfall from the modified/reissued permit? No

Outfall Identifier 003

Is this Outfall equipped with a diffuser? Yes

Description of Diffuser: 8" Duckbill Diffuser; Operating Pressure of 40 PSI

What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)? 1.91

Receiving Water Cottonwood Creek

Does the discharge enter the named receiving water via an unnamed tributary? NONE PROVIDED

Please refer to the link below for Lat/Long map instruction help. Map Instruction Help

Location of Outfall or Discharge Point/Receiving Water 32.52527800000000, -86.3850000000001

A list of the 303(d) impaired waters can be found here.

303(d) Segment? No

A list of waters subject to a TMDL can be found here.

TMDL Segment? No

Stormwater Outfall(s) (1 of 1)

Stormwater Outfall: SW01

Do you want to remove this outfall from the modified/reissued permit? No

Stormwater Outfall Identifier SW01

Receiving Water

Cottonwood Creek

Does the discharge enter the named receiving water via an unnamed tributary? NONE PROVIDED

Please refer to the link below for Lat/Long map instruction help. Map Instruction Help

Location of Outfall or Discharge Point/Receiving Water 32.52528,-86.385

303(d) Segment?

TMDL Segment? No

Fee

Fee

7060

Note: Additional Fees may be assessed after the review of the application is complete. These fees may include any of the following:

Modeling with Data Collection (10 Stations) - \$60,390 Modeling with Data Collection (5 Stations) - \$49,315 Modeling - desktop - \$4,855 Review of Model Performed by Others - \$2,705 Seasonal Limits - \$4,855/additional season Biomonitoring & Toxicity Limits - \$1,015

Please contact your area engineer if you have any questions about which additional fees may be assessed for this application.

Application Preparer

Application Preparer

Prefix Mr.	•	
First Name Blake	Last Name Jones	
Title Project Engine	er	
Organization CDG, Inc.	Name	
Phone Type	Number	Extension
Business	334-677-9431	
Email blake.jones@c	dge.com	
Address		
170 East Main	Street	
Dothan, AL 36	301	

SUBMISSION AGREEMENTS

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

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 lawthat 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.

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.

Signed By Robert Kelley on 06/02/2022 at 10:25 AM United States Environmental Protection Agency Office of Water Washington, D.C.

EPA Form 3510-2F Revised March 2019

Water Permits Division

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Application Form 2F Stormwater Discharges Associated with Industrial Activity

NPDES Permitting Program

Note: Complete this form *and* Form 1 if you are a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity, excluding discharges from construction activity under 40 CFR 122.26(b)(14)(x) or (b)(15). If your discharge is composed of stormwater *and* non-stormwater, you must complete Forms 1 and 2F, *and* you must complete Form 2C, 2D, or 2E, as appropriate. See the "Instructions" inside for further details.

EPA I	dentification	n Number 1077	NPDES Permi AL0049	t Number 921	F Mill	acility Name brook WWTP		Form App OMB	roved 03/05/19 No. 2040-0004	
Form 2F IPDES	9	EPA	U.S Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY							
ECTIO	N 1. OUT	FALL LOCA	TION (40 CFR 122.21	1(g)(1))						
	1.1	Provide inf	ormation on each of th	he facility's outfalls in	the table	below				
		Outfall Number	Receiving Water I	Name	Latitu	de		Longitude		
ocation		0035	Unnamed Tributary t Coosada Creek		31	33″N 🔽	86°	21' 5	5″ W 🔽	
				0	,	"	0	,	"	
utfall				0	,	**	0	,	"	
õ			218 A	0	,	"	•	,	"	
					,	н Н	0	,	<i>n</i>	
	2.2	□ Yes ☑ No → SKIP to Section 3. Briefly identify each applicable project in the table below.								
		Brief Identification and Affected Outfalls Source(s) of Discharge						Final Comp	liance Dates	
			inpuon or rioject	(iist oddaii riteritisera)				Required	Projected	
Improvements					1 1 1 1 1					
									1277	

EPA Form 3510-2F (Revised 3-19)

Page 1

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MUNICIPAL SECTION

EPA Ide	entification	Number	NPDES Permit Number Facility Name		lity Name	Form Approved 03/05/19		
110	0002041	077	AL0049921	Millbrook WWTP		OMB No. 2040-0004		
SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))								
Site rainage Map	3.1	Have you att specific guid	ached a site drainage map containin ance.)	ng all required info	ormation to this applica	ation? (See instructions for		
ā		✓ Yes	L	No				
SECTION	4. POLI	UTANT SOU	RCES (40 CFR 122.26(c)(1)(i)(B))	_				
	4.1	Provide infor	mation on the facility's pollutant sou	rces in the table t	below.	a a tradition of the second		
		Outfall Impervious Surface Area Total Surface Area Draine Number (within a mile radius of the facility) (within a mile radius of the facility)				ace Area Drained e radius of the facility		
		0035	6.1	Acres	6.1	Acres		
				specify units		specify units		
				specify units		specify units		
				specify units		specify units		
				specify units		specify units		
			· · · · ·	specify units		specify units		
	4.2	Provide a na requirements	rrative description of the facility's sig s.)	gnificant material	in the space below. (S	ee instructions for content		
S - 5				None				
nrce								
t So								
ltan.								
Pollt								
	4.3	Provide the I	ocation and a description of existing	structural and no	on-structural control m	easures to reduce pollutants in		
10 10 10 10 10 10 10 10 10 10 10 10 10 1		stormwater runoff. (See instructions for specific guidance.)						
		Maria Ala		Stormwater Treat	ment	Codes		
		Outfall				from		
		Number		ntrol Measures and	d Treatment	Exhibit		
				i Historia i Historia it Historia		(list)		
		0035	None					
					·····			

-	EPA Identification Number 110002041077		AL0049921	Millbro	ook WWTP	OMB No. 2040-0004	
FCTIO	N 5. NO	STORMWAT	TER DISCHARGES (40 CER 122.26(a)(1)())	2017			
	5.1	I certify und presence of discharges a Name (print	der penalty of law that the outfall(s) covered by this application have been tested or evaluated for the if non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater are described in either an accompanying NPDES Form 2C, 2D, or 2E application.				
		Al Kelley	or ypo mot and tabritantoy		Mayor		
		Signature	Holley		Date signed	2	
ge	5.2	Provide the	testing information requested in the table belo	w.			
r Discha		Outfall Number	Description of Testing Method Us	əd	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test	
ormwate		0035	N/A				
Non-St							
				-			
ECTIO	N 6. SIG	NIFICANT LE	AKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))				
nt Leaks or Spills	6.1	Describe an None	y significant leaks or spills of toxic or hazardo	us pollut	ants in the last three years.		
	N Z DIS						
SECTIO	See the comple	e instructions to te. Not all app	o determine the pollutants and parameters yo licants need to complete each table.	u are rec	quired to monitor and, in turn	n, the tables you must	
Informati	7.1	Is this a new Yes -	 source or new discharge? See instructions regarding submission of ated data. 	V	No → See instructions re	garding submission of	
5	Tables	A, B, C, and	D		uului uulu.		
Discha	7.2	Have you co	mpleted Table A for each outfall?		No		

EPA Form 3510-2F (Revised 3-19)

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EPA Identification Number			NPDES Permit Number	Facility Name		Form Approved 03/05/19		
110002041077			AL0049921	Millbro	ook WWTP	OMB No. 2040-0004		
7 11 14 - 14 - 14 14 -	7.3	ls the facilit wastewater	y subject to an effluent limitation guide ?	line (ELG) or eff	luent limitations in a	n NPDES permit for its process		
		🗌 Yes		V	No ➔ SKIP to Iter	m 7.5.		
	7.4	Have you c	ompleted Table B by providing quantita	ative data for the	ose pollutants that an	e (1) limited either directly or		
		indirectly in	an ELG and/or (2) subject to effluent I	imitations in an i	NPDES permit for th	e facility's process wastewater?		
					No			
ν - τ ²⁰ η ² ε	7.5	Do you kno	w or have reason to believe any pollut	ants in Exhibit 2	F–2 are present in th	ne discharge?		
2017 2		∐ Yes		<u> </u>	No → SKIP to Iter	m 7.7.		
	7 <i>.</i> 6	Have you lis	sted all pollutants in Exhibit 2F–2 that y pantitative data or an explanation for th	you know or hav ose pollutants ir	re reason to believe	are present in the discharge and		
v x "1 					No			
e	77		lify for a small business exemption un	der the criteria s	pecified in the Instru	ctions?		
* ***			→SKIP to Item 7 18	ଜାଲା ଜାଲା	No			
	78		w or have reason to believe any pollut	ants in Exhibit 2	F_3 are present in th	ne discharge?		
	7.0		w of have reason to believe any policit			m 7 10		
	70		stad all pollutants in Exhibit 2E .3 that		ve reason to believe	are present in the discharge in		
unec	1.5	Table C?		you know of hav		are present in the discharge in		
Conti		🔲 Yes			No			
ion (7.10	Do you exp	ect any of the pollutants in Exhibit 2F-	3 to be discharg	ed in concentrations	s of 10 ppb or greater?		
rmat		🗌 Yes		V	No 🗲 SKIP to Iter	m 7.12.		
lufo	7.11	Have you p	rovided quantitative data in Table C fo	r those pollutant	s in Exhibit 2F–3 tha	at you expect to be discharged in		
arge		concentration	ons of 10 ppb or greater?					
isch		🗌 Yes			No			
D	7.12	Do you exp of 100 ppb	ect acrolein, acrylonitrile, 2,4-dinitroph or greater?	enol, or 2-methy	l-4,6-dinitrophenol to	o be discharged in concentrations		
		🔲 Yes		V	No 🗲 SKIP to Iter	m 7.14.		
3	7.13	Have you p discharged	rovided quantitative data in Table C fo in concentrations of 100 ppb or greate	r the pollutants i	dentified in Item 7.12	2 that you expect to be		
ž		Yes			No			
2	7.14	Have you p	rovided quantitative data or an explanation	ation in Table C	for pollutants you ex	pect to be present in the		
		discharge a	it concentrations less than 10 ppb (or I	ess than 100 pp	b for the pollutants in	dentified in Item 7.12)?		
· • • • • • • • • • • • • • • • • • • •	7.45	Yes	the second s			iliai an O		
	/.15		w or have reason to believe any pollut	ants in Exhibit 2	F-4 are present in tr	ie discharge?		
	7.40	Yes				m /.1/.		
A A A A A A A A A A A A A A A A A A A	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?							
		🗌 Yes			No			
	7.17	Have you p	rovided information for the storm even	t(s) sampled in	Table D?			
· · · · · * · · * ·		🖌 Yes			No			
EPA Identifica	ation Number	NPDES	Permit Number	F	Facility Name Form Approve Millbrook WW/TP OMB No.		proved 03/05/19 3 No. 2040-0004	
--	------------------------------	---	---	---	---	---	------------------------------------	-------------
	J41077	Au	0043321		DIOOK VV VV IF		9 (15) 3 (11)	17 af 1
7.18	Is any pollut manufacture	ant listed on Ext and as an interme	hibits 2F–2 through 2 diate or final product	F–4 a substan or byproduct?	ce or a compo	onent of a substar SKIP to Section	nce used or 8.	
nformation	List the pollu	utants below, inc	luding TCDD if applic	able.		7.		
harge	2.		5.			8.		
الم الم الم الم الم الم الم الم الم الم	3.		6.			9.		
SECTION 8. BI	Do you hav any of your	XICITY TESTIN e any knowledge discharges or o	G DATA (40 CFR 12 e or reason to believe n a receiving water in	2.21(g)(11)) that any biolo relation to you	gical test for a ur discharge w	icute or chronic to ithin the last three	oxicity has be e years?	en made on
Lestine	Identify the	tests and their p	urposes below.			SKIP to Section		
loxicity		est(s)	Purpose of	Test(s)	Submitted Permitting	I to NPDES Authority?	Date Su	bmitted
ogical 1								
Biolo								
SECTION 9. CO	ONTRACT ANA	LYSIS INFORM	ATION (40 CFR 122	.21(g)(12))				
9.1	Were any of consulting fi	f the analyses re rm?	ported in Section 7 (o	on Tables A th	rough C) perfo	rmed by a contra	ct laboratory	or
	Yes Yes				□ No →	SKIP to Section	10.	
9.2	Provide info	rmation for each	contract laboratory of	or consulting fir	m below.			_
3 9 1 7 E		* 0	Laboratory Nu	umber 1	Laborato	ory Number 2	Laborato	ry Number 3
ormation	Name of lab	ooratory/firm	Environmental Res Analysis, Inc.	ource				
act Analysis Inf	Laboratory a	address	Auburn Technolog Brown Ct. Auburn, AL 36830	y Park, 2975				
Contr	Phone num	ber	(334) 502-3444					
	Pollutant(s)	analyzed .	NO2/NO3: TKN: T-I CBOD, TSS, NH3, pl Coliform	Phosphorus, H, DO, CL2,				

EPA	Identificatio	n Number	NPDES F	ermit N	umber		Fac	ility Name	Form Approved 03/05/19	
1	1000204	1077	ALO	04992	1	1	Aillbr	ook WWTP	OMB NO. 2040-0004	
SECTIO	N 10. CH 10.1	ECKLIST AN In Column 1 each sectior all applicant	D CERTIFICATION below, mark the a, specify in Colurs are required to humn 1	ON STATEMENT (40 CFR 122222(a) and (d)) e sections of Form 2F that you have completed and are submitting with your application. For imn 2 any attachments that you are enclosing to alert the permitting authority. Note that not complete all sections or provide attachments. Column 2						
		Section	1		w/ attachments	s (e.g., re	spon	ses for additional or	utfalls)	
		□ Section	2		w/ attachments	s				
		Section	3	V	w/ site drainag	e map				
		Section	4		w/ attachments	S				
		Section	5		w/ attachments	S				
'nt		□ Section	6		w/ attachments	s				
ateme		☑ Section	7	P	Table A			w/ small business	exemption request	
ion St					Table B			w/ analytical resul	ts as an attachment	
tificat					Table C			Table D		
id Cer		□ Section	8		w/attachments					
list ar		☑ Section	9		w/attachments	(e.g., res	pons	ses for additional co	ntact laboratories or firms)	
Check		년 Section	10							
0	10.2	Certification	n Statement							
		l certify und accordance submitted. E for gathering complete. I and imprison	er penally of law with a system d Based on my inqu g the information, am aware that the nment for knowing	that th esigne iry of t the in ere are g viola	is document and ed to assure the the person or pe formation subm e significant pen tions.	d all attac at qualifie rsons wh itted is, t allies for	hmei d pe o ma o the subn	nts were prepared u rsonnel properly ga nage the system or best of my knowle nitting false informa	nder my direction or supervision in other and evaluate the information those persons directly responsible dge and belief, true, accurate, and tion, including the possibility of fine	
	Name (print or type first and			ast na	me)		0	fficial title		
	Al Kelley						м	ayor		
	Signature						Da	ate signed		
		M	elly					10-6-22		

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MUNICIPAL SECTION

	ÉPA Identification Number NPI	ES Permit Number	Facility Name	e	Outfall Number	Form Approved 03/0		
	110002041077	ALQ049921	Millbrook WV	VTP	0035		OMB No. 2040-0004	
TAB	LE A. CONVENTIONAL AND NON CONV	ENTIONAL PARAMETE	RS (40 CFR 122.26(c)	(1)(i)(E)(3)) ¹	See instructions for ad	ditional datails and rogu	iromonte	
YOU	must provide the results of at least one an	Maximum Da	ily Discharge	Average Dail	ly Discharge		Source of	
20 A	Pollutant or Parameter	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Events Sampled	(new source/new dischargers only; use codes in instructions)	
1.	Oil and grease	< 4.56 (mg/L)		< 4.56 (mg/L)		5	POTW	
2.	Biochemical oxygen demand (BOD ₅)	3.34 (mg/L)	3.34 (mg/L)	3.34 (mg/L)	3.34 (mg/L)	5	POTW	
* 3.	Chemical oxygen demand (COD)	N/A	N/A	N/A	N/A	N/A	N/A	
4.	Total suspended solids (TSS)	59.0 (mg/L)	59.0 (mg/L)	28.0 (mg/L)	28.0 (mg/L)	5	POTW	
5.	Total phosphorus	< 0.232 (mg/L)	< 0.232 (mg/L)	< 0.232 (mg/L)	< 0.232 (mg/L)	5	POTW	
6.	Total Kjeldahl nitrogen (TKN)	1.05 (mg/L)	1.05 (mg/L)	1.05 (mg/L)	1.05 (mg/L)	5	POTW	
7.	Total nitrogen (as N)	0.05 (mg/L)	0.05 (mg/L)	0.03 (mg/L)	0.03 (mg/L)	5	POTW	
1 1 1	pH (minimum)	5.81		6.88		5	POTW	
а.,	pH (maximum)	7.37		6.88		5	POTW	

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

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MUNICIPAL SECTION

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EPA Identification Number	NPDES Permit Numb	er	Facility Name)	Outfall Number	7	Form Approved 03/05/19
110002041077	AL0049921		Millbrook WV	VTP	0035		OMB No. 2040-0004
TABLE B. CERTAIN CONVENTION	AL AND NON CONVEN	TIONAL POLLUT	ANTS (40 CFR	122.26(c)(1)(i)(E)(4) and	40 CFR 122.21(g)(7)(v	ri)(A)) ¹	
List each pollutant that is limited in a	n effluent limitation guide	eline (ELG) that the	facility is subje	ct to or any pollutant liste	d in the facility's NPDES	permit for its process w	vastewater (if the
facility is operating under an existing	NPDES permit). Comple	ete one table for ea	ch outfall. See t	the instructions for addition	onal details and requiren	nents.	
	Ma	ximum Daily Disc	harge	Average Dail	y Discharge		Source of
Pollutant and CAS Number (if a	vailable) Grab Sam Durin	g First	w-Weighted Composite	Grab Sample Taken During First	Flow-Weighted Composite	Number of Storm Events Sampled	(new source/new dischargers only; use
		nutes					
Nitrite-Nitrate		(mg/L) 0.0	0// (mg/L)	0.062 (mg/L)	0.062 (mg/L)	5	POTW
		·					
						·	
							,
					· · · · · · · · · · · · · · · · · · ·		

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

,

EPA Identification Number	NPDE	S Permit Number	Facility Name	;	Out	fall Number		Form Approved 03/05/19
110002041077	А	L0049921	Millbrook WV	VTP		0035		OMB NO. 2040-0004
TABLE C. TOXIC POLLUTANTS,	CERTAIN HA	ZARDOUS SUBSTAN	ES, AND ASBESTOS	(40 CFR 122.20	6(c)(1)(i)(E)(4) and 40 CFR 122.	21(g)(7)(vi)(B) and (vii))1
List each pollutant shown in Exhibit details and requirements.	s 2F–2, 2F–3,	, and 2F–4 that you kno	w or have reason to be	lieve is present.	Complete or	ne table for each out	fall. See the instructions	for additional
		Maximum Dai	ly Discharge	Avera	age Daily Di	scharge		Source of
Pollutant and CAS Number (if	available)	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample During Fir 30 Minute	Taken st s	Flow-Weighted Composite	Number of Storm Events Sampled	(new source/new dischargers only; use codes in instructions)
N/A								
						· · · ·		
· · · · · · · · · · · · · · · · · · ·								
			· · · · · · · · · · · · · · · · · · ·					
				-				
· · · · · · · · · · · · · · · · · · ·								

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

EPA Identification Number	er NPDES Perm	it Number	Facility name	Outfall N	umber	Form Approved 03/05/19
110002041077	AL0049	921	Aillbrook WWTP	003	S	OMB No. 2040-0004
TABLE D. STORM EVEN	T INFORMATION (40 CFR	22.26(c)(1)(i)(E)(6))				
Provide data for the storm	event(s) that resulted in the	maximum daily discharges	or the flow-weighted con	nposite sample.		
Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of H Beginning of Sto End of Previous Ev	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event		Rate vent units) Total Flow from Rain Event (in gallons or specify units)
Provide a description of th	ne method of flow measurem	ent or estimate.				l



JAN 1 7 2023 MUNICIPAL SECTION



JAN 1 7 2023 MUNICIPAL SECTION



JAN 1 7 2023 MUNICIPAL SECTION United States Environmental Protection Agency Office of Water Washington, D.C.

EPA Form 3510-2S Revised March 2019

Water Permits Division

Application Form 2S New and Existing Treatment Works Treating Domestic Sewage NPDES Permitting Program

Note: Complete Form 2S if you are a new or existing treatment works treating domestic sewage.

EPA	A Identification	Number	NPDES Permi	t Númber	F	acility Name	Form Approved 03/05/19
	110002041	077	AL0049	921	Mill	prook WWTP	OMB No. 2040-0004
Form 2S	ۍ ا	PA		L Application fo	J.S Environn or NPDES Pe	nental Protection Age	ency dge Management
NPDES			NEW A	ND EXISTING		NT WORKS TREATIN	G DOMESTIC SEWAGE
PRELIM	INARY INF	ORMATION					
Does you full Form	ur facility cu 2S permit a	rrently have a application?	n effective NPDES	permit or hav	ve you been d	lirected by your NPDE	S permitting authority to submit a
₽ Ye	es 🗲 Comp	lete Part 2 of	application packag	je (begins p. 7	'). 🔲	No → Complete Par	1 of application package (below).
	PART 1		L	IMITED BAC	KGROUND I	NFORMATION (40 CF	R 122.21(c)(2)(ii))
Permit fo PART 1,	e this part o r a direct di SECTION	nly if you are a scharge to a s 1. FACILITY I	a "sludge-only" fac surface body of wa INFORMATION (4	ility (i.e., a fac ter). 0 CFR 122.21	(c)(2)(ii)(A))	not currently have, ar	id is not applying for, an NPDES
	1.1	Facility name	e	,			
		Mailing addr	ess (street or P.O.	box)			
ų		City or town				State	ZIP code
ormati		Contact nam	ne (first and last)	Title		Phone number	Email address
lity Inf		Location add	dress (street, route	number, or of	ther specific id	dentifier)	☐ Same as mailing address
Faci		City or town				State	ZIP code
	1.2	Ownership	Status				a an
		D Public—	federal	☐ Public—st	ate	🔲 Other publ	c (specify)
vite and a self- Management		🛛 Private	[Other (spe	cify)		
PART 1,	SECTION	2. APPLICAN	IT INFORMATION	(40 CFR 122.	21(c)(2)(ii)(B	-)) 	
	2.1	Is applicant o	different from entity	y listed under	Item 1.1 abov		tem 2.3 (Part 1 Section 2)
	22	Applicant na	me				
ition	, 	Applicant ad	dress (street or P.	O. box)			
orma		City or town		· · · ·		State	ZIP code
tInf					<u> </u>		
lican		Contact nam	ne (first and last)	Title		Phone number	Email address
App	2.3	Is the applica	ant the facility's ow	/ner, operàtor,	or both? (Ch	eck only one response	e.)
A Sector Sector	2.4	To which and	tity should the NDF		Operator	nd correspondence? (Both
and an and a second sec	2.4	Facilit	uly should the NFL		Annlicant		Facility and applicant
	SECTION				221(c)(2)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)	ווח	(they are one and the same)
						D))	
	3.1	disposed of:	total dry metric ton	is per the lates	st 365-day pe	riod of sewage sludge	generated, treated, used, and
Amot				Practi	Ce		Dry Metric Tons per 365-Day Period
ndge		Amount gen	erated at the facilit	ły			
age SI		Amount trea	ited at the facility				
Sewa		Amount use	d (i.e., received fro	om off site) at t	the facility		
Later Ville Williams	1						

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EP	A Identifica	ation Number	NPDES Pe	rmit Num	ber		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004		
			ALOO	49921					22.24(-))		
Complet permit a Part 2 is sewage	e this pa pplicatio divided sludge u	nt if you have an e n. In other words, into five sections. use or disposal pro	effective NPDES complete this p Section 1 perta actices. See the	S permit art if yo ins to a instruct	t or have b ur facility I Il applican tions to de	been directe has, or is a ts. The app termine wh	ed by the NPD pplying for, an plicability of Se nich sections y	ES permitting au NPDES permit. ections 2 to 5 de rou are required	uthority to submit a full pends on your facility's to complete.		
PART 2,	SECTION	ON 1. GENERAL	INFORMATION	I (40 CF	R 122.21	(q)(1 7) Al	ND (q)(13))				
	All Par	t 2 applicants mu	st complete this	section	• SE SECTOR LIFE	and the second second		na inana ana ang inana ina			
	Facilit	y Information			and the second second						
	1.1	Millbrook WWT	>								
		Mailing address 3861 Grandview	(street or P.O. Road	box)	-			,			
		City or town			State Alabama			ZIP code	Phone number		
		Contact name (first and last)		Title			Email address			
		Michael Harris	a latraat routa	numbor	Utilities D	Director	untificar)	michael.harris	@millbrook-al.gov		
		627 Thornfield D	orive								
		City or town Millbrook			State Alabama	ZIP code 36054					
	1.2	Is this facility a	Class I sludge n	nanager	ment facili	ty?		.1 .			
		🔲 Yes			5		No No				
lion	1.3	Facility Design	Flow Rate	Coldina 2005.				2.3 1	nillion gallons per day (mgd)		
rma	1.4	Total Population	on Served	-	·	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Think to a state of the second	17,000		
info Design	1.5	Ownership Sta	tus – 7			Sector And	and the second second		A CALL THE INTER		
eral		Public—fed	eral		Public—s	tate		Other public (sp	ecify) Municipal		
Gen	505694-00				Other (sp	ecify)			PERS OPPOSION ANT PAR S.		
		ant Information	pront from ontitu	lictodu	under Item	11 above	2		All contractions and		
	1.0	Yes	sient nom entry	iisteu t			No	SKIP to Item	1.8 (Part 2, Section 1).		
	1.7	Applicant name									
es-generation (D		City of Millbrook	<	-t -= D (
		P.O. Box 1072	g address (stree	et or P.	J. DOX)				· _		
		City or town					State		ZIP code		
		Contact name (first and last)	Title		·	Phone numb)er	Email address		
		Al Kelley	inor and raciy	Mayo	r		(334) 285-64	28	al.kelley@millbrook-al.gov		
	1.8	Is the applicant	the facility's ow	ner, ope	erator, or t	ooth? (Cheo	ck only one rea	sponse.)			
ul van een staar Sinter van die staarde		C Operat	or			Owner			Both		
	1.9	To which entity	should the NPD	nould the NPDES permitting authority send correspondence? (Check only one response.)							
		Facility				Applicant			racility and applicant (they are one and the same)		

EP.	A Identifica	tion Number	NPDES Permit Nu	umber	Facili	ty Name	7	Form Approved 03/05/19
	1100020	041077	AL004992	1	Millbro	ok WWTP		OMB No. 2040-0004
	2000		Charles and the second					·····································
	1.10	Facility's NPDE	S permit number					(a) A set of the se
and the second states		Check he	ere if you do not have	an NPDES	permit but are	otherwise require	d 🗌	AL0040021
		to submit	Part 2 of Form 2S.					AL0049921
	1.11	Indicate all othe	r federal, state, and le	ocal permits	or construction	approvals receive	ed or app	lied for that regulate this
		facility's sewage	e sludge managemen	t practices b	below.			
ala, 11, 5100								
		ANNESS MAG					in sin	
					in the state of th		142.0100	
		LI RCRA (haz	zardous wastes)	LI No	nattainment pro	gram (CAA) \mid I	NES	HAPs (CAA)
		D PSD (air er	nissions)		edge or fill (CWA	A Section L	_ Othe	r (specify)
he sana				404	4)			
			<u> </u>	├ _				
		🛛 Ocean dun	nping (MPRSA)		C (underground	injection of		
				flui	ds)			
	Sultan Car					in survive at the		P - Pl - which the R and a second second
	Indian	Country		· · · · · · · · · · · · · · · · · · ·	1	alla and family		orta di Theorem, and a state
	1.12	Does any gener	ation, treatment, stor	age, applica	ation to land, or o	disposal of sewag	ie sludge	from this facility occur in
ka land							tom 1 1	4 (Part 2 Section 1)
		└ Yes			~	helow		14 (Fait 2, Section 1)
	1.13	Provide a descri	iption of the generation	n. treatmer	nt storage land	application or dis	sposal of	sewage sludge that
		occurs.	priori or the general	ing a culture	n, otorago, iana	approation, or all	poour or	oonago shago that
	Topod	rophic Mon	* #* an seter , * 20 m ** * # * # # bas (* (p. m*) (b) ,				saa ay a	
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ad a tanagraphia ma	n contoinin	a all required inf	ormation to this of	nnligation	2 (Soo instructions for
	1.14	specific requirer	nents)	pcontainin	y all required init	unnation to this a	ppiloalion	
4. 4			nonko.y			No		
	l inc D						<u></u>	and the part of the second second
	1 15	Have you attach	od a line drawing an	d/or o parra	tive description :	that identifies all a		ludge prestings that will be
	1.15	employed during	the term of the pern	nit containin	a all the require	d information to the	nis annlic	ation? (See instructions for
		specific requirer	nents.)		g an alo roquito			
		Ves	,			No		
	C - 114			a serie fart			S. S. weta	an ing ang at the No. 2 K.
		Ctor Information		<u>a se maintan</u>) Are series	
	1.10	USE or disposal	ave any operational at the facility?	or maintena	ance responsibili		waye siu(ige generation, treatment,
			at the fuelinty .		_	No 🔿 SKIP to	tem 1.1	8 (Part 2 Section 1)
		L Yes			~	below.		
	1.17	Provide the follo	wing information for	each contra	ctor.			
		Check he	ere if vou have attach	ed addition:	al sheets to the	application packa	ae.	
aligners of				Cont	ractor 1	Contracto	r 2	Contractor 3
								Contractor 5
frittiner sit		Contractor comp	bany name					
		Mailing address	(street or					
		P.O. box)						
		City state and	7IP code				-	
12.12.12.000 B								
		Contact name (f	irst and last)					
						<u></u>		
an Telephone		Felephone num	ber					
		Email address						

EP	A Identificati	on Number	NPDES Permit Nu	Imber	Facili	ty Name		Form Approved 03/05/19	
	11000204	41077	AL004992:	1	Millbro	ok WWTP		OMB No. 2040-0004	
	1.17			Con	tractor 1	Contracto	2	Contractor 3	
	cont.	Responsibilities	s of contractor						
	Polluta	at Concentratio	ne		Westerne and				
	Lieina fh	e table below or	a constate attachme	nt provide	seware sludne i	monitoring data for	the notion	tants for which limits in	
	sewage	sludge have bee	en established in 40 C	CFR 503 for	this facility's ex	pected use or disp	osal praci	tices. All data must be	
	based o	n three or more	samples taken at leas	st one mont	h apart and mus	t be no more than	4.5 years	s old.	
		Check here if y	ou have attached ad	ditional she	ets to the applic	ation package.			
	1.18			Avera	ge Monthly				
		Po	llutant (Con	centration	Analytical N	lethod	Detection Level	
		Arsenic		:::	< 736	EPA 601	0C	3.85	
		Cadmium		< 9.5	EPA 601	0C	0.557		
		Chromium			15.625	EPA 601	0C	0.736	
		Copper 331 EPA 6						0.899	
		Lead			< 34.7	EPA 601	0C	2.02	
pa		Mercury			< 4.7	EPA 747	1A	2.35	
(inu		Molybdenum			10.03	EPA 601	0C	1.75	
Con		Nickel		< 20.2 EPA 6010		0C	1.18		
ion		Selenium			9.77	EPA 601	0C	3.8	
mat	Chaold	Zinc	tion Clotomont		362	EPA 601	0C	5.45	
nfor	1.19	In Colump 1 be	low mark the section	ns of Form	2S. Part 2, that y	ou have complete	d and are	submitting with your	
ral		application. Fo	r each section, specif	y in Colum	2 any attachm	ents that you are e	nclosing.	Note that not all	
iene		applicants are	required to complete	all sections	or provide attac	hments. See Exhi	bit 2S-2 i	n the Instructions.	
O			1/Conoral Informati	Solumn 1				the character	
		Section	2 (Generation of Ser	ung Nage Studg	e or Prenaration	of a Material		attachments	
		Derived	from Sewage Sludg	e)			🗌 🗆 w/ a	attachments	
		Section	3 (Land Application	of Bulk Sew	age Sludge)		🗆 w/	attachments	
		Section	4 (Surface Disposal)				🗆 w/a	atlachments	
		Section	5 (Incineration)				🗌 w/ a	attachments	
	1.20	Certification S	Statement						
		l certify under p	penalty of law that thi	s document	and all attachm	ents were prepare	d under n	ny direction or	
		supervision in a	accordance with a sy	stem desigi	ned to assure the	at qualified person	nel prope	rly gather and evaluate	
		the information directly respon	submitted. Based of sible for aatherina the	n my inquiry e informatio	or the person of n. the informatio	r persons who mai in submitted is, to i	hage the s lihe best o	system, or those persons f mv knowledge and	
		belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,							
		including the p	ossibility of fine and i	mprisonme	nt for knowing vi	olations.			
		Name (print or	type first and last nai	ne)		Official title			
		Signature /	1			Date signe	d		
	_	1100	Cy			10-6-	22		
		Telephone nuñ (334) 285-6429	nber						
	Unon th	e remiest of the	NPDES permitting au	thority you	must submit en	v other information	the puth	ority deems necessary to	
	assess	sewage sludge u	se or disposal practic	es at your	acility and ident	ify appropriate per	mitting red	quirements.	

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Page 9

MUNICIPAL SECTION

110002041077 ALD049921 Millinock WVTP Dubb 20.0004 PART 2-SECTION 2-GENERATION OF 5 MARCES LUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SUDGE 40 CFR 12221(q)(6) THROUGH (12)) 2.1 Does your facility generate sewage sludge or derive a material from sewage sludge? > SKIP to Part 2, Section 3. Amount Generated Onsite. > > SKIP to Part 2, Section 3. 2.2 Total dry metric tons per 365-day period generated at your facility: iz 2.83 Amount Generated Onsite. > > SKIP to Part 2, Section 2. 2.3 Does your facility receive sawage sludge from another facility for treatment use or disposal? iz 2.83 Amount Generated Onsite. > 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 Malling address (street, roule number, or other specific identifier) Same as mailing address 2.6 Indicate the amount of sewage sludge received, the applicatie pathogen class and reduction alternative, and the applicative incore duction option and pachase (street, roule number, or other specific identifier)	EPA lo	EPA Identification Number NPDES Permit Number					Facility N	Name Form Approved 03/05/19				
PART2_SECTION 2: GENERATION OF SERVACE SUDGE OF PREPARATION OF A MATERIAL DERIVED FROM SERVACE SUDDE 40 OF R2221((R) RNROUGH (12)) 2.1 Does your facility generate sewage sludge or derive a material from sewage sludge?	11	100020	041077	AL00	49921		Μ	lillbrook	WWTP		OME	3 No. 2040-0004
2.1 Does your facility generate sewage sludge or derive a material from sewage sludge?	PART 2, S SLUDGE (ECTIC 40 CF	ON 2. GENERATI R 122.21(q)(8) Th	ON OF SEWAG HROUGH (12))	SE SLU	DGE OR I	PREPAR	ATION O	F A MATERI	IAL DER	IVED FROM	SEWAGE
Yes No → SKIP to Part 2, Section 3. Amount Generated Onsite 22.3 2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal? 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? Type unave attached additional sheets to the application package. 2.5 Name of facility Maing address (street or P.O. box) City or town City or town State City or town Call address (street, route number, or other specific identifier) Contact name (first and last) The Phose particular Option 1 City or town State <td></td> <td>2.1 </td> <td>Does your facility</td> <td>y generate sewa</td> <td>age slud</td> <td>lge or deri</td> <td>ve a mate</td> <td>erial from</td> <td>sewage slud</td> <td>lge?</td> <td></td> <td></td>		2.1	Does your facility	y generate sewa	age slud	lge or deri	ve a mate	erial from	sewage slud	lge?		
Amount Generated Onsite gr. 83 2.2 Total dry metric tons per 385-day period generated at your facility: gr. 83 2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal? is 2.83 2.4 Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal: is 2.83 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 2.5 Name of facility Malling address (street or P.O. box) City or town State ZIP code Contact name (first and last) Title Phone number Email address City or town State ZIP code Out available 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 reduction on provided at the distila facility. 2.6 Indicate the amount of sewage sludge received, the applicable entrative to 0 ppion 1 Oppion 1 Close A, Alternative 4 Oppion 1 Oppion 1 Close A, Alternative 4 Oppion 3 Oppion 4 Oppion 8 Oppion 8			Yes						No 🗲 SKIP te	o Part 2,	Section 3.	
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Amount Received from Off Site Facility 2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?		2.2	Total dry metric	tons per 365-da	y period	l generate	d at your	facility:			82.83	
2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal? 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.		mour	It Received from	Off Site Eacili	v	9.3049.20.		Salaritada				
Image: State in the set of a constraint of a constraint of the set	STREET, D	2.3	Does your facility	y receive sewag	e sludg	e from and	other facil	ity for treatment use or disposal?				
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.			Yes		•				No 🗲 SKIP i	to Item 2	.7 (Part 2, Se	ction 2) below.
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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 INot available 2.6 Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility. Vector Attraction Reduction Amount Pathogen Class and Reduction Vector Attraction Reduction Iclass A, Aternative Implicable Implicable Implicable vector reduction option provided at the offsite facility. Implicable Implicable Implicable vector reduction option provided at the offsite facility. Implicable Implicable Implicable vector reduction option provided at the offsite facility. Implicable Implicable Implicable vector reduction option provided at the offsite facility. Implicable Implicable Implicable vector reductions option provided at the offsite facility. Implicable Implicable Implicable vector reduction option provided at the offsite facility. Implicable Implicable Implicable vector reductions optensities and treatmatito and provide at the offsite facility. <td>Sew</td> <td>+</td> <td>City or town</td> <td></td> <td>· · · -</td> <td></td> <td></td> <td>State</td> <td></td> <td></td> <td>ZIP code</td> <td></td>	Sew	+	City or town		· · · -			State			ZIP code	
Contact name (tirst and last) Ittle Phone number Email address Location address (street, route number, or other specific identifier) Same as mailing address City or town County Couss	from	ŀ				•						
Undergregere 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 reduction option provided at the offsite facility. Manount Pathogen Class and Reduction Vector Attraction Reduction option at the applicable 2.6 Indicate the amount of sewage sludge received, the applicable as and Reduction Vector Attraction Reduction option at the applicable Class A, Alternative 1 Option 1 Option 1 Class A, Alternative 2 Option 1 Class A, Alternative 3 Option 4 Class A, Alternative 4 Option 5 Class B, Alternative 6 Option 7 Class B, Alternative 6 Option 7 Class B, Alternative 4 Option 10 Domestic septage, pH adjustment Option 10 Domestic septage, pH adjustment 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.) Preliminary operations (e.g., sludge grinding and degr	/ed		Contact name (fi	irst and last)	litle			Phone	number		Email addre	SS
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 reduction option provided at the offsite facility. Vector Attraction Reduction Amount Pathogen Class and Reduction Vector Attraction Reduction (dry metric tons) Pathogen Class and Reduction Vector Attraction Reduction (dry metric tons) Option 1 Option 1 Class A, Alternative 2 Option 3 Option 3 Class A, Alternative 4 Option 5 Option 6 Class A, Alternative 5 Option 6 Option 6 Class B, Alternative 4 Option 7 Class B, Alternative 2 Option 1 Class B, Alternative 4 Option 7 Class B, Alternative 4 Option 7 Class B, Alternative 4 Option 10 Option 10 Option 10 Class B, Alternative 4 Option 10 Option 11 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.) Preliminary operations (e.g., sludge grinding and degrifting) T	l Deri	ľ	Location address	s (street, route r	number,	or other s	specific id	entifier)			□ Same as	mailing address
Protocogne County County code Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility. Amount Pathogen Class and Reduction Vector Attraction Reduction Option (dry metric tons) Pathogen Class and Reduction Vector Attraction Reduction Option (dry metric tons) Pathogen Class and Reduction Vector Attraction Reduction Option (dry metric tons) Indicate the amount of sewage sludge received, the applicable Option 1 (dry metric tons) Indicate the amount of sewage sludge received, the applicable Option 1 (dry metric tons) Indicate the amount of sewage sludge received, the applicable Option 1 (dry metric tons) Indicate the amount of sewage sludge received, the applicable Option 1 (dry metric tons) Indicate the amount of sewage sludge received, the applicable Option 1 (dry metric tons) Indicate the amount of sewage sludge received, the applicable Option 1 (dry metric tons) Indicate the amount of sewage sludge received, the applicable Option 1 (dry metric tons) Indicate the amount of sewage sludge received, the applicable Option 6 (class B, Alternative 3 Option 6 Option 10 </td <td>ateria</td> <td>Ī</td> <td>City or town</td> <td></td> <td></td> <td></td> <td></td> <td>State</td> <td></td> <td></td> <td>ZIP code</td> <td></td>	ateria	Ī	City or town					State			ZIP code	
2.6 Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility. Amount Pathogen Class and Reduction Option Option Option Option 1 Class A, Alternative 2 Class A, Alternative 2 Class A, Alternative 3 Class A, Alternative 3 Class A, Alternative 5 Class A, Alternative 5 Class A, Alternative 5 Class B, Alternative 5 Class B, Alternative 3 Class B, Alternative 4 Class Class B, Alternative 4 Class B, Alterna	ofaM	Ī	County					County	v code		[□ Not available
applicable vector reduction option provided at the offsite facility. Vector Attraction Reduction Option Amount Pathogen Class and Reduction Alternative Vector Attraction Reduction Option (dry metric tons) Not applicable Not applicable Class A, Alternative 1 Option 1 Class A, Alternative 2 Option 3 Class A, Alternative 3 Option 4 Class A, Alternative 4 Option 5 Class A, Alternative 5 Option 7 Class A, Alternative 6 Option 7 Class B, Alternative 1 Option 7 Class B, Alternative 3 Option 7 Class B, Alternative 4 Option 7 Class B, Alternative 4 Option 10 Class B, Alternative 3 Option 10 Class B, Alternative 4 Option 11 Class B, Alternative 4 Option 11 Domestic septage, PH adjustment Option 11 Preliminary operations (e.g., sludge grinding and degritting) Thickening (concentration) Stabilization Anaerobic digestion Composting Conditioning Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lago	ion	2.6	Indicate the amo	ount of sewage	sludge r	eceived, t	he applica	able path	ogen class a	nd reduc	tion alternativ	e, and the
Amount Patnogen Class and Reduction Vector Attraction Reduction (dry metric tons) Alternative Option (dry metric tons) Otapplicable Not applicable Class A, Alternative 1 Option 1 Class A, Alternative 2 Option 2 Class A, Alternative 3 Option 4 Class A, Alternative 4 Option 5 Class A, Alternative 5 Option 6 Class B, Alternative 6 Option 7 Class B, Alternative 3 Option 7 Class B, Alternative 4 Option 7 Class B, Alternative 3 Option 10 Class B, Alternative 4 Option 7 Class B, Alternative 3 Option 10 Class B, Alternative 4 Option 10 Domestic septage, pH adjustment 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.) Preliminary operations (e.g., sludge grinding and degritting) Thickening (concentration) Stabilization Anaerobic digestion Composting Conditioning Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Heat drying Thermal reduction <td>aral</td> <td></td> <td>applicable vecto</td> <td>r reduction optic</td> <td>on provi</td> <td>ded at the</td> <td>offsite fac</td> <td>cility.</td> <td></td> <td>i alata ili alia</td> <td>10 m (). </td> <td></td>	aral		applicable vecto	r reduction optic	on provi	ded at the	offsite fac	cility.		i alata ili alia	10 m (). 	
So opposed Image: Construct of the second secon	Pret		A (drv m	netric tons)	1833	Patiloq 2010 10-1	Alteri	anu ke native	auction	veci	Or Attraction Optior	Reduction
Sorger Class A, Alternative 1 Option 1 Class A, Alternative 2 Option 2 Class A, Alternative 3 Option 3 Class A, Alternative 3 Option 4 Class A, Alternative 5 Option 6 Class A, Alternative 6 Option 7 Class B, Alternative 6 Option 7 Class B, Alternative 2 Option 8 Class B, Alternative 3 Option 9 Class B, Alternative 3 Option 10 Class B, Alternative 4 Option 10 Class B, Alternative 3 Option 10 Class B, Alternative 4 Option 10 Domestic septage, pH adjustment Option 10 Domestic septage, pH adjustment Option 11 Preliminary operations (e.g., sludge grinding and degritting) Thickening (concentration) Preliminary operations (e.g., sludge grinding and degritting) Anaerobic digestion Composting Conditioning Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Heat drying Thermal reduction	2 2			némenené a di and francé and	- <u> </u>	□ Not a	pplicable		1996 (Brown and Adding (Brook (Brook) and Con-	□ Not a	pplicable	and a second
Image: Class A, Alternative 2 Image: Class A, Alternative 2 Image: Class A, Alternative 3 Image: Class A, Alternative 3 Image: Class A, Alternative 3 Image: Class A, Alternative 4 Image: Class A, Alternative 5 Image: Class A, Alternative 5 Image: Class A, Alternative 6 Image: Class B, Alternative 6 Image: Class B, Alternative 6 Image: Class B, Alternative 7 Image: Class B, Alternative 2 Image: Class B, Alternative 3	öp						A, Alterna	ative 1		□ Optio	n 1	
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.) Preliminary operations (e.g., sludge grinding and degritting) Preliminary operations (e.g., sludge grinding and degritting) Thickening (concentration) Image: Stabilization Conditioning Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Image: Heat drying Image: Stabilization Image: Stabilization Image: Stabilization Image: Stabilization Image: Stabilization	- Sic						A, Alterna	ative 2			n 2 n 2	
Preliminary operations (e.g., sludge grinding and degritting) Class A, Alternative 5 Option 5 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.) Preliminary operations (e.g., sludge grinding and degritting) Thickening (concentration) Stabilization Anaerobic digestion Composting Conditioning Pisinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Heat drying Thermal reduction	age						A. Alterna	ative 3			n 4	
Image: Stabilization Image: Class A, Alternative 6 Image: Class B, Alternative 1 Image: Class B, Alternative 1 Image: Class B, Alternative 1 Image: Class B, Alternative 2 Image: Class B, Alternative 2 Image: Class B, Alternative 2 Image: Class B, Alternative 3 Image: Class B, Alternative 4 Image: Class B, Alternative 4 <td< td=""><td>Sew</td><td></td><td>•</td><td></td><td></td><td>□ Class</td><td>A, Alterna</td><td>ative 5</td><td></td><td>□ Optio</td><td>n 5</td><td></td></td<>	Sew		•			□ Class	A, Alterna	ative 5		□ Optio	n 5	
Image: Section of the section of th	ō						A, Alterna	ative 6		D Optio	n 6	
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.) 2.7 Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and degritting) Preliminary operations (e.g., sludge grinding and degritting) Thickening (concentration) Stabilization Anaerobic digestion Composting Conditioning Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Heat drying Thermal reduction	tio						B, Alterna	ative 1 ative 2			n / n 8	
Class B, Alternative 4 Option 10 Domestic septage, pH adjustment 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.) Preliminary operations (e.g., sludge grinding and degritting) Thickening (concentration) Stabilization Anaerobic digestion Composting Conditioning Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Heat drying Thermal reduction	nera				ł		B, Alterna	ative 3			n 9	
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.) Preliminary operations (e.g., sludge grinding and degritting) Thickening (concentration) Stabilization Anaerobic digestion Composting Conditioning Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Heat drying Thermal reduction	ů					Class	B, Alterna	ative 4		□ Optio	n 10	
 Identify the treatment process(es) that are known to occur at the onsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.) Preliminary operations (e.g., sludge grinding and degritting) Stabilization Composting Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Heat drying Thermal reduction 		27	Identify the treat	mont process(e	a) that a		stic septa	ige, pH a	idjustment		n 11 Handina aatiy	the second
Preliminary operations (e.g., sludge grinding and degritting) Thickening (concentration) Stabilization Anaerobic digestion Composting Conditioning Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Heat drying Thermal reduction		2.1	treatment to red	uce pathogens (or vecto	r attraction	n properti	es. (Che	ck all that apr	olv.)	plending activ	illes and
Image: degritting) Image: degritting) Image: degritt			Prelimina	ry operations (e	.g., sluc	lge grindir	ng and	, T	Thickening	(concent	ration)	
Stabilization Anaerobic digestion Composting Conditioning Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Heat drying Thermal reduction			degritting)					motering	loonoch	radony	
Composting Conditioning Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Heat drying Thermal reduction			Stabilizat	ion					Anaerobic c	ligestion		
Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) Heat drying Thermal reduction			Compost	ing					Conditioning	g		
Heat drying Thermal reduction			Disinfecti irradiation	on (e.g., beta ra n, pasteurizatior	ıy irradia ı)	ation, gam	ima ray		Dewatering beds, sludg	(e.g., ce e lagoon	ntrifugation, s s)	ludge drying
			🔲 Heat dryi	ng					Thermal rec	duction	-	
Methane or biogas capture and recovery Other (specify)			Methane	or biogas captu	r e and r	ecovery			Other (spec	;ify)	_	

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EPA Ide	entification Number	NPDES Permit Nun	nber		Facility	Name	Form Approved 03/05/19
110	0002041077	AL0049921		Mil	lbrool	k WWTP	OMB No. 2040-0004
i Tr	eatment Provided at	Your Facility	*	ा बर्ग	, ^e	. # ^H	
2.	.8 For each sewag and the applicat	e sludge use or dispos ble vector attraction red	al practice luction opt	, indicate th ion provided	e appl I at yo	licable patho our facility. Att	gen class and reduction alternative ach additional pages, as necessary.
	Use or Dis (ch	sposal Practice eck one)	Pathogen Class and Reduction Alternative			eduction	Vector Attraction Reduction Option
	□ Land applica	tion of bulk sewage				□ Not applicable	
A cin	Land applica	tion of biosolids		A, Alternat	ve 1		Option 1
ł		tion of biosolids		A, Allemat	ve Z		Contion 3
	(bags)		Class A, Alternative 4				□ Option 4
	🗆 Surface disp	osal in a landfill	□ Class A, Alternative 5 □ Class A, Alternative 6 □ Class B, Alternative 1				□ Option 5
, D	Other surface	e disposal					Option 6
nue			☐ Class B, Alternative 1 ☐ Class B, Alternative 2 ☐ Class B, Alternative 3				Option 7 Option 8
onti							Option 9
U U				B, Alternat	ve 4		□ Option 10
i i i i i i i i i i i i i i i i i i i				estic septag	e, pH a	adjustment	Option 11
S 2.	.9 Identify the treat	ment process(es) used	l at your fa	cility to redu	ice ba	athogens in se	ewage sludge or reduce the vector
wag	attraction prope	rties of sewage sludge:	? (Check a dae arindi	ill that apply	.)		
om Se) ;	age gilla	ng anu		Thickening	(concentration)
d fr					Anaeropic	เลืองกา	
Brive		ing				Conditionir	lg
erial De		on (e.g., beta ray irradi n, pasteurization)	ation, gan	ima ray		Dewatering beds, sludg	g (e.g., centrifugation, sludge drying ge lagoons)
Mate	Heat dryi	ng				Thermal re	duction
ofa	Methane	or biogas capture and	recovery				
ludge or Preparation	Describe any of 2) above. Check he	her sewage sludge trea	d the desc	ription to the	vities e appli	not identified	in Items 2.8 and 2.9 (Part 2, Section ge.
Generation of Sewage Severation of Sewage Severation of Sewage Severation of Sewage Severation of Severation S	eparation of Sewage ne of Vector Attraction	Sludge Meeting Ceili on Reduction Options e sludge from your facil	ing and P 1 to 8	ollutant Co	ncenti ncenti	rations, Clas	s A Pathogen Requirements, and
	of the vector attra	action reduction require	3.13, Clas ements at	s A pathoge 40 CFR 503	n redu .33(b) 2	ICTION require I(1)–(8) and is No → SKIP	ments at 40 GFR 503.32(a), and one s it land applied? to Item 2.14 (Part 2, Section 2)
2.1	12 Total dry metric t subsection that is	ons per 365-day period s applied to the land:	d of sewag	e sludge su	bject t	to this	
2.1	13 Is sewage sludge the land?	e subject to this subsec	tion place	d in bags or	other	containers fo	r sale or give-away for application to
and a second sec	🔲 Yes			Ľ]	No	
	the land? Yes Check here once yo	u have completed Item	s 2.11 to 2	2.13, then -3	J	No P to Item 2.32	2 (Part 2, Section 2) below.

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EP	A Identific	cation Number	NPDES Perm	it Number		Facility Name	Form Approved 03/05/19				
	110002	2041077	AL0049	921	. N	Aillbrook WWTP	OMB No. 2040-0004				
	Sale o	or Give-Away in a	Bag or Other Co	intainer for Ap	plication	to the Land					
	2.14	Do you place sew	vage sludge in a b	ag or other co	ntainer for	sale or give-away for lan	d application?				
		Yes				$\square \qquad No \rightarrow SKIP \text{ to In below.}$	tem 2.17 (Part 2, Section 2)				
	2.15	Total dry metric to other container a	ons per 365-day p t your facility for s	period of sewag ale or give-awa	ge sludge ay for appl	placed in a bag or ication to the land:					
	2.16	Attach a copy of a container for app	all labels or notice lication to the land	es that accomp 1.	any the se	wage sludge being sold o	or given away in a bag or other				
		Check he	re to indicate that	you have atta	ched all la	bels or notices to this app	plication package.				
ued	□с	heck here once you	on 2, Item 2.32.								
ntin	Shipn	nent Off Site for T	reatment or Bler	nding	ing in the sign						
ge Col	2.17	Does another fac dewatered sludge	ility provide treatn e sent directly to a	nent or blendin I land application	g of your f on or surfa	facility's sewage sludge? ace disposal site.)	(This question does not pertain to				
s Slud		🔲 Yes				$\square \qquad No \rightarrow SKIP \text{ to If below.}$	tem 2.32 (Part 2, Section 2)				
om Sewage	2.18	Indicate the total sewage sludge. F for each facility.	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.								
edfr			re if you have atta	ached addition	ai sneets t	o the application package	<u>.</u>				
erič	2.19										
rial D		Mailing address (street or P.O. box	()							
Mate		City or town				State	ZIP code				
n of a		Contact name (fir	st and last)	Title		Phone number	Email address				
aratio		Location address (street, route number, or other specific identifier)					□ Same as mailing address				
Prep		City or town				State	ZIP code				
Indge of	2.20	Total dry metric to facility:	ons per 365-day p	period of sewag	ge sludge	provided to receiving					
age S	2.21	Does the receivin reduce the vector	ng facility provide a	additional treat ties of sewage	ment to re sludge fro	duce pathogens in sewaq om your facility?	ge sludge from your facility or				
of Sew		🔲 Yes		-	-	$\square \qquad \begin{array}{c} No \rightarrow SKIP \text{ to} \\ below. \end{array}$	Item 2.24 (Part 2, Section 2)				
<u>j</u>	2.22	Indicate the patho	ogen class and re	duction alterna	tive and th	ne vector attraction reduc	tion option met for the sewage				
era		sludge at the rece	eiving facility.	21 K. (A 12 N 14		a a administra da	and the second				
Sen -		Pathogen	Class and Reduc	ction Alternati	Ve	Vector Attrac	ction Reduction Option				
•		Not applicable				Not applicable					
	□ Class A, Alternative 1 □ Class A, Alternative 2 □ Class A, Alternative 3 □ Class A, Alternative 4										
1997) 1997: Angel Hu											
a - 1 a - 1 a ()e						$\Box \text{ Option } 3$					
	Class A, Alternative 5					$\Box Option 5$					
	□ Class A, Alternative 5 □ Class A, Alternative 6 □ Class B, Alternative 1 □ Class B, Alternative 2					$\Box Option 6$					
			native 3								
			native 4			$\square Option 3$					
		Domestic sent	age, pH adjustme	ent		\square Option 11					

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EP	A Identific	cation Number	NPDES Permit Number	Facil	ity Name	Form Approved 03/05/19				
	110002	2041077	AL0049921	Millbro	ok WWTP	OMB No. 2040-0004				
а ,	2.23	Which treatment vector attraction	process(es) are used at the rece properties of sewage sludge fron	eiving facility to r n your facility? (educe pathogens Check all that app	in sewage sludge or reduce the ly.)				
		Preliminar degritting)	y operations (e.g., sludge grindin	g and	Thickening (cor	centration)				
r		Stabilizatio	n		Anaerobic diges	stion				
, s,		Compostin	g		Conditioning					
-		Disinfectio irradiation,	n (e.g., beta ray irradiation, gami pasteurization)	ma ray	Dewatering (e.g beds, sludge lag	i., centrifugation, sludge drying goons)				
		🔲 Heat drying	g		Thermal reducti	on				
		Methane o	r biogas capture and recovery		Other (specify)					
nued ***	2.24	Attach a copy of information" requ	any information you provide the irement of 40 CFR 503.12(g).	receiving facility	to comply with the	e "notice and necessary				
onti		Check he	ere to indicate that you have atta	ched material.						
udge C	2.25	Does the receivir application to the	ng facility place sewage sludge fr a land?	om your facility	in a bag or other o	container for sale or give-away for				
age Sli		Yes			No ➔ SKIP t below.	o Item 2.32 (Part 2, Section 2)				
m Sew	2.26	Attach a copy of all labels or notices that accompany the product being sold or given away. Check here to indicate that you have attached material.								
d froi	Псн	neck here once you	eck 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)							
rive(be	elow.	Il Comero Cludeo			. 8				
l De	2 27	Is sewage sludge	From your facility applied to the	land?	18					
Materia	2.27	Yes			I No → SKIP to below.	o Item 2.32 (Part 2, Section 2)				
n of a	2.28	Total dry metric t application sites:	ons per 365-day period of sewag	ge sludge applie	d to all land					
ratio	2.29	Did you identify a	all land application sites in Part 2	, Section 3 of th	is application?					
Prepa		🔲 Yes		· 🗖	No ➔ Submi with your app	t a copy of the land application plan lication.				
idge oi	2.30	Are any land app material from sev	lication sites located in states of wage sludge?	her than the sta	te where you gene	erate sewage sludge or derive a				
ige Slu		☐ Yes			No → SKIP t below.	o Item 2.32 (Part 2, Section 2)				
of Sewa	2.31	Describe how yo Attach a copy of	u notify the NPDES permitting at the notification.	uthority for the s	tates where the la	nd application sites are located.				
on o		Check he	re if you have attached the expla	nation to the ap	plication package.					
erati		Check he	re if you have attached the notific	cation to the app	lication package.	n w w				
Gen	Surfa	ce Disposal	a from your facility placed on a pl	urface diamonal						
n *n	2.32	S sewage sludge	e norm your facility placed on a st		No → SKIP to below	o Item 2.39 (Part 2, Section 2)				
4 8 9,100 5 9 8 9 18 8 10 19 10 10 1	2.33	Total dry metric t	ons of sewage sludge from your r 365-day period:	facility placed of	n all surface					
N 1	2.34	34 Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?								
		Yes → SKIP to Item 2.39 (Part 2, Section 2) No								
त = ==================================	2.35	Indicate the total sludge.	number of surface disposal sites	s to which you s	end your sewage					
8		(Provide the info	rmation in Items 2.36 to 2.38 of F	Part 2, Section 2	, for each facility.)					
		Check here	if you have attached additional sl	heets to the app	lication package.					

EPA Identification Number 110002041077		NPDES	Permit Number	M	Facility Iillbrool	Name < WWTP]	Form Approved 03/05/19 OMB No. 2040-0004	
2.36	Site name or num	ber of surfac	e disposal site you	u do not ow	n or ope	erate	1		
and a construction of the second seco	Mailing address (street or P.O.	box)						
10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	City or Town				State			ZIP Code	
	Contact Name (fi	ontact Name (first and last) Title			Phone	Number		Email Address	
2.37	Site Contact (Che	eck all that ap	ply.)						
2.38	Total dry metric to	ons of sewage	e sludge from your	r facility pla	ced on	this surface			
Incin	ration			e siggin i e e e e	, HL - 7 - 1, 10	a alfatta arab 1.5.4	×		
2 30	ls sewage sludge	from your fa	cility fired in a sew	ane sludne	inciner	ator?	P ⁰ Nr N R		
2.00		nom your la	lugo oluugo		No → SKIP below.	to Item	1 2.46 (Part 2, Section 2)		
2.40	Total dry metric to sludge incinerato	ons of sewagers per 365-da	r facility fire	d in all	sewage				
2.41	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes → SKIP to Item 2.46 (Part 2, Section 2) below. No							facility is fired?	
2.42	Indicate the total number of sewage sludge incinerators u operate. (Provide the information in Items 2.43 to 2.45 dir Check here if you have attached additional sheets to				ed that y etly belo e applic	vou do not own w for each facil cation package.	or ity.)		
2.43	Incinerator name	or number						-l	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mailing address (street or P.O.	. box)						
**************************************	City or town				State		-	ZIP code	
유 역111 1025 ²⁷ 10 10 10	Contact name (fin	st and last)	Title		Phone	number		Email address	
् मि सर्वेत भ	Location address	(street, route	e number, or other	specific ide	entifier)			□ Same as mailing add	
	City or town				State			ZIP code	
2.44	Contact (check a	ll that apply)							
	Incinerat	or owner				Incinerator o	perato	r	
2.45	2.45 Total dry metric tons of sewage sludge from your facili sludge incinerator per 365-day period:				ed in this	s sewage			
Dispo	Disposal in a Municipal Solid Waste Landfill						za, Mari		
2.46	2.46 Is sewage sludge from your facility placed on a munic					ste landfill?		· · · · · · · · · · · · · · · · · · ·	
	Yes					No 🗲 SKIP	to Par	t 2, Section 3.	
2.47	Indicate the total information in Ite	number of m ms 2.48 to 2.4	unicipal solid wast 52 directly below fo	te landfills u or each fac	ised. (P ility.)	rovide the			
	Check here i	if you have at	tached additional s	sheets to th	ie applie	cation			

	EPA Identif	cation Number	NPDES Perr	nit Number		Facility Na	ame	Form Approved 03/05/19			
	11000	2041077	AL004	9921	Mi	llbrook \	WWTP	OMB No. 2040-0004			
e	2.48	Name of landfill									
Sludg		Mailing address (street or P.O. bo	x)							
wage	4	City or town			State			ZIP code			
m Se	19, 1 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	Contact name (first and last)				Phone	e number	Email address			
ed fro	н *	Location address	(street, route nu	mber, or o	ther specific ide	ntifier)		□ Same as mailing address			
Deriv	5 1 19 19	County			County code			□ Not available			
aterial		City or town			State			ZIP code			
l of a Ma	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:									
aration Contir	2.50	List the numbers landfill.	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.								
Prep	7	Permit Numbe	er	Type of Permit							
le or	4 1 5										
Sludg	-										
wage	an a										
of Sev	2.51	Attach to the app	lication informati le sludge in a mi	on to deter inicipal so	rmine whether th lid waste landfill	e sewag (e.g. res	e sludge me	eets applicable requirements for filter liquids test and TCLP test)			
ration	2 4 10	Check he	Check here to indicate you have attached the requested information.								
enei	2.52	Does the municip	al solid waste la	ndfill comp	bly with applicabl	e criteria	set forth in	40 CFR 258?			
	in an W	🗌 Yes	Yes No								

EP	A Identific	ation Number	NPDES Permit Num	ber	Facility Name	arne Form Approved 03/05/19						
	110002	041077	AL0049921	Mil	lbrook WWTP	OMB No. 2040-0004						
PART 2	, SECTI	ON 3 LAND AP	PLICATION OF BULK	SEWAGE SLUDGE (40 CFR 122.21(q)(9))							
	3.1	Does your facility	y apply sewage sludge	to land?								
n u _n		নি Yes				to Part 2, Section 4.						
u	32		lowing conditions apply	0								
à	0.2	Do any or the lo	lowing conditions apply	f na concentrations in '		2.12 the pollutant concentrations in						
		 The sewage Table 3 of 4 	40 CFR 503 13 Class A	athogen reduction	requirements at 40 CFR 50.	R 503.32(a). and one of the vector						
e e		attraction re	eduction requirements a	at 40 CFR 503.33(b)(1	l)_(8);							
		The sewage	e sludge is sold or giver	n away in a bag or oth	ner container for applic	cation to the land; or						
		You provide	e the sewage sludge to	another facility for tre	atment or blending.							
		Yes →	SKIP to Part 2. Section	14. -	R No							
500 I	33	Complete Section	on 3 for every site on wh	hich the sewage slude	le is applied.							
v	0.0		if you have attached an	acts to the explicatio	n nackago for one or r	nore land application sites						
n	11.4		Ir you have allached sh			note land application sites.						
1 7 10 11 11 12 11 12	Identi	Site name of Land /	Application Site		g, ž	118 11 11 11 11 11 11 11 11 11 11 11 11						
	3.4	City of Wetumpk	a									
		Location addres	s (street, route number,	or other specific ider	itifier)	□ Same as mailing address						
		P.O. Box 1180			County and							
к л ^П ц		Elmore			County code							
e		City or town			ZIP code							
pnl		Wetumpka AL 35092										
ge S		Latitude/Longit	ude of Land Applicati	on Site (see Instruction	ons)	Longitudo						
Ma		· u; ²¹	Lautude									
× Š			32° 31′ 36″	N	86°	19' 50 W						
Bul		Method of Dete	rmination	а 1917 г. – р	5 9 15 75							
n of		USGS map		Field survey	L L	Other (specify) Google Earth						
ation	35	Provide a topog	ranhic man (or other an	propriate man if a top	ographic man is unav	ailable) that shows the site location						
plic	0.0		horo to indicato you bay	vo attachod a topogra	nhia man for this site							
Api	0			ve allacheu a lopogra		3						
and	2 G	Are you the own	or of this land application	on site?								
<u> </u>	0.0		SKIP to Itom 3.8 (Part	2 Section 3) below	No.							
* * E _ A	27											
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3.1	City of Wetumpk	a									
- ²		Mailing address	(street or P.O. box)									
R	-	P.O. Box 1180			State	ZID and a						
 		Wetumpka			AL	35092						
		Contact name (f	first and last)	Title	Phone number	Email address						
		Lynn Weldon		Municipal Airport D	ir. (334) 285-5843							
4 ¹⁰ 2	Appli	er Information										
	3.8	Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?										
na an a	4	☐ Yes → SKIP to Item 3.10 (Part 2, Section 3) below. ✓ No										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.9	Applier's name										
11 ₁₁		City of Wetumpk	ity of Wetumpka									
р В.		P.O. Box 1180	.O. Box 1180									
		City or town			State	ZIP code						
		Wetumpka			AL	35092						
		Contact name (f	irst and last)	Little	Phone number	Email address						
1	ł	Lynn weldon		I municipal milport D	. 1057 205-5045							

EP	EPA Identification Number		NPDES Perm	it Number	Faci	ity Name	Form Approved 03/05/19		
	110002	2041077	AL0049	921	Millbro	ook WWTP	OMB No. 2040-0004		
	Site T	ype				No. A Starter of			
	3.10	Type of land app	lication:						
		Agricult	ural land] Forest			
		Reclam	ation site		Г	Public contac	t site		
			describe)		_	-			
	Cron		on Grown on Site	a Higa			n		
	3 11	What type of cro	on of other vegetat	ion is grown of	n this site?		in an		
Andreas and Andr	0.11	Coastal Bermuda	Hav	Ion io grown of					
	2 12	What is the pitro	gon requirement f	or this aron or	vogetation?				
	3.1Z	100# N/acra/cutt	igen requirement i ting	or this crop of	vegetation?				
	2 Sar 7				1.				
	Vecto	r Attraction Redu	ICTION	requirements	at 40 CED 502	22(h)(0) and $(h)(10)$) mot whon powerso pludgo in		
	3.13	applied to the lai	nd application site	?	al 40 CFR 503.) het when sewage sludge is		
		Yes			<u>ب</u>	below.			
	3.14	Indicate which v	ector attraction rec	duction option	is met. (Check	only one response.)		
	And and a start of	D Option	9 (injection below	land surface)		Option 10 (inc	corporation into soil within 6 hours)		
eq	3.15	Describe any tre	atment processes	used at the la	nd application s	ite to reduce vecto	r attraction properties of sewage		
tin.	-	sludge.							
S.		Check he	re if you have atta	ched your des	cription to the a	pplication package			
- de Be	Cumu	Ilative Loadings a	and Remaining A	llotments 🐜					
Slud	3.16	Is the sewage sl (CPLRs) in 40 C	udge applied to th FR 503.13(b)(2)?	is site since Ju	ıly 20, 1993, sul	oject to the cumula	tive pollutant loading rates		
age.	5	☐ Yes			۲ ۲	No → SKIP to	Part 2, Section 4.		
Sew	3.17	Have you contac	cted the NPDES p	ermitting autho	prity in the state	- where the bulk sev	wage sludge subject to CPLRs will		
A L		be applied to as	certain whether bu	Ik sewage slu	dge subject to C	PLRs has been ap	oplied to this site on or since		
8		July 20, 1993?							
5					-	No → Sewa	ge sludge subject to CPLRs may		
ät	3	Yes			L.	_ not be Section	applied to this site. SKIP to Part 2,		
Ē	2 1 0	Provide the felle	wing information a	bout your NPI	DES permitting	authority:	······································		
٦ ۲	0.10	NPDES permitti	ng authority name		DEO permitting	autionty.			
a			ng autionty flattie	u ¹					
н и <mark>на</mark> далии на 1913 години на 1913 години на 1913 години на 1913 години				· ·					
			per	л					
		Email address							
	3.19	Based on your in	nquiry, has bulk se	wage sludge :	subject to CPLF	s been applied to f	nis site since July 20, 1993?		
		⊔ Yes					to Part 2, Section 4.		
	3.20	Provide the follo	wing information f	or every facility	y other than you	rs that is sending,	or has sent, bulk sewage sludge		
	1 - 400 to 1 - 1 - 1 - 1	subject to CPLR	is to this site since	July 20, 1993	. If more than o	ne such facility sen	as sewage sludge to this site,		
	- 000 20 ml		i payes as necess	aly.					
	* d		re to indicate that a	auditional page	es are attached.				
		Facility name							
		Mailing address	(street or P.O. bo	x)					
	1	City or town				State	ZIP code		
	9 K								
	- 3001	Contact name (f	tirst and last)	Title		Phone number	Email address		
a start	30 2								

EP	A Identifica	tion Number	NPDES Permit Number		Facility Name		Form Approved 03/05/19		
	1100020	041077	AL0049921	Mi	llbrook WW	ТР	OMB No. 2040-0004		
PART 2	, SECTIO	ON 4 SURFACE	DISPOSAL (40 CFR 122	.21(q)(10))					
ини и и и и и и и	4.1	Do you own or op	erate a surface disposal	site?	_				
		Yes			~	No → SKIP t	o Part 2, Section 5.		
	4.2	Complete all item	s in Section 4 for each ac	tive sewage slude	dge unit that you own or operate.				
n Brit		Check here	to indicate that you have	e attached materia	al to the appli	ication package f	or one or more active		
and the second of the second o	Inform	ation on Active S	ewage Sludge Units	3	1	10 N	¥		
n	4.3	Unit name or nun	nber						
^к а п		Mailing address (street or P.O. box)						
		City or town				State	ZIP code		
* n		Contact name (fir	st and last)	Title		Phone number	Email address		
		Location address	(street, route number, or	other specific ide	entifier)		□ Same as mailing address		
G Ann		County				County code	□ Not available		
-		City or town			State	ZIP code			
100 1.00 - 11 1.21 - 10		Latitude/Longitude of Active Sewage Sludge Unit (see instructions)							
8∨∉ 0.8 4.9			Latitude			LON	jitude :		
sal									
ispo		Method of Deter	mination	*	u	8. n	50 m		
ace D		USGS map		Field survey		□ Othe	er (specify)		
Surf	4.4	Provide a topogra	aphic map (or other appro	opriate map if a to	pographic m	ap is unavailable) that shows the site		
		Check here	to indicate that you have	e completed and a	attached a to	pographic map.			
n n n n n n n n n n n n n n n n n n n	4.5	Total dry metric t per 365-day perio	ons of sewage sludge pla od:	aced on the active	sewage slue	dge unit			
- 5	4.6	Total dry metric t over the life of the	ons of sewage sludge pla e unit:	aced on the active	sewage slue	dge unit			
n N	4.7	Does the active s (cm/sec)?	ewage sludge unit have	a liner with a max	imum perme	ability of 1 × 10-7	centimeters per second		
		Yes				No → SKIP 4) below.	to Item 4.9 (Part 2, Section		
	4.8	Describe the line	r.						
н, ₁₉₆		🔲 Check here	e to indicate that you have	e attached a desc	ription to the	application pack	age.		
8	4.9	Does the active s	sewage sludge unit have	a leachate collect	ion system?				
		🗌 Yes				No → SKIP 4) below.	to Item 4.11 (Part 2, Section		
Ting Art and to a to a to a to a to a	4.10	Describe the lead federal, state, or	chate collection system a local permit(s) for leacha	nd the method us te disposal.	ed for leacha	ate disposal and p	provide the numbers of any		
e S		Check here	e to indicate that you hav	e attached the de	scription to th	he application pac	ckage.		

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	1100020	041077	AL0049921		Millbrook V	NWTP		OMB No. 2040-0004				
	4.11	Is the boundary site?	of the active sewage slud	lge unit l	ess than 150 mete	rs from	the property li	ne of the surface disposal				
н		Yes					No → SKIP 1 Section 4) be	to Item 4.13 (Part 2, low.				
а Н ⁹	4.12	Provide the actu	al distance in meters:					meters				
$\begin{array}{c} & & & \\$	4.13	Remaining capa	city of active sewage sluc	dge unit i	in dry metric tons:			dry metric tons				
e e e e e e e e e e e e e e e e e e e	4.14	Anticipated close	ure date for active sewage	e sludge	unit, if known (MN	1/DD/Y	YYY):					
N N N B N B	4.15	Attach a copy of	Attach a copy of any closure plan that has been developed for this active sewage sludge unit.									
in the second se			e to indicate that you hav	nan to the appl								
н т	Sewag	e Sludge from O	ther Facilities		*** * *			с				
ŭ	4.16	Is sewage sludg	e sent to this active sewa	ige sludg	ge unit from any fac	cilities of	ther than your	facility?				
K K		Yes		$\frac{1}{4}$ below.	to item 4.21 (Part 2, Section							
a ^{n d} uh An _n n ^{n b} u n	4.17	Indicate the tota sludge to this ac below for each s	Indicate the total number of facilities (other than your facility) that send sewage Iudge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly elow for each such facility.)									
H L U H L H L		Check here the applica	Check here to indicate that you have attached responses for each facility to the application package.									
ed	4.18	Facility name	Facility name									
ontinu		Mailing address	(street or P.O. box)									
sal Co		City or town				State		ZIP code				
Dispo		Contact name (f	first and last)	Title		Phon	e number	Email address				
rface	4.19	Indicate the path sludge before le	hogen class and reduction aving the other facility.	n alterna	tive and the vector	attract	ion reduction o	option met for the sewage				
Su		Patho	ogen Class and Reducti	on Alter	native	Vector Attraction Reduction Option						
u _{Ra} P		□ Not applicabl	le			□ Not applicable						
· ·		🗆 Class A, Alte	rnative 1			□Op	otion 1					
1		□ Class A, Alte	rnative 2			□ Op	otion 2					
		Class A, Alte	rnative 3			ЦOр	otion 3					
			rnative 4				otion 4					
			rnalive o rnativo 6				tion 6					
		Class R, Alte	rnative 1				otion 7					
		Class B. Alte	rnative 2				otion 8					
Y		Class B, Alte	rnative 3				otion 9					
a kana		🗆 Class B, Alte	rnative 4			□Op	otion 10					
L MA		Domestic septage, pH adjustment				□ Option 11						
н ⁴ + п	4.20	Which treatment process(es) are used at the other facility to reduc				pathog	ens in sewage	sludge or reduce the vector				
• *		attraction properties of sewage sludge before leaving the other fa				ty? (Ch	eck all that ap	ply.)				
n Bu		Preliminary operations (e.g., sludge grinding and degr			g and degritting)	\Box	Thickening (c	oncentration)				
		Stabilizati	on				Anaerobic dig	estion				
1 50 A		Composting				\Box	Conditioning					
а ' ъ		Disinfection	on (e.g., beta ray irradiatio , pasteurization)	on, gamn	na ray	Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)						
		Heat dryir	ng			· 🔲	Thermal redu	ction				
	E	Methane	or biogas capture and rec	overy			Other (specify	/)				

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EP	EPA Identification Number		NPDES Permit Number	Facility Name	Form Approved 03/05/19						
	110002	041077	AL0049921	Millbrook WWTP	OMB No. 2040-0004						
n ¹⁰ 8 ⁰ 81 P _{P 10,0}	Vector	Attraction Redu	ction								
55 ".	4.21	Which vector attr unit?	action reduction option, if any, is	s met when sewage sludge	is placed on this active sewage sludge						
		Option 9	(Injection below and surface)		Option 11 (Covering active sewage sludge unit daily)						
រ ស្ត្រី សំណា ស្រ		Option 10) (Incorporation into soil within 6	hours)	None						
	4.22	Describe any trea sewage sludge.	atment processes used at the ac e if you have attached your desc	ctive sewage sludge unit to pription to the application pa	reduce vector attraction properties of ackage.						
	Groun	duator Monitorin									
1 ¹ 1	4 23	ls groundwater n	nonitoring currently conducted at	t this active seware sludge	unit or are groundwater monitoring data						
	7.20	otherwise availab	ble for this active sewage sludge	unit?	, and, of the groundwater monitoring tall						
		Yes			No → SKIP to Item 4.26 (Part 2, Section 4) below.						
, 'p	4.24	Provide a copy o	f available groundwater monitor	ing data.							
inue		Check he	ere to indicate you have attached	I the monitoring data.							
burface Disposal Con	4.25	Describe the wel to obtain these d Check he	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.								
** (J)	4.26	Has a groundwa	ter monitoring program been pre	pared for this active sewag	ge sludge unit?						
		Yes			No → SKIP to Item 4.28 (Part 2, Section 4) below.						
- And	4.27	Submit a copy of	f the groundwater monitoring pro	ogram with this permit appli	ication.						
*18-29 - 12		🔲 Check he	ere to indicate you have attached	I the monitoring program.							
- 	4.28	Have you obtain sludge unit has r	ed a certification from a qualified not been contaminated?	groundwater scientist that	t the aquifer below the active sewage						
n n Nasa, s na≣ r		🗋 Yes			No → SKIP to Item 4.30 (Part 2, Section 4) below.						
K J	4.29	Submit a copy of	f the certification with this permit	application.							
		Check he	ere to indicate you have attached	I the certification to the app	blication package.						
2 <u>,</u> 4	Site-S	pecific Limits	4 U		v til starter og som er starter og som er starter og som er som e						
an a	4.30	Are you seeking	site-specific pollutant limits for the	he sewage sludge placed o	on the active sewage sludge unit?						
н н н т		Yes			No → SKIP to Part 2, Section 5.						
n	4.31	Submit information	on to support the request for site	e-specific pollutant limits wi	th this application.						
4 44 1 1		Check he	ere to indicate you have attached	the requested information).						

EPA	A Identifica	ation Number	NPDES Permit Number	Fac	ility Name	Form Approved 03/05/19			
	110002	041077	AL0049921	Millbr	ook WWTP	OMB N0. 2040-0004			
PART 2,	SECTIO	DN 5 INCINERA	TION (40 CFR 122.21(q)(11))	a in the street	er de lief beiden gebruik in den ste				
Antina a chara	5.1	Do vou fire sewa	de sludge in a sewage sludge	incinerator?					
anto da ana. Anto Dificilio		Yes		V	No → SKIP to END.				
	5.2	Indicate the total	number of incinerators used a	at your facility. (C	omplete the remainder				
		of Section 5 for e	each such incinerator.)	abod information	for one or more				
		incinerators							
	5.3	Incinerator name	e or number						
		Location address	s (street, route number, or othe	er specific identifi	er)				
		County			County code	□ Not available			
		City or town			State	ZIP code			
		Latitude/Longit	ude of Incinerator (see instru	ctions)		altude			
i hand - Th				an a	۰ ،				
1992) (1993) 1993 - 1993		Method of Dete	rmination						
		USGS map	🗆 Fie	ld survey	🗆 Ot	her (specify)			
	Amour	nt Fired							
	5.4	Dry metric tons p	per 365-day period of sewage	sludge fired in the	e sewage sludge				
5 - 5 000	Berylli	um NESHAP							
cinerat	5.5	Submit informati incinerated is be	on, test data, and a description ryllium-containing waste and v	n of measures tal vill continue to re	ken that demonstrate wh main as such.	nether the sewage sludge			
<u>i</u>		Check he	re to indicate that you have att	ached this mater	ial to the application pac	kage.			
	5.6	Is the sewage sl	udge fired in this incinerator "b	eryllium-containi	ng waste" as defined at	40 CFR 61.31?			
NE DOCTO		Yes			No \rightarrow SKIP to Item 5.	8 (Part 2, Section 5) below.			
	5.7	Submit with this ongoing incinera will continue to b	application a complete report tor operating parameters indic ve met.	of the latest bery ating that the NE	llium emission rate testir SHAP emission rate lim	ng <i>and</i> documentation of it for beryllium has been and			
tollingter for over 1992 – S		Check he	re to indicate that you have att	ached this inform	nation.				
- Autom	Mercu	NESHAP							
	5.8	Is compliance wi	ith the mercury NESHAP being	g demonstrated v	ia stack testing?	11 (Dort) Continn E) holes			
	59	Submit a comple	ete report of stack testing and	Liocumentation of	f ongoing incinerator ope	erating parameters indicating			
A COMPANY OF		that the incinera	tor has met and will continue to	o meet the mercu	Iry NESHAP emission ra	ite limit.			
and the second		Check he	re to indicate that you have att	ached this inform	nation.				
	5.10	Provide copies c	f mercury emission rate tests	for the two most :	recent years in which te	sting was conducted.			
			re to indicate that you have att	ached this inform					
	5.11	Do you demonsi	rate compliance with the merc		No → SKIP to Item	g? 5.13 (Part 2, Section 5)			
	F 40	Li Yes below.							
	5,12	indicating that th	e incinerator has met and will	continue to meet	the mercury NESHAP e	emission rate limit.			
General de		Check he	re to indicate that you have att	ached this inform	nation.				

EPA Identifica	ation Number	NPDES Permit Number	Facilit	y Name	Form Approved 03/05/19 OMB No. 2040-0004
110002					
5.13	Dispersion factor	in micrograms/cubic meter per	gram/second:	and a strain of the	
5.14	Name and type o	of dispersion model:			
5.15	Submit a copy of	the modeling results and suppo	orting documenta	tion.	
	Check her	e to indicate that you have attac	ched this informa	tion.	
Contro		л ⁵ и ² - ⁶ -		St. 10 10 10 10 10 10 10 10 10 10 10 10 10	್ ಕ್ ೆ
5.16	Provide the cont	ol efficiency, in hundredths, for	each of the pollu	tants listed b	elow.
		Pollutant		Control Effic	ciency, in Hundredths
	Arsenic				
linge in lite at protection at the state	Cadmium			-	
	Chromium				
	Lead				
	Nickel				
5 17	Attach a conv of	the results or performance testi	ng and sunnortin	a documenta	tion (including testing dates)
		e to indicate that you have atta	abad this informa	g doodmond tion	alon (moldaling tooling dutoo).
			ched this informa	tion.	
Risk-S	pecific Concentra	ation for Chromium			
5.18	Provide the risk- micrograms per	specific concentration (RSC) us cubic meter:	ed for chromium	in	
5.19	Was the RSC de	termined via Table 2 in 40 CFR	503.43?		· · · · · · · · · · · · ·
	🔲 Yes			No 🗲 SKIF	^o to Item 5.21 (Part 2, Section 5) below.
5.20	Identify the type	of incinerator used as the basis			
	Fluidized I	ped with wet scrubber		Other types	s with wet scrubber
	Fluidized I	bed with wet scrubber and wet	_	Other types	s with wet scrubber and wet electrostatio
	electrostat	lic precipitator		precipitator	
5.21	Was the RSC de	termined via Table 6 in 40 CFR	503.43 (site-spe	cific determir	nation)?
				No 🗲 SKI	P to Item 5.23 (Part 2, Section 5)
				below.	
5.22	Provide the decir	nal fraction of hexavalent chron	nium concentratio	on to total	
5.02	Attach the result	niration in stack exit gas:		al chromium	concentrations including the date(a) of
J.ZJ	any test(s), with	this application.			
		ine approximite	abod this informa	tion	
		e to indicate that you have attac	ched this informa	uon.	
	rator Parameters			<u> 1997 (1997)</u>	
5.24	j Do you monitor t	otal hydrocarbons (THC) in the	exit gas of the se	wage sludge	e incinerator?
	🔲 Yes			No	
5.25	Do you monitor of	arbon monoxide (CO) in the ex	it gas of the sewa	ige sludge in	cinerator?
				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 5.2	7 is (check only o	one response	
	Actual sta	ck height		Creditable	stack height

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EP	A Identifica	tion Number	NPDES Permit Number		Facility Name		Form Approved 03/05/19					
	110002	041077	AL0049921	M	illbrook WWTP		OMB No. 2040-0004					
	Perfor	nance Test Oper	ating Parameters	⁸ ф	ut _{pr} if.	the second se	R The armine of the second se					
	5.29	Maximum perfor	mance test combustion tempe	rature:								
т.,	5.30	Performance tes	t sewage sludge feed rate, in	dry metric to	ns/day							
13100 1310	5.31	Indicate whether	value submitted in Item 5.30 i	is (check onl	y one response):							
and a second sec		Average u	lse		Maximum o	design						
u n	5.32	Attach supportin	g documents describing how t re to indicate that you have att	he feed rate ached this ir	was calculated.							
	5.33	Submit informati used for this sev	on documenting the performan vage sludge incinerator.	nce test oper	ating parameters f	for the air pollut	ion control device(s)					
		Check he	re to indicate that you have att	ached this ir	formation.							
	Monito	ring Equipment					p. 4					
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	5.34 List the equipment in place to monitor the listed parameters.											
		ызны ж. ни бо ж. ак. К.	Parameter	а 	🚬 🦾 🤹 Equipr	ment in Place	for Monitoring					
		Total hydrocarbo	ons or carbon monoxide									
ined		Percent oxygen										
Contir		Percent moistur	9									
ation (Combustion ter	perature									
inera		Other (describe)	1									
lnc	Air Po	lution Control E	quipment	2 4		Stand R						
	5.35	List all air polluti	on control equipment used wit if you have attached the list to	h this sewag the applicat	e sludge incinerato	or. e noted incinera	ator.					
a a a a a a a a a a a a a a a a a a a												

END of PART 2

Submit completed application package to your NPDES permitting authority.