



Alabama Department of Environmental Management  
adem.alabama.gov

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

APRIL 3, 2024

Tom Maddox  
Mayor  
City Of Elba  
200 Buford Street  
Elba, AL 36323

RE: Draft Permit  
NPDES Permit No. AL0020940  
Elba Lagoon  
Coffee County, Alabama

Dear Mayor Maddox:

Transmitted herein is a draft of the referenced permit.

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

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

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

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



Department has used the E2 User account information to set up a similar User Profile in AEPACS based on the following criteria:

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

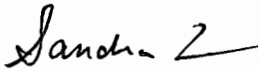
E2 users that met the above criteria will only need to establish an ADEM Web Portal account (<https://prd.adem.alabama.gov/awp>) under the same email address as their E2 account to have the same permissions in AEPACS as they did in E2. They will also automatically be linked to the same facilities they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

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

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

If you have questions regarding this permit or monitoring requirements, please contact Sandra Lee at [slee@adem.alabama.gov](mailto:slee@adem.alabama.gov) or (334) 274-4223.

Sincerely,



Sandra Lee  
Municipal Section  
Water Division

Enclosure

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



# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

**PERMITTEE:** CITY OF ELBA  
200 BUFORD STREET  
ELBA, AL 36323

**FACILITY LOCATION:** ELBA LAGOON (0.6 MGD)  
FOREST AVE  
ELBA, ALABAMA  
COFFEE COUNTY

**PERMIT NUMBER:** AL0020940

**RECEIVING WATERS:** PEA RIVER

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

**ISSUANCE DATE:**

**EFFECTIVE DATE:**

**EXPIRATION DATE:**

## Draft

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Alabama Department of Environmental Management

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**PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS**

**A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS**

**1. DSN 0011: Municipal 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)
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	9.0 Maximum Daily	S.U.	2X Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	450 Monthly Average	675 Weekly Average	lbs/day	*****	90.0 Monthly Average	135 Weekly Average	mg/l	2X Monthly	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	2X Monthly	24-Hr Composite	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	100 Monthly Average	150 Weekly Average	lbs/day	*****	20.0 Monthly Average	30.0 Weekly Average	mg/l	2X Monthly	24-Hr Composite	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	S
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	S
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	S
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Continuous	Not Seasonal
Chlorine, Total Residual (50060) See note (3) Effluent Gross Value	*****	*****	*****	*****	0.71 Monthly Average	1.0 Maximum Daily	mg/l	2X Monthly	Grab	Not Seasonal

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

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

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

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) 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 0011 (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)
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	548 Monthly Average	2507 Maximum Daily	col/100mL	2X Monthly	Grab	ECW
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	126 Monthly Average	298 Maximum Daily	col/100mL	2X Monthly	Grab	ECS
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	125 Monthly Average	187 Weekly Average	lbs/day	*****	25.0 Monthly Average	37.5 Weekly Average	mg/l	2X Monthly	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	2X Monthly	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	*****	*****	*****	65.0 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal

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

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

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

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

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

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

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 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)	
Mercury Total Recoverable (71901) Effluent Gross Value See Note (4)	*****	*****	*****	*****	(Report) Monthly Average	(Report) Maximum Daily	ug/l	Annually	Grab	Not Seasonal

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

- (1) Sample Frequency – See also Part I.B.2  
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
- (2) S = Summer (April – October)  
W = Winter (November - March)  
ECS = E. coli Summer (May - October)  
ECW = E. coli Winter (November - April)
- (3) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “\*9” on the monthly DMR.
- (4) EPA Methods 1631E/1669, or alternative methods specifically approved by the Department, shall be used for analysis of this parameter.



## **B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS**

### **1. Representative Sampling**

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

### **2. Measurement Frequency**

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

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

### **3. Test Procedures**

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

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

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

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

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

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

#### 4. Recording of Results

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

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

#### 5. Records Retention and Production

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

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

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

#### 7. Monitoring Equipment and Instrumentation

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

### C. DISCHARGE REPORTING REQUIREMENTS

#### 1. Reporting of Monitoring Requirements

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

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

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

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

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

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

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

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

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

Certified and Registered Mail shall be addressed to:

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

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

## 2. Noncompliance Notifications and Reports

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

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

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

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

The Permittee shall provide notification to the Director, the public, the county health department, and any other affected entity such as public water systems, as soon as possible upon becoming aware of any notifiable sanitary sewer overflow. Notification to the Director shall be completed utilizing the Department's web-based electronic environmental SSO reporting system in accordance with Provision I.C.2.e.
- e. The Department is utilizing an electronic system for notification and submittal of SSO reports. Except as noted below, the Permittee must submit all SSO reports electronically in the Department's electronic system. If requested, waivers from utilization of the electronic system shall be submitted in accordance with ADEM Admin. Code 335-6-1-.04(6). The Department's electronic reporting system shall be utilized unless a written waiver has been granted. A waiver is not effective until receipt of written approval from the Department. Utilization of verbal notifications and hard copy SSO report submittals is allowed only if approved in writing by the Department. The Permittee shall include in the SSO reports the information requested by ADEM Form 415. In addition, the Permittee shall include the latitude and longitude of the SSO in the report except when the SSO is a result of an extreme weather event (e.g., hurricane). To participate in the electronic system for SSO reports, an account may be created at <https://aepacs.adem.alabama.gov/nviro/ncore/external/home>. If the electronic system is down (i.e., electronic submittal of SSO data cannot be completed due to technical problems originating with the Department's system), the Permittee is not relieved of its obligation to notify the Department or submit SSO reports to the Department by the required submittal date, and the Permittee shall submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include verbal reports, reports submitted via the SSO hotline, or reports submitted via fax, e-mail, mail, or hand-delivery such that they are

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

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

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

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

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

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

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

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

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

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

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

**E. SCHEDULE OF COMPLIANCE**

**1. Compliance with discharge limits**

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

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

**2. Schedule**

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

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

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

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

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

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

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

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

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

### **B. OTHER RESPONSIBILITIES**

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

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

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

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

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

#### **1. Bypass**

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



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

## 2. Upset

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

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

### 1. Duty to Comply

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

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

**2. Removed Substances**

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

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

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

**4. Compliance with Statutes and Rules**

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

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

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

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

**2. Change in Discharge**

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

**3. Transfer of Permit**

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

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

**4. Permit Modification and Revocation**

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

**5. Termination**

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

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

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

**6. Suspension**

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

**7. Stay**

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

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

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

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

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

**H. PROHIBITIONS**

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

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

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

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

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

#### **1. Tampering**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **G. GROUNDWATER**

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

## H. DEFINITIONS

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



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

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

#### **I. SEVERABILITY**

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

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

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

#### **1. Applicability**

- a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural 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 TESTING REOPENER**

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

### **C. 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 the analytical result is less than the detection level or a value otherwise indicated in this permit, the Permittee shall report on the DMR form "\*B" or "0". The Permittee shall then be considered to be in compliance with the daily maximum concentration limit for TRC.
3. This permit contains a maximum allowable TRC level in the effluent. The Permittee is responsible for determining the minimum TRC level needed in the chlorine contact chamber to comply with E.coli limits. The effluent shall be dechlorinated if necessary to meet the maximum allowable effluent TRC level.

4. The sample collection point for effluent TRC shall be at a point downstream of the chlorine contact chamber (downstream of dechlorination, if applicable). The exact location is to be approved by the Director.

#### D. PLANT CLASSIFICATION

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

#### E. SANITARY SEWER OVERFLOW RESPONSE PLAN

##### 1. SSO Response Plan

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

###### a. General Information

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

###### b. Responsibility Information

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

###### c. SSO and Surface Water Assessment

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

###### d. Public Reporting of SSOs

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

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

## **2. SSO Response Plan Implementation**

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

## **3. Department Review of the SSO Response Plan**

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

## **4. SSO Response Plan Administrative Procedures**

- a. The Permittee shall maintain a copy of the SSO Response Plan at the permitted facility or an alternate location approved by the Department in writing and shall make it available for inspection by the Department.

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

## NPDES PERMIT RATIONALE

NPDES Permit No:      **AL0020940**      Date: February 13, 2024

Permit Applicant:      City of Elba  
200 Buford Street  
Elba, AL 36323

Location:              **Elba Lagoon**  
Forest Ave  
Elba, AL 36323

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

Basis for Limitations:      Water Quality Model: CBOD<sub>5</sub>, NH<sub>3</sub>N  
Reissuance with no modification: pH, TSS, TSS Percent Removal, NH<sub>3</sub>-N, TRC,  
CBOD<sub>5</sub>, CBOD<sub>5</sub> Percent Removal, E. Coli  
Instream calculation at 7Q10: ~2%  
Toxicity based:  
Secondary Treatment Levels: CBOD<sub>5</sub> Percent Removal  
Other (described below): pH, TSS, TSS Percent Removal, E. Coli, TRC

Design Flow in Million Gallons per Day:      0.6 MGD

Major:                      No

Description of Discharge:

Feature ID	Description	Receiving Water	WBC	303(d)	TMDL
001	Municipal Wastewater	Pea River	Fish and Wildlife (F&W)	Yes	No

Discussion:      This permit is a reissuance due to expiration.

The pH limits for Outfall 0011 were developed consistent with the water-use designation of the receiving stream. The daily maximum pH limit is 9.0 s.u. and the daily minimum is 6.0 s.u. The monitoring frequency will be twice per month. Flow will be monitored continuously, 7 days per week.

The monthly average TSS limit is established at 90.0 mg/l in accordance with ADEM’s Permit Development Rationale and 40 CFR 133.105. A minimum percent removal of 85 percent based on 40 CFR 133.102 is imposed for CBOD<sub>5</sub> and a minimum percent removal of 65 percent based on 40 CFR 133.105 is imposed for TSS. The monitoring frequency will be twice per month for TSS. CBOD<sub>5</sub> and TSS percent removals will be calculated once per month.

The discharge limits for CBOD<sub>5</sub> and NH<sub>3</sub>N for Outfall 0011 were developed by the Municipal Section based on a Waste Load Allocation (WLA) model performed by the Department’s Water Quality Branch on October 31, 2018. CBOD<sub>5</sub>, and NH<sub>3</sub>N have monthly average limits of 25 mg/l and 20 mg/l, respectively. The monitoring frequencies will be twice per month.

The imposed E. coli limits were determined based on the water-use classification of the receiving stream. The section of the Pea River containing the discharge is classified as Fish & Wildlife. The imposed E. coli limits for May – October are 126 col/100ml (monthly average) and 298 col/100ml (daily maximum), while the limits for November – April are 548 col/100ml (monthly average) and 2507 col/100ml (daily maximum). The monitoring frequency will be twice per month.

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

The TRC limits are 1.0 mg/L (daily maximum) and 0.71 mg/L (monthly average). The monitoring frequency will be twice per month. Although the toxicity calculations indicate that the limitations could be higher, as the Elba Lagoon has demonstrated the ability to meet the current limits; in order to prevent backsliding, the current limitations will be continued.

Because the facility has shown that mercury is consistently present in their discharge, and the Pea River is on the most recent 303(d) list for metals (mercury), mercury will be in the permit on a monitor only basis. The monitoring frequency will be annual.

No toxicity testing is required because there are no significant industrial discharges to the plant and because this is a minor facility.

The receiving stream is the Pea River, a Tier I waterbody. The stream is on the most recent 303(d) list for metals (mercury). The Permittee will be required to monitor for mercury on an annual basis so that sufficient information will be available regarding mercury contribution from this point source for TMDL Development. There are no approved TMDLs for the section of the Pea River the Permittee discharges to.

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 or expanded discharge, so the applicant is not required to demonstrate that the discharge is necessary for economic and social development.

Prepared by: Sandra Lee



# Waste Load Allocation Summary

Page 1

## REQUEST INFORMATION

Request Number: 3505

From: Sandy Lee In Branch/Section Municipal  
Date Submitted 9/12/2018 Date Required 10/12/2018 FUND Code 605  
Date Permit application received by NPDES program 8/27/2018

Receiving Waterbody Pea River

Previous Stream Name

Facility Name Elba Lagoon (Name of Discharger-WQ will use to file)

Previous Discharger Name

River Basin Choctawhatchee Outfall Latitude 31.398241 (decimal degrees)

\*County Coffee Outfall Longitude -86.069695 (decimal degrees)

Permit Number AL0020940 Permit Type Permit Reissuance

Permit Status Active

Type of Discharger MUNICIPAL

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

If yes, impacting dischargers names.

Impacting dischargers permit numbers.

Existing Discharge Design Flow 0.6 MGD

Proposed Discharge Design Flow 0.6 MGD

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

Comments Included

Yes  No

Information Verified By MFR

Year File Was Created

Response ID Number 1663

Lat/Long Method GPS

12 Digit HUC Code 031402020603

Use Classification F&W

Site Visit Completed?  Yes  No

Date of Site Visit 10/3/2018

Waterbody Impaired?  Yes  No

Date of WLA Response 10/31/2018

Antidegradation  Yes  No

Approved TMDL?

Yes  No

Waterbody Tier Level Tier I

Approval Date of TMDL

Use Support Category 5

## Waste Load Allocation Information

Modeled Reach Length 3.58 Miles Date of Allocation 10/8/2018

Name of Model Used SWQM Allocation Type Annual

Model Completed by Matthew Revel Type of Model Used Desk-top

Allocation Developed by Water Quality Branch

# Waste Load Allocation Summary

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

"Monitor Only" Parameters for Effluent:	Parameter	Frequency	Parameter	Frequency
	TP	Monthly (Apr-Oct)	DO	Monthly
	TKN	Monthly (Apr-Oct)		
	NO2+NO3-N	Monthly (Apr-Oct)		

Water Quality Characteristics Immediately Upstream of Discharge				
Parameter	Summer		Winter	
CBODu	2	mg/l		mg/l
NH3-N	0.11	mg/l		mg/l
Temperature	30	°C		°C
pH	7	su		su

Hydrology at Discharge Location				Method Used to Calculate	
Drainage Area Qualifier  Exact	Drainage Area	991.61	sq mi	ADEM Estimate w/USGS Gage Data	
	Stream 7Q10	83.44	cfs	ADEM Estimate w/USGS Gage Data	
	Stream 1Q10	66.16	cfs	ADEM Estimate w/USGS Gage Data	
	Stream 7Q2	178.71	cfs	USGS Estimate	
	Annual Average	1331.63	cfs		

**Comments and/or Notations** | Elba Dam observed to have a collapsed retaining wall.

## TOXICITY AND DISINFECTION RATIONALE

Facility Name:	<b>Elba Lagoon</b>	
NPDES Permit Number:	<b>AL0020940</b>	
Receiving Stream:	<b>Pea River</b>	
Facility Design Flow (Q <sub>w</sub> ):	<b>0.600 MGD</b>	
Receiving Stream 7Q <sub>10</sub> :	<b>83.440 cfs</b>	
Receiving Stream 1Q <sub>10</sub> :	<b>66.160 cfs</b>	
Winter Headwater Flow (WHF):	<b>178.71 cfs</b>	
Summer Temperature for CCC:	<b>30 deg. Celsius</b>	
Winter Temperature for CCC:	<b>30 deg. Celsius</b>	
Headwater Background NH <sub>3</sub> -N Level:	<b>0.11 mg/l</b>	
Receiving Stream pH:	<b>7.0 s.u.</b>	
Headwater Background FC Level (summer):	<b>N/A.</b>	<b>(Only applicable for facilities with diffusers.)</b>
(winter):	<b>N/A.</b>	

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

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 1.10\%$$

### 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.

$$\text{Limiting Dilution} = \frac{Q_w}{7Q_{10} + Q_w} = 1.10\% \quad \text{Effluent-Dominated, CCC Applies}$$

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

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

$$\text{Summer NH}_3\text{-N Toxicity Limit} = \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} = 188.1 \text{ mg/l NH}_3\text{-N at 7Q}_{10}$$

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

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

	<u>DO-based NH<sub>3</sub>-N limit</u>	<u>Toxicity-based NH<sub>3</sub>-N limit</u>
Summer	<b>20.00 mg/l NH<sub>3</sub>-N</b>	<b>188.10 mg/l NH<sub>3</sub>-N</b>
Winter	<b>N/A.</b>	<b>N/A.</b>

**Summer: The DO based limit of 20.00 mg/l NH<sub>3</sub>-N applies.**

**Winter limits are not applicable.**

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

The following factors trigger toxicity testing requirements:

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

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

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

**This is a minor facility (Qw < 1.0 MGD) with no SID permits. No toxicity testing is required.**

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 1.10\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

**DISINFECTION REQUIREMENTS**

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

See the attached Disinfection Guidance for applicable stream standards.

**(Non-coastal limits apply)**

Applicable Stream Classification: **Fish & Wildlife**

Disinfection Type: **Chlorination**

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

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

**MAXIMUM ALLOWABLE CHLORINATION LIMITS**

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

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

Maximum allowable TRC in effluent:	1.000 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	1.727 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: 1/17/2024

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

version 1.11

(Submission #: HPT-FTGH-ZZXD2, version 1)

Digitally signed by:  
AEPACS  
Date: 2023.11.20 07:21:42 -06:00  
Reason: Submission Data  
Location: State of Alabama

## Details

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Submission ID HPT-FTGH-ZZXD2

## 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 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 at this time

Do you have additional contacts associated with this site?

Yes

**Permit Information**

**Permit Number**

AL0020940

**Current Permittee Name**

City Of Elba

**Permittee**

**Permittee Name**

City Of Elba

**Mailing Address**

200 Buford Street  
ELBA, Alabama 36323

Is the Operator the same as the Permittee?

Yes

Has the Operator's scope of responsibility changed?

No

**Responsible Official**

**Prefix**

Mr.

**First Name      Last Name**

Johnathan      Walker

**Title**

Operator

**Organization Name**

City of Elba

**Phone Type      Number      Extension**

Business      3347642077

**Email**

johnathanw8224@outlook.com

**Mailing Address**

200 Buford Street  
Elba, AL 36323

**Existing Permit Contacts**

Affiliation Type	Contact Information	Remove?
Permittee	City Of Elba	Keep
DMR Contact,Environmental Contact	David Barbaree, City of Elba	Remove
Responsible Official,Notification Recipient	Mickey L. Murdock, City of Elba	Remove

Affiliation Type	Contact Information	Remove?
Emergency Contact	Steve Adams	Keep

## Facility/Site Information

### Facility/Site Name

Elba Lagoon

### 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

forest ave  
elba, Alabama 36323

### Facility/Site County

Coffee

### Facility/Site Contact

#### Prefix

Mr.

#### First Name Last Name

Johnathan Walker

#### Title

Operator

#### Organization Name

City of Elba

#### Phone Type Number Extension

Business 3347642077

#### Email

jwalker@elbaal.gov

## Note

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

### Detailed Directions to the Facility/Site

From Montgomery take US Hwy 231 south for 40 miles, turn right on AL-87 for 28 miles, turn right on US-84 to AL-189 for 1.4 miles, turn left on Elm Avenue for 1.5 miles then turn left on Forest Avenue, and the lagoons are 0.4 miles down Forest Avenue.

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

[Map Instruction Help](#)

### Facility/Site Front Gate Latitude and Longitude

31.39880000000000,-86.07250000000001

Forest Avenue, Elba, AL

### Primary SIC Code

4952-Sewerage Systems

### Primary NAICS Code

221320-Sewage Treatment Facilities

## Emergency Contact

**Prefix**

Mr.

**First Name      Last Name**

Johnathan      Walker

**Title**

Operator

**Phone Type      Number      Extension**

Business      3347642077

**Email**

johnathanw8224@outlook.com

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

No

## Additional Contacts (1 of 1)

### Additional Contacts: Authorized Rep

**Contact Type**

Authorized Rep

**Contact****Prefix**

Ms.

**First Name      Last Name**

Sally      Bane

**Title**

Clerk

**Organization Name**

City Of Elba

**Phone Type      Number      Extension**

Business      3348972160

**Email**

sbane@elbaal.gov

**Address**

200 Buford Street

Elba, AL 36323

## 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?

No

## 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:**

Lagoon

**What discharge options are used at this facility:**

Hydrograph Controlled Release (HCR)

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

0.6

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

1.28

**Process Flow Schematic**

[ELBA PLANT FLOW SCHEMATIC.pdf - 11/09/2023 08:07 AM](#)

**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	No

**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	Yes
Automatic Sampling Equipment	Yes

**Schematic Diagram**

[ELBA PLANT FLOW SCHEMATIC.pdf - 11/09/2023 08:13 AM](#)

**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**

Primary Treatment (e.g., primary clarification, chemically-enhanced primary treatment)

**Wastewater Disinfection Technology Information**

Chlorination

**Please select all POTW Treatment Categories that apply.**

Sedimentation

**Please select all unit operations that apply for Sedimentation:**

Sediment Basins

Sedimentation, Primary

**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
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

## 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

[Sewer NPDES Permit.pdf - 11/09/2023 08:08 AM](#)

#### Comment

NONE PROVIDED

### EPA form 2S

[Sewer NPDES Permit.pdf - 11/09/2023 08:08 AM](#)

#### Comment

NONE PROVIDED

### Other attachments (as needed)

NONE PROVIDED

#### Comment

NONE PROVIDED

## Topographic Map

Attach topographic map here.

[Elba Topo.pdf - 11/09/2023 08:09 AM](#)

**Comment**

NONE PROVIDED

## Engineering Report/BMP Plan Requirements

Engineering Report/BMP Plan Requirements

NONE PROVIDED

**Comment**

NONE PROVIDED

## Outfalls (1 of 1)

**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?**

No

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

0.6

**Receiving Water**

Pea 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**

31.39824000000000, -86.06968999999999

[A list of the 303\(d\) impaired waters can be found here.](#)

**303(d) Segment?**

Yes

[A list of waters subject to a TMDL can be found here.](#)

**TMDL Segment?**

No

## **NOTE**

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

**TMDL Attachments**

NONE PROVIDED

**Comment**

NONE PROVIDED

**Fee**

**Fee**

4290

**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**

*Mrs.*

**First Name      Last Name**

Deann              *Grantham*

**Title**

*Vice President*

**Organization Name**

*Southern Engineering Solutions.com*

**Phone Type      Number              Extension**

Business              334-222-1849

**Email**

deann@southernengineeringsolutions.com

**Address**

201 E Troy Street

Andalusia, AL 36420

# Agreements and Signature(s)

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

### **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.*

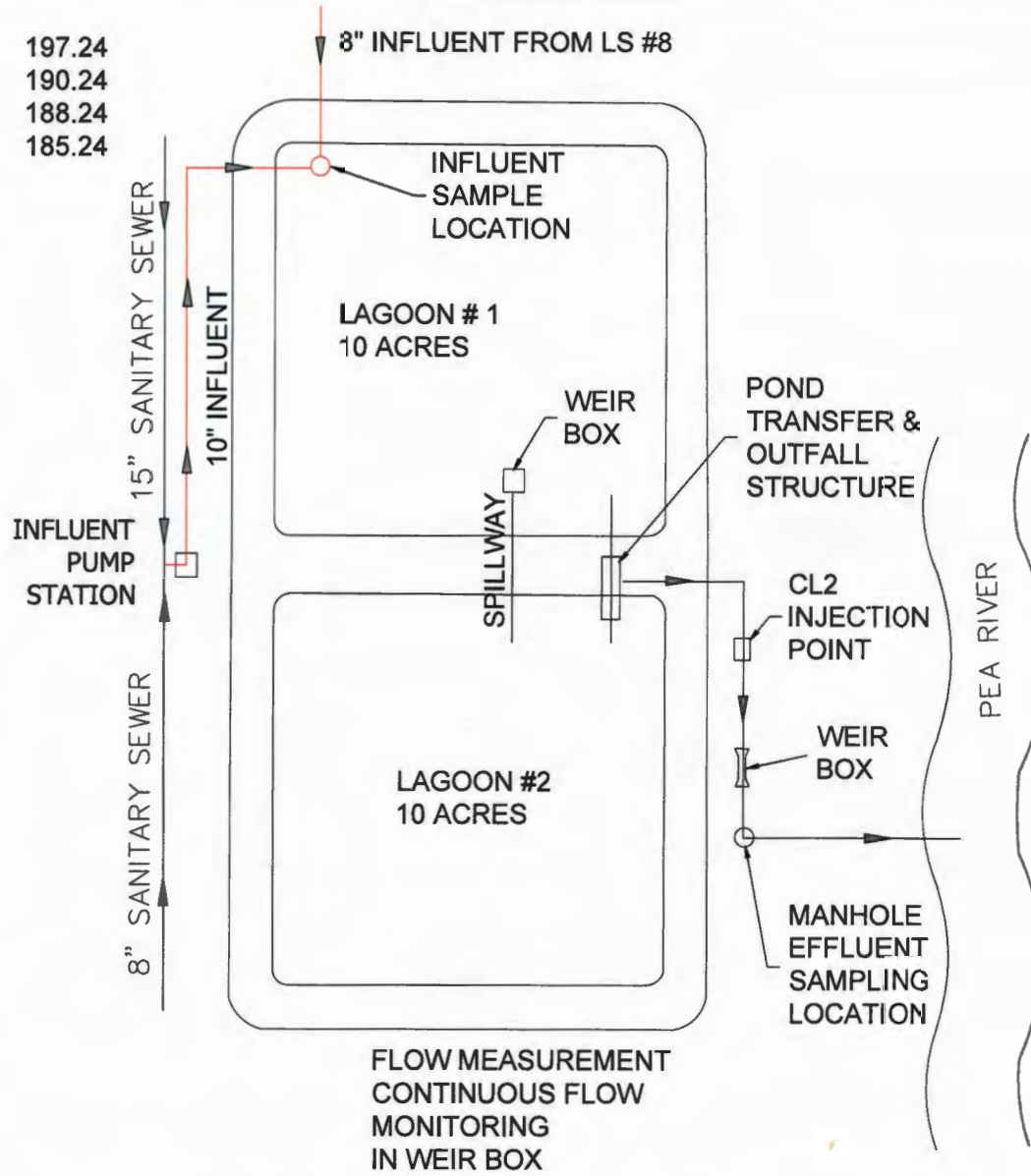
- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, 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** johnathan Walker on 11/20/2023 at 7:16 AM  
**By**

TOP OF EMBANKMENT: 197.24  
 HIGH WATER LEVEL: 190.24  
 NORMAL WATER LEVEL: 188.24  
 BOTTOM ELEVATION: 185.24

**Lagoon Design**

Lagoon Volume: 18,000,000 Gallons  
 Hydraulic Retention Time: 30 days  
 Design Capacity: 0.6 MGD

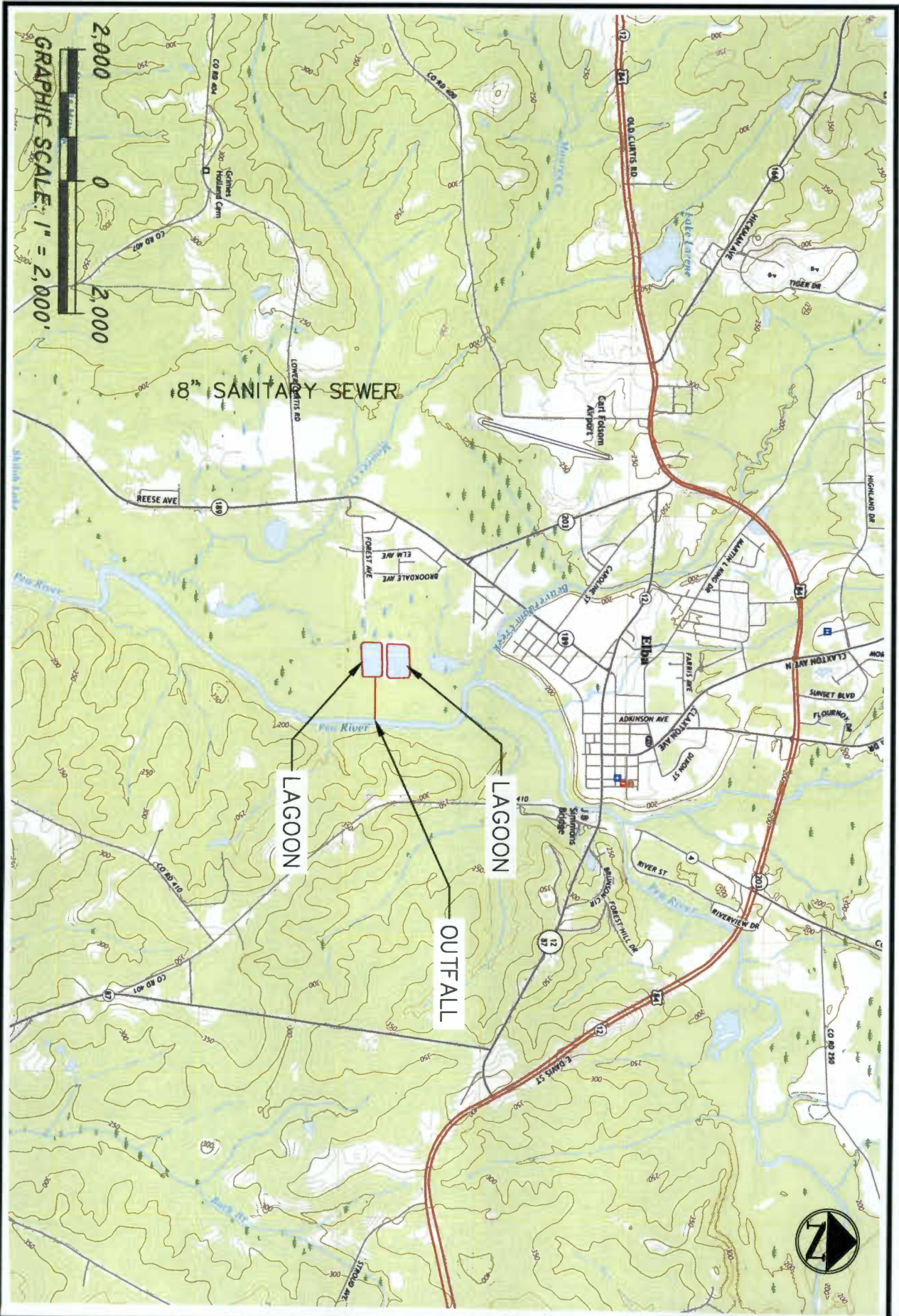


**SOUTHERN**  
 ENGINEERING SOLUTIONS  
 Phone: 334.222.1860  
 Fax: 334.222.1869  
 www.southernengineeringsolutions.com



ELBA LAGOON WASTEWATER TREATMENT  
 PLANT FLOW SCHEMATIC  
 COFFEE COUNTY, ALABAMA

RECEIVED  
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 MUNICIPAL SECTION




ELBA LAGOON WASTEWATER TREATMENT  
 TOPOGRAPHICAL MAP  
 COFFEE COUNTY, ALABAMA



**SOUTHERN**  
 ENGINEERING SOLUTIONS

PHONE 334.222.1849  
 FAX 334.222.1869  
 WWW.SOUTHERNENGINEERING SOLUTIONS.COM

EPA Identification Number	NPDES Permit Number AL0020940	Facility Name Elba Lagoon	Form Approved 03/05/19 OMB No. 2040-0004
Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>	

**SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))**

<b>Facility Information</b>	1.1	Facility name Elba Lagoon			
		Mailing address (street or P.O. box) 200 Buford Street			
		City or town Elba	State AL	ZIP code 36323	
		Contact name (first and last) Jonathan Walker	Title Operator	Phone number (334) 764-2077	Email address jwalker@elbaal.gov
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address Forest Avenue			
		City or town Elba	State AL	ZIP code 36323	
<b>Applicant Information</b>	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No			
		1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.		
			Applicant name City of Elba		
			Applicant address (street or P.O. box) 200 Buford Street		
			City or town Elba	State AL	ZIP code 36323
			Contact name (first and last) Tom Maddox	Title Mayor	Phone number (334) 897-2333
<b>Existing Environmental Permits</b>	1.6		Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)		
		<b>Existing Environmental Permits</b>			
		<input type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous waste)	<input type="checkbox"/> UIC (underground injection control)	
<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)			
<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input checked="" type="checkbox"/> Other (specify) AL0000295			

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MUNICIPAL SECTION



EPA Identification Number	NPDES Permit Number AL0020940	Facility Name Elba Lagoon
---------------------------	----------------------------------	------------------------------

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

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
	<b>Municipality Served</b>	<b>Population Served</b>	<b>Collection System Type (indicate percentage)</b>		<b>Ownership Status</b>	
	City of Elba	3,400	100 % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
			<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
			<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
			<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
	<b>Total Population Served</b>	3,400				
	Total percentage of each type of sewer line (in miles)		<b>Separate Sanitary Sewer System</b>	<b>Combined Storm and Sanitary Sewer</b>		
		100 %				
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.		<b>Design Flow Rate</b>		
					0.6 mgd	
	<b>Annual Average Flow Rates (Actual)</b>					
	<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>	
	(2021) 0.9178 mgd		(2022) 0.851 mgd		(2023) 0.403 mgd	
<b>Maximum Daily Flow Rates (Actual)</b>						
<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>		
1.656 mgd		2.814 mgd		0.808 mgd		
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
	<b>Total Number of Effluent Discharge Points by Type</b>					
	<b>Treated Effluent</b>	<b>Untreated Effluent</b>	<b>Combined Sewer Overflows</b>	<b>Bypasses</b>	<b>Constructed Emergency Overflows</b>	
1						

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MUNICIPAL SECTION

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL0020940

Elba Lagoon

OMB No. 2040-0004

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

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?

 Yes No → SKIP to Item 1.14.

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

**Surface Impoundment Location and Discharge Data**

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

1.14 Is wastewater applied to land?

 Yes No → SKIP to Item 1.16.

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

**Land Application Site and Discharge Data**

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

1.16 Is effluent transported to another facility for treatment prior to discharge?

 Yes No → SKIP to Item 1.21.

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

1.18 Is the effluent transported by a party other than the applicant?

 Yes No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

**Transporter Data**

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

Outfalls and Other Discharge or Disposal Methods

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Outfalls and Other Discharge or Disposal Methods Continued	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.					
	<b>Receiving Facility Data</b>						
	Facility name			Mailing address (street or P.O. box)			
	City or town			State		ZIP code	
	Contact name (first and last)			Title			
	Phone number			Email address			
	NPDES number of receiving facility (if any) <input type="checkbox"/> None			Average daily flow rate <span style="float: right;">mgd</span>			
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.					
Outfalls and Other Discharge or Disposal Methods Continued	1.22	Provide information in the table below on these other disposal methods.					
	<b>Information on Other Disposal Methods</b>						
		<b>Disposal Method Description</b>	<b>Location of Disposal Site</b>	<b>Size of Disposal Site</b>	<b>Annual Average Daily Discharge Volume</b>	<b>Continuous or Intermittent (check one)</b>	
				acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
				acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
Variance Requests	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable					
	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.					
Contractor Information	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.					
	<b>Contractor Information</b>						
			<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>		
		Contractor name (company name)					
		Mailing address (street or P.O. box)					
		City, state, and ZIP code					
		Contact name (first and last)					
		Phone number					
		Email address					
	Operational and maintenance responsibilities of contractor						

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

<b>Design Flow</b>	<b>Outfalls to Waters of the United States</b>					
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
<b>Inflow and Infiltration</b>	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.			<b>Average Daily Volume of Inflow and Infiltration</b> 35,000 gpd	
	Indicate the steps the facility is taking to minimize inflow and infiltration.					
<b>Topographic Map</b>	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Flow Diagram</b>	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Scheduled Improvements and Schedules of Implementation</b>	2.5	Are improvements to the facility scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.				
	Briefly list and describe the scheduled improvements.					
	1.					
	2.					
	3.					
	4.					
2.6	Provide scheduled or actual dates of completion for improvements.					
<b>Scheduled or Actual Dates of Completion for Improvements</b>						
	<b>Scheduled Improvement (from above)</b>	<b>Affected Outfalls (list outfall number)</b>	<b>Begin Construction (MM/DD/YYYY)</b>	<b>End Construction (MM/DD/YYYY)</b>	<b>Begin Discharge (MM/DD/YYYY)</b>	<b>Attainment of Operational Level (MM/DD/YYYY)</b>
	1.					
	2.					
	3.					
	4.					
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable					
Explanation:						

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

Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		Outfall Number	0011	Outfall Number
		Outfall Number		Outfall Number
	State	AL		
	County	Coffee		
	City or town	Elba		
	Distance from shore	N/A	ft.	ft.
	Depth below surface	N/A	ft.	ft.
	Average daily flow rate	0.5	mgd	mgd
Latitude	31° 23' 53.8"	N	"	
Longitude	-86° 4' 9.84"	W	"	
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		Outfall Number		Outfall Number
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
Average flow of each discharge		mgd	mgd	
Months in which discharge occurs				
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		Outfall Number		Outfall Number
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

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3.7		Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number <u>0011</u>	Outfall Number _____	Outfall Number _____
Receiving Water Description	Receiving water name	Pea River		
	Name of watershed, river, or stream system	Pea River		
	U.S. Soil Conservation Service 14-digit watershed code	Unknown		
	Name of state management/river basin	Choctawhatchee		
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	03140202		
	Critical low flow (acute)	cfs	cfs	cfs
	Critical low flow (chronic)	cfs	cfs	cfs
	Total hardness at critical low flow	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>
	3.8		Provide the following information describing the treatment provided for discharges from each outfall.	
		Outfall Number <u>0011</u>	Outfall Number _____	Outfall Number _____
Treatment Description	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)
	Design Removal Rates by Outfall			
	BOD <sub>5</sub> or CBOD <sub>5</sub>	88 %	%	%
	TSS	73 %	%	%
	Phosphorus	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Other (specify)	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %

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

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<b>Effluent Testing Data Continued</b>	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.</span>				
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.</span>				
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width:50%;">Summary of Results</th> </tr> <tr> <td style="height: 50px;"></td> <td></td> </tr> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 3.26.</span>				
	3.23	Describe the cause(s) of the toxicity:				
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 3.26.</span>					
3.25	Provide details of any toxicity reduction evaluations conducted.					
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.</span>					

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

<b>Industrial Discharges and Hazardous Wastes</b>	4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Item 4.7.</span>				
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Number of SIUs</th> <th style="width:50%;">Number of NSCIUs</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	Number of SIUs	Number of NSCIUs		
	Number of SIUs	Number of NSCIUs				
	4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>				
4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 4.6.</span>					
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.					
4.6	Have you completed and attached Table F to this application package? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>					



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

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

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

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

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

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

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.			
		<b>Column 1</b>	<b>Column 2</b>		
		<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram	
		<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments	
		<input type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input type="checkbox"/> w/ Table F	
		<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments		
		6.2	<b>Certification Statement</b>		
			I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
		Name (print or type first and last name) Tom Maddox	Official title Mayor		
		Signature 	Date signed 02/09/2024		

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**TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	7.36	S.U.			2 days per month	COMP24	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	*B (E coli)	col/100mL			2 days per month	Grab	<input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	0.879	MGD					
pH (minimum)	7.36	su					
pH (maximum)	7.36	su					
Temperature (winter)	60						
Temperature (summer)	84						
Total suspended solids (TSS)	9 (monthly avg)	mg/l					

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



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

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)			2.8 (Monthly Avg)	mg/L	2X per month		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	1.0	mg/L	0.42 (Monthly Avg)	mg/L	2X per month		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen			4.9 (BOD M Avg)	mg/L	2X per month		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite			1.3 (Monthly Avg)	mg/L	1X per month		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen			*B	mg/L	1X per month		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease			5	mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus			2.0 (Monthly Avg)	mg/L	1X per month		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids			15 (monthly avg)	mg/L	2x per month		<input type="checkbox"/> <input type="checkbox"/> MDL

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

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



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

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<b>Metals, Cyanide, and Total Phenols</b>							
Hardness (as CaCO <sub>3</sub> )							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chromium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Mercury, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Volatile Organic Compounds</b>							
Acrolein							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform							<input type="checkbox"/> ML <input type="checkbox"/> MDL



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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorodibromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloroethylvinyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroform							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dichlorobromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
trans-1,2-dichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichloropropylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl bromide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2,2-tetrachloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Tetrachloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Toluene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,1-trichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2-trichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Vinyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Acid-Extractable Compounds</b>							
p-chloro-m-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Base-Neutral Compounds</b>							
Acenaphthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acenaphthylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzidine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,4-benzofluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(k)fluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethoxy) methane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethyl) ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-bromophenyl phenyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Butyl benzyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloronaphthalene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-chlorophenyl phenyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chrysene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-octyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dibenzo(a,h)anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Diethyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dimethyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrotoluene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,6-dinitrotoluene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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



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

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

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

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

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

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

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

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

United States  
Environmental Protection Agency

Office of Water  
Washington, D.C.

EPA Form 3510-2A  
Revised March 2019

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Water Permits Division

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# **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.

### **Paperwork Reduction Act Notice**

The U.S. Environmental Protection Agency estimates the average burden to collect information and complete Form 2A to average between 4.7 and 24.7 hours, depending on the number of sections the applicant must complete. The estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17<sup>th</sup> Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

## FORM 2A—GENERAL INSTRUCTIONS

### Who Must Complete Form 2A?

All new and existing publicly owned treatment works (POTWs) and other dischargers designated by the National Pollutant Discharge Elimination System (NPDES) permitting authority must complete Form 2A. Note that you may wish to consult the "General Instructions" of NPDES Application Form 1 to determine if your treatment works is required to submit any additional NPDES application forms.

At the state level, either the U.S. Environmental Protection Agency (EPA) or an approved state agency administers the NPDES permit program. If you are located in a jurisdiction in which an EPA regional office administers the NPDES permit program, you should use Form 2A and all other applicable forms described in these instructions. If you are located in a jurisdiction where a state administers the NPDES permit program, contact the state to determine the forms you should complete. States often develop their own application forms rather than use the federal forms. See <http://www.epa.gov/npdes/npdes-state-program-information> for a list of states that have approved NPDES permit programs and those that do not.

Exhibit 2A-1 (see end of this section) provides contact information for each of EPA's 10 regional offices. Since the exhibit's content is subject to change, consult EPA's website for the latest information: <http://www.epa.gov/aboutepa#regional>.

### Where to File Your Completed Form

- If you are in a jurisdiction with an approved state NPDES permit program, file according to the instructions on the state forms.
- If you are in a jurisdiction where EPA is the NPDES permitting authority (i.e., the state is *not* an NPDES-authorized state), mail the completed application forms to the EPA regional office that covers the state in which your facility is located (see Exhibit 2A-1).

### When to File Your Completed Form

Form 2A must be submitted at least 180 days before your present NPDES permit expires or, if you are a new discharger, at least 180 days before the date on which the discharge is to commence, unless the NPDES permitting authority has granted permission for a later date.

### Fees

EPA does not require applicants to pay a fee for applying for NPDES permits. However, states that administer the NPDES permit program may charge fees. Consult with state officials for further information.

### Public Availability of Submitted Information

EPA will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2A (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by

Form 2A. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency's business confidentiality regulations at Part 2 of Title 4 of the *Code of Federal Regulations* (CFR).

### Completion of Forms

Form 2A is divided into six major sections. It also contains five effluent monitoring tables (Tables A through E) and an industrial discharge information table (Table F), all located at the end of the form. Note that not all applicants are required to complete each section of the form or all of the tables. The questions on the form will direct you to the items and tables you must complete.

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Facility Registry Service, NPDES permit number, and facility name at the top of each page of Form 2A and any attachments. If your facility is new (i.e., not yet constructed), write or type "New Facility" in the space provided for the EPA Identification Number and NPDES permit number. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 2A-1 for contact information. Additionally, for Tables A through E, provide the applicable outfall number at the top of each page.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter "NA" for "not applicable" to show that you considered the item and determined a response was not necessary for your facility.

If you have previously submitted information that answers a specific question to EPA or an approved state NPDES agency, you may either repeat the information in the space provided or attach a copy of the previous submission.

### Note for New Dischargers

Provide all information available to you at the time you complete Form 2A. If you do not have information to respond to an item because your facility has yet to discharge, write or type "data are not available" next to the item on the form. Note that you are required to submit *actual* data no later than 24 months after your facility commences to discharge.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority's satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

### Definitions

The legal definitions of all key terms used in the various NPDES application forms are included in the "Glossary" at the end of these instructions.



**FORM 2A—GENERAL INSTRUCTIONS CONTINUED**

**Exhibit 2A—1. Addresses of EPA Regional Contacts and Covered States**

<p><b>REGION 1</b>                  U.S. Environmental Protection Agency, Region 1                  5 Post Office Square, Suite 100, Boston, MA 02109-3912                  Phone: (617) 918-1111; toll free: (888) 372-7341                  Fax: (617) 918-0101                  Website: <a href="http://www.epa.gov/aboutepa/epa-region-1-new-england">http://www.epa.gov/aboutepa/epa-region-1-new-england</a>                  Covered states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont</p>	<p><b>REGION 6</b>                  U.S. Environmental Protection Agency, Region 6                  1445 Ross Avenue, Suite 1200, Dallas, TX 75202-2733                  Phone: (214) 665-2200; toll free: (800) 887-6063                  Fax: (214) 665-7113                  Website: <a href="http://www.epa.gov/aboutepa/epa-region-6-south-central">http://www.epa.gov/aboutepa/epa-region-6-south-central</a>                  Covered states: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas</p>
<p><b>REGION 2</b>                  U.S. Environmental Protection Agency, Region 2                  290 Broadway, New York, NY 10007-1866                  Phone: (212) 637-3000; toll free: (877) 251-4575                  Fax: (212) 637-3526                  Website: <a href="http://www.epa.gov/aboutepa/epa-region-2">http://www.epa.gov/aboutepa/epa-region-2</a>                  Covered states: New Jersey, New York, Virgin Islands, and Puerto Rico</p>	<p><b>REGION 7</b>                  U.S. Environmental Protection Agency, Region 7                  11201 Renner Boulevard, Lenexa, KS 66219                  Phone: (913) 551-7003; toll free: (800) 223-0425                  Website: <a href="http://www.epa.gov/aboutepa/epa-region-7-midwest">http://www.epa.gov/aboutepa/epa-region-7-midwest</a>                  Covered states: Iowa, Kansas, Missouri, and Nebraska</p>
<p><b>REGION 3</b>                  U.S. Environmental Protection Agency, Region 3                  1650 Arch Street, Philadelphia, PA 19103-2029                  Phone: (215) 814-5000; toll free: (800) 438-2474                  Fax: (215) 814-5103                  Website: <a href="http://www.epa.gov/aboutepa/epa-region-3-mid-atlantic">http://www.epa.gov/aboutepa/epa-region-3-mid-atlantic</a>                  Covered states: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia</p>	<p><b>REGION 8</b>                  U.S. Environmental Protection Agency, Region 8                  1595 Wynkoop Street, Denver, CO 80202-1129                  Phone: (303) 312-6312; toll free: (800) 227-8917                  Fax: (303) 312-6339                  Website: <a href="http://www.epa.gov/aboutepa/epa-region-8-mountains-and-plains">http://www.epa.gov/aboutepa/epa-region-8-mountains-and-plains</a>                  Covered states: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming</p>
<p><b>REGION 4</b>                  U.S. Environmental Protection Agency, Region 4                  Sam Nunn Atlanta Federal Center                  61 Forsyth Street, SW, Atlanta, GA 30303-8960                  Phone: (404) 582-9900; toll free: (800) 241-1754                  Fax: (404) 582-8174                  Website: <a href="http://www.epa.gov/aboutepa/about-epa-region-4-southeast">http://www.epa.gov/aboutepa/about-epa-region-4-southeast</a>                  Covered states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee</p>	<p><b>REGION 9</b>                  U.S. Environmental Protection Agency, Region 9                  75 Hawthorne Street, San Francisco, CA 94105                  Phone: (415) 947-8000; toll free: (866) EPA-WEST                  Fax: (415) 947-3553                  Website: <a href="http://www.epa.gov/aboutepa/epa-region-9-pacific-southwest">http://www.epa.gov/aboutepa/epa-region-9-pacific-southwest</a>                  Covered states: Arizona, California, Hawaii, Nevada, Guam, American Samoa, and Trust Territories</p>
<p><b>REGION 5</b>                  U.S. Environmental Protection Agency, Region 5                  77 West Jackson Boulevard, Chicago, IL 60804-3507                  Phone: (312) 353-2000; toll free: (800) 621-8431                  Fax: (312) 353-4135                  Website: <a href="http://www.epa.gov/aboutepa/epa-region-5">http://www.epa.gov/aboutepa/epa-region-5</a>                  Covered states: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin</p>	<p><b>REGION 10</b>                  U.S. Environmental Protection Agency, Region 10                  1200 Sixth Avenue, Suite 900, Seattle, WA 98101                  Phone: (206) 553-1200; toll free: (800) 424-4372                  Fax: (206) 553-2955                  Website: <a href="http://www.epa.gov/aboutepa/epa-region-10-pacific-northwest">http://www.epa.gov/aboutepa/epa-region-10-pacific-northwest</a>                  Covered states: Alaska, Idaho, Oregon, and Washington</p>

FORM 2A—LINE-BY-LINE INSTRUCTIONS

**Section 1. Basic Application Information for All Applicants**

**Facility Information**

**Item 1.1.** Enter the facility's official or legal name. Do not use a colloquial name. Provide the *mailing address* of the facility. Next, give the name (first and last), title, work telephone number, and email address of the person who is thoroughly familiar with the operation of the facility and with the facts reported in this application.

Include a complete *location address* for the facility if different from the mailing address. If the facility lacks a street name or route number, give the most accurate, alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

**Item 1.2.** Indicate whether the application is for a facility that has not yet commenced discharge. If yes, be advised that you are required to submit *actual* data no later than 24 months after your facility commences to discharge.

**Applicant Information**

**Item 1.3.** Indicate if the applicant is different from the entity listed under Item 1.1. If so, specify the applicant name and address. Provide the name (first and last) of a contact, including his/her title, telephone number, and email address.

**Item 1.4.** Indicate if the applicant is the facility's owner, operator, or both.

**Item 1.5.** Specify whether the NPDES permitting authority should send correspondence to the facility or the applicant.

**Existing Environmental Permits**

**Item 1.6.** Indicate all environmental permits or construction approvals received or applied for (including dates) under the noted programs. Print or type the corresponding permit number for each.

**Collection System and Population Served**

**Item 1.7.** Specify the municipalities served by the treatment works, including unincorporated connector districts. For each municipality, indicate the population served, the percentage of each collection system type if known (e.g., separate sanitary or combined storm and sanitary), and collection system ownership status. Finally, indicate the total percentage of sewer line each type comprises.

Do not report privately owned collection systems discharging industrial waste to the treatment works in Item 1.7. Those facilities must be reported on Table F.

**Indian Country**

**Item 1.8.** Indicate if the POTW is located in Indian Country.

**Item 1.9.** Note whether the treatment works discharges to a receiving stream that flows through Indian Country.

**Design and Actual Flow Rates**

**Item 1.10.** Provide the facility's *design* flow rate in million gallons per day (mgd). Next, specify the facility's *actual* annual average daily flow rate and maximum daily flow rate for each of the previous three years (in mgd).

**Discharge Points by Type**

**Item 1.11.** Provide the facility's total number of effluent discharge points to waters of the United States by type (e.g., treated effluent, untreated effluent, combined sewer overflows, bypasses, and constructed emergency overflows).

**Outfalls and Other Discharge or Disposal Methods**

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

**Item 1.12.** Indicate whether the POTW discharges wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States. If yes, continue to Item 1.13. If no, skip to Item 1.14.

**Item 1.13.** Specify the location of each surface impoundment, the average daily volume discharged to each surface impoundment in gallons per day (gpd), and whether the discharge is continuous or intermittent.

**Item 1.14.** Indicate if the facility applies wastewater to land. If yes, continue to Item 1.15. If no, skip to Item 1.16.

**Item 1.15.** Provide the location of each land application site; the size of each land application site (in acres); the average daily volume applied to each land application site (in gpd), and whether the land application is continuous or intermittent.

**Item 1.16.** Note whether the facility's effluent is transported to another facility for treatment prior to discharge. If yes, continue to Item 1.17. If no, skip to Item 1.21.

**Item 1.17.** Describe the means by which the effluent is transported, such as by tank truck or pipe.

**Item 1.18.** Specify whether the facility's effluent is transported by a party other than the applicant. If yes, continue to Item 1.19. If no, skip to Item 1.20.

**Item 1.19.** Provide the name, mailing address, contact person, phone number, and email address of the entity that transports the discharge.

**Item 1.20.** Provide the name, mailing address, contact person, phone number, email address, and NPDES permit number (if any) of the receiving facility. Also specify the average daily flow rate from the facility into the receiving facility in mgd.

**Item 1.21.** Indicate if wastewater is disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States, such as underground percolation and underground injections. If yes, continue to Item 1.22. If no, skip to Item 1.23.

**Item 1.22.** Provide a description of the disposal method, including the location and size of each disposal site; the annual average daily discharge volume (in gpd), and whether disposal through this method is continuous or intermittent.

**Variance Requests**

**Item 1.23.** If known at the time of application, check all of the authorized variances that you plan to request or renew. Note that you are not being asked to submit any other information at this time. Contact your NPDES permitting authority to determine the

FORM 2A—LINE-BY-LINE INSTRUCTIONS CONTINUED

specifics of what you should provide and when. The ability to request a variance is not limited to the time of application, and an applicant may request a variance consistent with statutory and regulatory requirements.

**Contractor Information**

**Item 1.24.** Indicate if any of the operational or maintenance activities associated with wastewater treatment and effluent quality of the POTW are the responsibility of a contractor. If yes, continue to Item 1.25. If no, skip to Section 2.

**Item 1.25.** Provide a listing of all contractors (by company name). For each, specify the mailing address, a contact name, telephone number, and email address. Also summarize the operational and maintenance responsibilities of each contractor.

**Section 2. Additional Information**

**Outfalls to Waters of the United States**

**Design Flow**

**Item 2.1.** Indicate whether the treatment works has a design flow greater than or equal to 0.1 mgd. If yes, continue to Item 2.2. If no, skip to Section 3.

**Inflow and Infiltration**

**Item 2.2.** Specify the POTW's current average daily volume of inflow and infiltration (in gpd) and steps the facility is taking to minimize inflow and infiltration.

**Topographic Map**

**Item 2.3.** Prepare a topographic map (or other map if a topographic map is unavailable) extending at least one mile beyond property boundaries of the treatment plant, including all unit processes and showing the following: (1) treatment plant area and unit processes; (2) major pipes or other structures through which wastewater enters the treatment plant and the pipes or other structures through which treated wastewater is discharged from the treatment plant (include outfalls from bypass piping, if applicable); (3) each well where fluids from the treatment plant are injected underground; (4) wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within ¼ mile of the treatment works' property boundaries; (5) sewage sludge management facilities (including onsite treatment, storage, and disposal sites); and (6) location at which waste classified as hazardous under the Resource Conservation and Recovery Act (RCRA) enters the treatment plant by truck, rail, or dedicated pipe.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude to the nearest second. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudeandlongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS).

On all maps of rivers, show the direction of the current. In tidal waters, show the directions of ebb and flow tides.

You may develop your map by going to USGS's National Map

website at <http://nationalmap.gov/>. (For a map from this site, use the traditional 7.5-minute quadrangle format. If none is available, use a USGS 15-minute series map.) You may also use a plat or other appropriate map. Briefly describe land uses in the map area (e.g., residential, commercial). An example of an acceptable location map is shown as Exhibit 2A-2 at the end of these instructions. **Note:** Exhibit 2A-2 is provided for illustration only; it does not show an actual facility. Note that you have completed your topographic map and attached it to the application.

**Flow Diagram**

**Item 2.4.** Provide a process flow diagram or schematic showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. This includes a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination), and showing daily average flow rates at influent and discharge points, and approximate daily flow rates between treatment units. Also provide a narrative description of the diagram/schematic. Answer "Yes" to Item 2.4 once you have completed and attached your diagram to the application.

**Scheduled Improvements and Schedules of Implementation**

**Item 2.5.** Indicate whether any improvements to the facility are scheduled. If yes, list and briefly describe each scheduled improvement and continue to Item 2.6. If no, skip to Section 3.

**Item 2.6.** For each scheduled improvement, indicate the outfall number of each outfall affected and the scheduled or actual dates of completion for the following: (1) commencement of construction, (2) completion of construction, (3) commencement of discharge, and (4) attainment of operational level.

**Item 2.7.** Note whether the appropriate permits/clearances concerning other federal/state requirements have been obtained and briefly explain your response.

**Section 3. Information on Effluent Discharges**

**Description of Outfalls**

**Item 3.1.** Provide a description of each of the POTW's wastewater discharge outfalls. The application form provides reporting space for three outfalls. If your facility has more than this number, attach additional sheets as necessary.

For each outfall, provide the outfall number. Indicate the state, county, and city or town where each outfall is located. Note the distance from shore in feet and the depth below the surface in feet. Specify the average daily flow rate through the outfall in mgd. Also specify the latitude and longitude of each outfall to the nearest second. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudeandlongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States. For further guidance, refer to <http://www.epa.gov/geospatial/latitudeandlongitude-data-standard>.

FORM 2A—LINE-BY-LINE INSTRUCTIONS CONTINUED

**Seasonal or Periodic Discharge Data**

**Item 3.2.** Indicate whether any of the outfalls described under Item 3.1 have seasonal or periodic discharges. If yes, continue to Item 3.3. If no, skip to Item 3.4.

**Item 3.3.** Specify the following for each applicable outfall: (1) number of times per year discharge occurs, (2) average duration of each discharge, (3) average flow of each discharge in mgd, and (4) months in which discharge occurs.

**Diffuser Type**

**Item 3.4.** Note whether any of the outfalls listed under Item 3.1 are equipped with a diffuser. If yes, continue to Item 3.5. If no, skip to Item 3.6.

**Item 3.5.** Briefly describe the diffuser type at each applicable outfall.

**Waters of the United States**

**Item 3.6.** Note whether the POTW discharges or plans to discharge wastewater to waters of the United States from one or more discharge points. If yes, continue to Item 3.7. If no, skip to Section 6.

**Receiving Water Description**

**Item 3.7.** Provide receiving water and related information in the table provided on the form (if known): (1) name of receiving water, (2) name of watershed/river/stream system and U.S. Soil Conservation Service 14-digit watershed code, (3) name of state management/river basin and U.S. Geological Survey (USGS) 8-digit hydrologic unit code, (4) acute and chronic critical low flow in cubic feet per second (cfs) and total hardness of receiving stream at critical low flow, in milligrams per liter (mg/L) of calcium carbonate, if applicable.

**Treatment Description**

**Item 3.8.** Specify the highest level of treatment provided for discharges from each outfall (e.g., primary, equivalent to secondary, secondary, or advanced). Also indicate the following design removals (in percent) for the following parameters for each outfall: (1) biochemical oxygen demand (BOD<sub>5</sub> or CBOD<sub>5</sub>), (2) total suspended solids (TSS), (3) phosphorus (if applicable), (4) nitrogen (if applicable), and (5) any other removals that an advanced treatment system is designed to achieve.

**Item 3.9.** Provide a description of the type(s) of disinfection used for wastewater discharged through each outfall. Indicate the seasons the disinfection type is used. Note whether the POTW dechlorinates if disinfection is accomplished through chlorination. Otherwise, check "Not Applicable."

**Effluent Testing Data and Tables A through E**

**Items 3.10 to 3.26.** These items require you to collect and report data for the parameters and pollutants listed in Tables A through E, located at the end of Form 2A. The instructions for completing the tables are table-specific, as are the criteria for determining who should complete them.

**Important note:** Read the "General Instructions for Reporting, Sampling, and Analysis" later in these instructions before

completing Items 3.10 to 3.26 and Tables A through E.

**Item 3.10 and Table A.** All applicants that discharge wastewater to waters of the United States must provide effluent data for Table A parameters. Respond "Yes" to Item 3.10 when you have completed Table A and attached it to your application.

**Item 3.11.** Answer whether the POTW has conducted any whole effluent toxicity (WET) tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points. If yes, continue to Item 3.12. If no, skip to Item 3.13.

**Item 3.12.** For each applicable outfall, note the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges or of the receiving water near the discharge points.

**Item 3.13.** Note whether the POTW has a design flow greater than or equal to 0.1 mgd. If yes, continue to Item 3.14. If no, skip to Item 3.16.

**Item 3.14 and Table B.** Answer whether the treatment works uses chlorine for disinfection, uses it elsewhere in the treatment process, or otherwise has reasonable potential to discharge chlorine in its effluent. If yes, complete Table B including chlorine. If no, complete Table B, omitting chlorine.

**Item 3.15.** Answer "Yes" when you have completed monitoring for all applicable Table B parameters and attached the results to your application.

**Item 3.16 and Screen for Tables C through E.** Indicate whether one or more of the conditions apply to your POTW. If yes, continue to Item 3.17. If no, skip to Section 4.

**Item 3.17 and Table C.** Answer "Yes" to indicate you have completed monitoring for all applicable Table C pollutants and attached the results to your application package.

**Item 3.18 and Table D.** Answer "Yes" to indicate you have completed monitoring for applicable Table D pollutants required by your NPDES permitting authority and attached the results to your application package, or "No" if the NPDES permitting authority has not required additional sampling for the pollutants in Table D.

**Item 3.19 and Additional Screen for Table E.** Answer whether the POTW conducted either (1) a minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years. If yes, continue to Item 3.20. If no, complete tests and Table E and then skip to Item 3.26.

**Item 3.20 and Additional Screen for Table E.** Report whether you have previously submitted the results of the WET tests indicated in Item 3.19 to your NPDES permitting authority. If yes, continue to Item 3.21. If no, provide the results in Table E and skip to Item 3.26.

**Item 3.21.** Report the dates the testing data were submitted to your NPDES permitting authority and provide a summary of the results.

**Item 3.22.** Regardless of how you may have provided the results of previously conducted WET analyses to your NPDES permitting authority, indicate if any of the tests resulted in toxicity. If yes,

**FORM 2A—LINE-BY-LINE INSTRUCTIONS CONTINUED**

continue to Item 3.23. If no, skip to Item 3.26.

**Item 3.23.** Describe the cause(s) of toxicity.

**Item 3.24.** Indicate if the POTW has conducted a toxicity reduction evaluation. If yes, continue to Item 3.25. If no, skip to Item 3.26.

**Item 3.25.** Provide details of any toxicity reduction evaluations performed.

**Item 3.26.** Answer "Yes" when you have completed Table E for all applicable outfalls and attached the results to the application package, or answer "No" if the item is not applicable because you previously submitted WET data to your NPDES permitting authority.

**Section 4. Industrial Discharges, Table F, and Hazardous Wastes**

**Item 4.1.** Indicate if the POTW receives discharges from significant industrial users (SIUs) or non-significant categorical industrial users (NSCIUs), including SIUs and NSCIUs that truck or haul waste. If yes, continue to Item 4.2. If no, skip to Item 4.7.

1. SIUs are defined as:

- a. All industrial users subject to categorical pretreatment standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N (CIUs); and
- b. Any other industrial user per 40 CFR 403.3 that:
  - i. Discharges an average of 25,000 gpd or more of process wastewater to the treatment works (with certain exclusions); or
  - ii. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
  - iii. Is designated as an SIU by the control authority.

2. The control authority may determine that an Industrial User subject to categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N is a NSCIU rather than a SIU on a finding that the Industrial User never discharges more than 100 gpd of total categorical wastewater (excluding sanitary, non-contact cooling and boiler blowdown wastewater, unless specifically included in the Pretreatment Standard) and the following conditions are met:

- a. The Industrial User, prior to the control authority's finding, has consistently complied with all applicable categorical Pretreatment Standards and Requirements;
- b. The Industrial User annually submits the certification statement required in 40 CFR 403.12(q) together with any additional information necessary to support the certification statement; and
- c. The Industrial User never discharges any untreated concentrated wastewater.

**Item 4.2.** Indicate the number of SIUs and NSCIUs that discharge to the POTW.

**Item 4.3.** Answer whether the POTW has an approved

pretreatment program, which is defined at 40 CFR 403.3 as a program administered by a POTW that meets the criteria established in 40 CFR 403.8 and 403.9 and that has been approved by the NPDES permitting authority.

**Item 4.4.** Answer whether you have submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program. If yes, continue to Item 4.5. If no, skip to Item 4.6.

**Item 4.5.** Identify the title and date of the pretreatment program annual report or pretreatment program referenced in Item 4.4 and skip to Item 4.7.

**Item 4.6 and Table F.** Complete Table F by providing the following information for each SIU that discharges to the POTW: (1) name and mailing address; (2) description of all industrial processes that affect or contribute to each SIU's discharge; (3) a list of the principal products and raw materials that affect or contribute to the SIU's discharge; (4) average daily volume of wastewater discharged by each SIU, indicating the amount attributable to process flow and non-process flow; (5) whether the SIU is subject to local limits; (6) whether the SIU is subject to categorical standards and the categories/subcategories under which the SIU is subject; and (7) whether any problems (e.g., upsets, pass-through interference) have occurred at the POTW that can be attributed to the SIU in the past 4.5 years. Answer "Yes" to Item 4.6 when you have completed and attached Table F to the application package.

Note: SIUs include users that truck or haul industrial waste to the POTW. Information for these users must be provided in Table F.

**Item 4.7.** Indicate if the POTW receives or has been notified that it will receive by truck, rail, or dedicated pipe any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261. If yes, continue to Item 4.8. If no, skip to Item 4.9.

**Item 4.8.** For each hazardous waste received, provide the hazardous waste number, the method by which the waste is received (e.g., by truck, dedicated pipe, rail, etc.), and the amount of waste received annually (specify units).

**Item 4.9.** Answer whether the POTW receives, or has been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and Sections 3004(u) or 3008(h) of RCRA. If yes, continue to Item 4.10. If no, skip to Section 5.

**Item 4.10.** Answer whether the POTW receives (or expects to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified at 40 CFR 261.30(d) and 261.33(e). If yes, skip to Section 5. If no, continue to Item 4.11.

**Item 4.11.** In an attachment to the application, provide an identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents, as listed in Appendix VII of 40 CFR 261, if known; and the extent of treatment, if any, the wastewater receives

**General Instructions for Reporting, Sampling, and Analysis**

**Important note:** Read these instructions before completing Tables A through E and Section 3 of Form 2A.

**General Items**

Complete the applicable tables for each outfall at your facility. Be sure to note the EPA Identification Number, NPDES permit number, facility name, and applicable outfall number at the top of each page of the tables and any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Tables A through E for each of your outfalls, so long as the sheets contain all of the required information and are similar in format to Tables A through E. For example, you may be able to print a report in a compatible format from the data system used in your analysis of metals completed under Table C.

**Note for new dischargers.** Provide all information available to you at the time you complete Form 2A. If you do not have information to respond to an item because your facility has yet to discharge, write or type "data are not available" next to the item on the form. Note that you are required to submit *actual* data no later than 24 months after your facility commences discharge.

**Reporting of Effluent Data**

Where effluent data are requested, do not provide information on CSOs. The latter information is requested instead under Section 5 of Form 2A.

Provide data for each outfall through which effluent is discharged. When an applicant has two or more outfalls with substantially identical effluents, the NPDES permitting authority may allow the applicant to test only one outfall and report that quantitative data as applying to the substantially identical outfall. If the permitting authority grants your request, attach a separate sheet to the application form identifying the outfall tested and describing why the other outfall(s) are substantially identical.

At a minimum, effluent testing data must be based on at least three samples taken within 4.5 years prior to the date of the permit application. Samples must be representative of the seasonal variation in the discharge from each outfall. Existing data may be used, if available, in lieu of sampling done solely for the purpose of this application.

All existing data for pollutants specified in Tables A through D that is collected within 4.5 years of the application must be included in the pollutant data summary that you submit. If, however, you sampled for a specific pollutant on a monthly or more frequent basis, it is only necessary, for such pollutant, to summarize all data collected within 1 year of the application.

Except as specified below, all required quantitative data shall be collected in accordance with sufficiently sensitive analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O. A method is "sufficiently sensitive" when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.

- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility's discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.
- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O, for the measured pollutant or pollutant parameter.

Consistent with 40 CFR 136, you may provide matrix- or sample-specific MLs rather than the published levels. Further, where you can demonstrate that, despite a good faith effort to use a method that would otherwise meet the definition of "sufficiently sensitive," the analytical results are not consistent with the quality assurance (QA)/quality control (QC) specifications for that method, then the NPDES permitting authority may determine that the method is not performing adequately and the NPDES permitting authority should select a different method from the remaining EPA-approved methods that is sufficiently sensitive consistent with 40 CFR 122.21(e)(3)(i). Where no other EPA-approved methods exist, you must select a method consistent with 40 CFR 122.21(e)(3)(ii).

When there is no analytical method that has been approved under 40 CFR 136; required under 40 CFR chapter I, subchapter N or O, and is not otherwise required by the NPDES permitting authority, you may use any suitable method but shall provide a description of the method. When selecting a suitable method, other factors such as a method's precision, accuracy, or resolution, may be considered when assessing the performance of the method.

Effluent monitoring data must comply with the QA/QC requirements of 40 CFR 136 (and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR 136).

Clearly specify the units of measure on Tables A through E for each parameter/pollutant analyzed. Values should be reported as concentration or mass, except for flow, temperature, pH, color, and fecal coliform organisms, unless otherwise requested or required by the NPDES permitting authority. Flow, temperature, pH, color, and fecal coliform organisms must be reported as mgd, degrees Celsius (°C), standard units, color units, and most probable number per 100 milliliters (MPN/100 mL), respectively. Use the following abbreviations in the columns requiring "units" in Tables A through D.

Concentration	Mass
ppm = parts per million	lbs = pounds
mg/L = milligrams per liter	ton = tons (English tons)
ppb = parts per billion	mg = milligrams
µg/L = micrograms per liter	g = grams
MPN = most probable number per 100 milliliters	kg = kilograms
	T = tonnes (metric tons)

**General Instructions for Reporting, Sampling, and Analysis Continued**

Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*), and volatile organic compounds. For all other pollutants, 24-hour composite samples must be used. For a composite sample, only one analysis of the composite of aliquots is required.

The effluent monitoring data provided must include at least the following for each parameter: (1) the maximum daily discharge based upon actual sample values, (2) average daily discharge for all samples, expressed as concentration or mass, and the number of samples used to obtain this value, (3) the analytical method used, and (4) the threshold level (i.e., method detection limit, minimum level, or other designated method endpoints) for the analytical method used.

Metals must be reported as "total recoverable metal," unless all approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium) or otherwise directed by the NPDES permitting authority.

**Sampling**

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of domestic wastewater. You may contact your NPDES permitting authority for detailed guidance on sampling techniques and for answers to specific questions. See Exhibit 2A-1 for contact information. Any specific requirements in the analytical methods—for example, for sample containers, sample preservation, holding

times, and the collection of duplicate samples—must be followed. The time when you sample should be representative of your normal operation, to the extent feasible, with your treatment system operating properly with no system upsets. Collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present NPDES permit, or at any site adequate for the collection of a representative sample.

**Further Requirements for Table E, Whole Effluent Toxicity Testing**

Each applicant required to perform WET testing must provide results of a minimum of four quarterly tests for a year, from the year preceding the permit application, or the results from four tests performed at least annually in the 4.5-year period prior to the application, provided the results show no appreciable toxicity using a safety factor determined by the NPDES permitting authority.

Applicants must conduct tests with multiple species (no less than two species; e.g., fish, invertebrate, plant) and test for acute or chronic toxicity, depending on the range of receiving water dilution. See 40 CFR 122.21(j)(5)(v) for further details.

WET testing must be conducted using methods approved under 40 CFR 136. West coast facilities in Washington, Oregon, California, Alaska, Hawaii, and the Pacific Territories are exempted from 40 CFR 136 chronic methods and must use alternative guidance as directed by the NPDES permitting authority.

FORM 2A—LINE-BY-LINE INSTRUCTIONS CONTINUED

or will receive before entering the POTW. Answer "Yes" to Item 4.11 when you have completed and attached the information to the application package.

**Section 5. Combined Sewer Overflows**

**CSO Map and Diagram**

**Item 5.1.** Indicate if the treatment works has a combined sewer system. If yes, continue to Item 5.2. If no, skip to Section 6.

**Item 5.2.** Attach a CSO system map to the application. The map should indicate: (1) all CSO discharge points, (2) sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding national resource waters), and (3) waters supporting threatened and endangered species potentially affected by CSOs. Answer "Yes" to Item 5.2 when you have completed the map and attached it to the application package.

**Item 5.3.** Prepare a diagram of the CSO collection system. The diagram should show the following: (1) the location of major sewer trunk lines, both combined and separate sanitary; (2) the locations of points where separate sanitary sewers feed into the combined sewer system; (3) in-line and off-line storage structures; (4) the locations of flow-regulating devices; and (5) the locations of pump stations. Answer "Yes" to Item 5.3 when you have completed the diagram and attached it to the application package.

**CSO Outfall Description**

**Item 5.4.** Provide the following information for each CSO outfall: (1) outfall number; (2) state, county, city or town and ZIP code in which the outfall is located; (3) latitude and longitude of the outfall, to the nearest second, (4) distance of the outfall from shore and depth of the outfall below water surface. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitude/longitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). The location of each CSO outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States.

**CSO Monitoring**

**Item 5.5.** Indicate whether the POTW has monitored any of the following items in the past year for each of its CSO outfalls: (1) rainfall, (2) CSO flow volume, (3) CSO pollutant concentrations; (4) receiving water quality, (5) CSO frequency, and (6) number of storm events.

**CSO Events In Past Year**

**Item 5.6.** For each CSO outfall, record (1) the number of CSO events in the past year, (2) the average duration in hours per event, (3) the average volume per CSO event in million gallons, and (4) the minimum rainfall that caused a CSO event in inches of rainfall in the past year. Note whether your responses for sub-items (2) through (4) above are based on actual or estimated data.

**CSO Receiving Waters**

**Item 5.7.** For each CSO outfall, record the following receiving water information: (1) name of receiving water; (2) name of watershed/stream system and the U.S. Soil Conservation Service

watershed (14-digit) code, if known; (3) name of the state management/river basin and the USGS 8-digit hydrologic cataloging unit code, if known; and (4) a description of any known water quality impacts on the receiving water caused by the CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shellfish bed closings, fish kills, fish advisories, other recreational loss, or exceedance of any applicable state water quality standard).

**Section 6. Checklist and Certification Statement**

**Item 6.1.** Review the checklist provided. In Column 1, mark the sections of Form 2A that you have completed and are submitting with your application. In Column 2, indicate for each section whether you are submitting attachments.

**Item 6.2.** The Clean Water Act provides for severe penalties for submitting false information on this application form. CWA Section 309(c)(2) provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

**FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:**

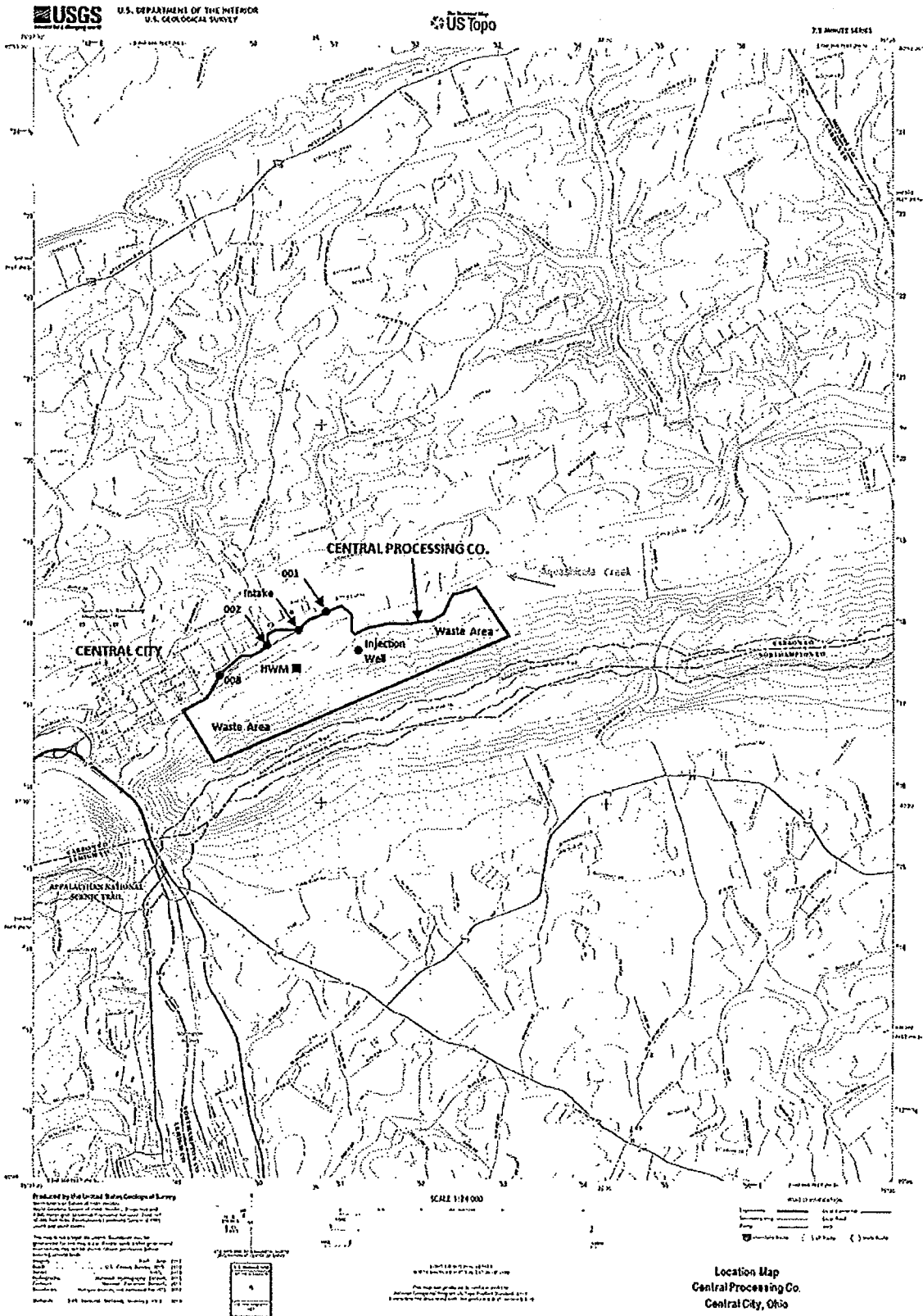
- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

Submit your completed Form 2A and all associated attachments (and any other required NPDES application forms) to your NPDES permitting authority.



Exhibit 2A-2. Example Topographic Map



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FORM 2A—GLOSSARY

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**Note:** This glossary includes terms used in the various NPDES application forms, including Form 2A. The definitions are from the NPDES regulations at 40 CFR 122.2 unless otherwise specified. If you have any questions concerning the meaning of any of these terms, contact your NPDES permitting authority.

**ANIMAL FEEDING OPERATION** (defined at § 122.23) means a lot or facility (other than an aquatic animal production facility) where the following conditions are met;

- Animals (other than aquatic animals) have been, are, or will be stabled or confined and fed or maintained for a total of 45 days or more in any 12-month period; and
- Crops, vegetation, forage growth, or post-harvest residues are not sustained in the normal growing season over any portion of the lot or facility.

**APPLICATION** means the EPA standard national forms for applying for a permit, including any additions, revisions, or modifications to the forms; or forms approved by EPA for use in approved states, including any approved modifications or revisions.

**APPROVED PROGRAM** or **APPROVED STATE** means a State or interstate program which has been approved or authorized by EPA under part 123.

**AQUACULTURE PROJECT** (defined at § 122.25) means a defined managed water area which uses discharges of pollutants into that designated area for the maintenance or production of harvestable freshwater, estuarine, or marine plants or animals. **DESIGNATED PROJECT AREA** means the portions of the waters of the United States within which the permittee or permit applicant plans to confine the cultivated species, using a method or plan or operation (including, but not limited to, physical confinement) which, on the basis of reliable scientific evidence, is expected to ensure that specific individual organisms comprising an aquaculture crop will enjoy increased growth attributable to the discharge of pollutants, and be harvested within a defined geographic area.

**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 that month divided by the number of daily discharges measured during that month.

**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.

**BEST MANAGEMENT PRACTICES (BMPs)** means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the United States. BMPs include treatment requirements, operation procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

**BIOSOLIDS** (see *sewage sludge*).

**BYPASS** (defined at § 122.41(m)) means the intentional diversion of waste streams from any portion of a treatment facility.

**COMBINED SEWER OVERFLOW (CSO)** means a discharge from a combined sewer system (CSS) at a point prior to the Publicly Owned Treatment Works (POTW) Treatment Plant (defined at § 403.3(r)).

**COMBINED SEWER SYSTEM (CSS)** means a wastewater collection system owned by a State or municipality (as defined by section 502(4) of the CWA) which conveys sanitary wastewaters (domestic, commercial and industrial wastewaters) and storm water through a single-pipe system to a Publicly Owned Treatment Works (POTW) Treatment Plant (as defined at § 403.3(r)).

**CONCENTRATED ANIMAL FEEDING OPERATION** (defined at § 122.23) means an animal feeding operation that is defined as a Large CAFO or as a Medium CAFO by the terms of (A) or (B) below, or that is designated as a CAFO in accordance with 40 CFR 122.23(c). Two or more AFOs under common ownership are considered to be a single AFO for the purposes of determining the number of animals at an operation, if they adjoin each other or if they use a common area or system for the disposal of wastes.

- A. **LARGE CONCENTRATED ANIMAL FEEDING OPERATION (LARGE CAFO)** means an AFO that stables or confines as many as or more than the numbers of animals specified in any of the following categories:
1. 700 mature dairy cows, whether milked or dry;
  2. 1,000 veal calves;
  3. 1,000 cattle other than mature dairy cows or veal calves. Cattle includes but is not limited to heifers, steers, bulls and cow/calf pairs;
  4. 2,500 swine each weighing 55 pounds or more;
  5. 10,000 swine each weighing less than 55 pounds;
  6. 500 horses;
  7. 10,000 sheep or lambs;

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FORM 2A—GLOSSARY CONTINUED

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8. 55,000 turkeys;
9. 30,000 laying hens or broilers, if the AFO uses a liquid manure handling system;
10. 125,000 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;
11. 82,000 laying hens, if the AFO uses other than a liquid manure handling system;
12. 30,000 ducks (if the AFO uses other than a liquid manure handling system); or
13. 5,000 ducks (if the AFO uses a liquid manure handling system).

**B. MEDIUM CONCENTRATED ANIMAL FEEDING OPERATION (MEDIUM CAFO)** means any AFO with the type and number of animals that fall within any of the ranges listed below and which has been defined or designated as a CAFO. An AFO is defined as a Medium CAFO if:

1. The type and number of animals that it stables and confines falls within any of the following ranges:
  - a. 200 to 699 mature dairy cows, whether milked or dry;
  - b. 300 to 999 veal calves;
  - c. 300 to 999 cattle other than mature dairy cows or veal calves. Cattle includes but is not limited to heifers, steers, bulls and cow/calf pairs;
  - d. 750 to 2,499 swine each weighing 55 pounds or more;
  - e. 3,000 to 9,999 swine each weighing less than 55 pounds;
  - f. 150 to 499 horses;
  - g. 3,000 to 9,999 sheep or lambs;
  - h. 16,500 to 54,999 turkeys;
  - i. 9,000 to 29,999 laying hens or broilers, if the AFO uses a liquid manure handling system;
  - j. 37,500 to 124,999 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;
  - k. 25,000 to 81,999 laying hens, if the AFO uses other than a liquid manure handling system;
  - l. 10,000 to 29,999 ducks (if the AFO uses other than a liquid manure handling system); or
  - m. 1,500 to 4,999 ducks (if the AFO uses a liquid manure handling system); and
2. Either one of the following conditions are met:
  - a. Pollutants are discharged into waters of the United States through a man-made ditch, flushing system, or other similar man-made device; or
  - b. Pollutants are discharged directly into waters of the United States which originate outside of and pass over, across, or through the facility or otherwise come into direct contact with animals confined in the operation.

**CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY** (defined at § 122.24) means a hatchery, fish farm, or other facility which contains, grows, or holds aquatic animals in either of the following categories, or which the Director designates as such on a case-by-case basis:

- A. Cold water fish species or other cold water aquatic animals including, but not limited to, the *Salmonidae* family of fish (e.g., trout and salmon) in ponds, raceways, or other similar structures which discharge at least 30 days per year but does not include:
  1. Facilities which produce less than 9,090 harvest weight kilograms (approximately 20,000 pounds) of aquatic animals per year; and
  2. Facilities which feed less than 2,272 kilograms (approximately 5,000 pounds) of food during the calendar month of maximum feeding.
- B. Warm water fish species or other warm water aquatic animals including, but not limited to, the *Ameiuridae*, *Cetrarchidae*, and *Cyprinidae* families of fish (e.g., respectively, catfish, sunfish, and minnows) in ponds, raceways, or other similar structures which discharge at least 30 days per year, but does not include:
  1. Closed ponds which discharge only during periods of excess runoff; or
  2. Facilities which produce less than 45,454 harvest weight kilograms (approximately 100,000 pounds) of aquatic animals per year.

**CWA** means the Clean Water Act (formerly referred to as the Federal Water Pollution Control Act or Federal Water Pollution Control Act Amendments of 1972) Public Law 92-500, as amended by Public Law 95-217, Public Law 95-576, Public Law 96-483 and Public Law 97-117, 33 U.S.C. 1251 *et seq.*

**CWA AND REGULATIONS** means the Clean Water Act (CWA) and applicable regulations promulgated thereunder. In the case of an approved State program, it includes State program requirements.

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FORM 2A—GLOSSARY CONTINUED

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**DAILY DISCHARGE** means the "discharge of a pollutant" measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the "daily discharge" is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurement, the "daily discharge" is calculated as the average measurement of the pollutant over the day.

**DIRECT DISCHARGE** means the "discharge of a pollutant."

**DIRECTOR** means the Regional Administrator or the State Director, as the context requires, or an authorized representative. When there is no "approved State program," and there is an EPA administered program, "Director" means the Regional Administrator. When there is an approved State program, "Director" normally means the State Director. In some circumstances, however, EPA retains the authority to take certain actions even when there is an approved State program. (For example, when EPA has issued an NPDES permit prior to the approval of a State program, EPA may retain jurisdiction over that permit after program approval, see § 123.1.) In such cases, the term "Director" means the Regional Administrator and not the State Director.

**DISCHARGE (OF A POLLUTANT)** means:

- Any addition of any pollutant or combination of pollutants to waters of the United States from any point source; or
- Any addition of any pollutant or combination of pollutants to the waters of the contiguous zone or the ocean from any point source other than a vessel or other floating craft which is being used as a means of transportation.

This definition includes discharges into waters of the United States from: surface runoff which is collected or channelled by man; discharges through pipes, sewers, or other conveyances owned by a State, municipality, or other person which do not lead to a treatment works; and discharges through pipes, sewers, or other conveyances, leading into privately owned treatment works. This term does not include an addition of pollutants by any "indirect discharger".

**DISCHARGE MONITORING REPORT** means the EPA uniform national form, including any subsequent additions, revisions, or modifications for the reporting of self-monitoring results by permittees. DMRs must be used by "approved States" as well as by EPA. EPA will supply DMRs to any approved State upon request. The EPA national forms may be modified to substitute the state agency name, address, logo, and other similar information, as appropriate, in place of EPA's.

**DRAFT PERMIT** means a document prepared under § 124.6 indicating the Director's tentative decision to issue or deny, modify, revoke and reissue, terminate, or reissue a "permit." A notice of intent to terminate a permit, and a notice of intent to deny a permit, as discussed in § 124.5, are types of "draft permits." A denial of a request for modification, revocation and reissuance, or termination, as discussed in § 124.5, is not a "draft permit." A "proposed permit" is not a "draft permit."

**EFFLUENT LIMITATION** means any restriction imposed by the Director on quantities, discharge rates, and concentrations of "pollutants" which are "discharged" from "point sources" into "waters of the United States," the waters of the "contiguous zone," or the ocean.

**EFFLUENT LIMITATIONS GUIDELINES** means a regulation published by the Administrator under section 304(b) of the CWA to adopt or revise "effluent limitations."

**ENVIRONMENTAL PROTECTION AGENCY (EPA)** means the United States Environmental Protection Agency.

**FACILITY** or **ACTIVITY** means any NPDES "point source" or any other facility or activity (including land or appurtenances thereto) that is subject to regulation under the NPDES program.

**GENERAL PERMIT** means an NPDES "permit" issued under § 122.28 authorizing a category of discharges under the CWA within a geographical area.

**HAZARDOUS SUBSTANCE** means any substance designated under 40 CFR part 116 pursuant to section 311 of the CWA.

**INDIAN COUNTRY** (or **INDIAN LANDS**) means:

- All land within the limits of any Indian reservation under the jurisdiction of the United States Government, notwithstanding the issuance of any patent, and, including rights-of-way running through the reservation;
- All dependent Indian communities with the borders of the United States whether within the originally or subsequently acquired territory thereof, and whether within or without the limits of a state; and
- All Indian allotments, the Indian titles to which have not been extinguished, including rights-of-way running through the same.

**INDIAN TRIBE** means any Indian Tribe, band, group, or community recognized by the Secretary of the Interior and exercising governmental authority over a Federal Indian reservation.

**INDIRECT DISCHARGE** means a nondomestic discharger introducing "pollutants" to a "publicly owned treatment works."

FORM 2A—GLOSSARY CONTINUED

**LARGE MUNICIPAL SEPARATE STORM SEWER SYSTEM** (defined at § 122.26(b)(4)) means all municipal separate storm sewers that are either:

- (i) Located in an incorporated place with a population of 250,000 or more as determined by the 1990 Decennial Census by the Bureau of the Census (Appendix F of 40 CFR 122); or
- (ii) Located in the counties listed in appendix H of 40 CFR 122, except municipal separate storm sewers that are located in the incorporated places, townships or towns within such counties; or
- (iii) Owned or operated by a municipality other than those described in paragraphs (i) or (ii) and that are designated by the Director as part of the large or medium municipal separate storm sewer system due to the interrelationship between the discharges of the designated storm sewer and the discharges from municipal separate storm sewers described under paragraphs (i) or (ii). In making this determination the Director may consider the following factors:
  - (A) Physical interconnections between the municipal separate storm sewers;
  - (B) The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in paragraph (i);
  - (C) The quantity and nature of pollutants discharged to waters of the United States;
  - (D) The nature of the receiving waters; and
  - (E) Other relevant factors; or
- (iv) The Director may, upon petition, designate as a large municipal separate storm sewer system, municipal separate storm sewers located within the boundaries of a region defined by a storm water management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in paragraphs (i), (ii), (iii).

**LOG SORTING AND LOG STORAGE FACILITIES** (defined at § 122.27) means facilities whose discharges result from the holding of unprocessed wood, for example, logs or roundwood with bark or after removal of bark held in self-contained bodies of water (mill ponds or log ponds) or stored on land where water is applied intentionally on the logs (wet decking). (See 40 CFR 429, subpart I, including the effluent limitations guidelines.)

**MAJOR FACILITY** means any NPDES "facility or activity" classified as such by the Regional Administrator, or, in the case of "approved State programs," the Regional Administrator in conjunction with the State Director.

**MAXIMUM DAILY DISCHARGE LIMITATION** means the highest allowable "daily discharge."

**MEDIUM MUNICIPAL SEPARATE STORM SEWER SYSTEM** (defined at § 122.26(b)(7)) means all municipal separate storm sewers that are either:

- (i) Located in an incorporated place with a population of 100,000 or more but less than 250,000, as determined by the 1990 Decennial Census by the Bureau of the Census (appendix G of 40 CFR 122); or
- (ii) Located in the counties listed in appendix I of 40 CFR 122, except municipal separate storm sewers that are located in the incorporated places, townships or towns within such counties; or
- (iii) Owned or operated by a municipality other than those described in paragraph (i) or (ii) and that are designated by the Director as part of the large or medium municipal separate storm sewer system due to the interrelationship between the discharges of the designated storm sewer and the discharges from municipal separate storm sewers described under paragraph (i) or (ii). In making this determination the Director may consider the following factors:
  - (A) Physical interconnections between the municipal separate storm sewers;
  - (B) The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in paragraph (i);
  - (C) The quantity and nature of pollutants discharged to waters of the United States;
  - (D) The nature of the receiving waters; or
  - (E) Other relevant factors; or
- (iv) The Director may, upon petition, designate as a medium municipal separate storm sewer system, municipal separate storm sewers located within the boundaries of a region defined by a storm water management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in paragraphs (i), (ii), (iii) of this section.

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FORM 2A—GLOSSARY CONTINUED

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**MUNICIPALITY** means a city, town, borough, county, parish, district, association, or other public body created by or under State law and having jurisdiction over disposal of sewage, industrial wastes, or other wastes, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the CWA.

**MUNICIPAL SEPARATE STORM SEWER** (defined at § 122.26(b)(8)) means a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains):

- Owned or operated by a State, city, town, borough, county, parish, district, association, or other public body (created by or pursuant to State law) having jurisdiction over disposal of sewage, industrial wastes, stormwater, or other wastes, including special districts under State law such as a sewer district, flood control district or drainage district, or similar entity, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the CWA that discharges to waters of the United States.
- Designed or used for collecting or conveying stormwater.
- Which is not a combined sewer; and
- Which is not part of a POTW as defined at 40 CFR 122.2.

**MUNICIPAL SLUDGE** (*see sewage sludge*)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)** means the national program for issuing, modifying, revoking and reissuing, terminating, monitoring and enforcing permits, and imposing and enforcing pretreatment requirements, under sections 307, 402, 318, and 405 of the CWA. The term includes an "approved program."

**NEW DISCHARGER** means any building, structure, facility, or installation:

- From which there is or may be a "discharge of pollutants;"
- That did not commence the "discharge of pollutants" at a particular "site" prior to August 13, 1979;
- Which is not a "new source;" and
- Which has never received a finally effective NPDES permit for discharges at that "site."

This definition includes an "indirect discharger" which commences discharging into "waters of the United States" after August 13, 1979. It also means any existing mobile point source (other than an offshore or coastal oil and gas exploratory drilling rig or a coastal oil and gas developmental drilling rig) such as a seafood processing rig, seafood processing vessel, or aggregate plant, that begins discharging at a "site" for which it does not have a permit; and any offshore or coastal mobile oil and gas exploratory drilling rig or coastal mobile oil and gas developmental drilling rig that commences the discharge of pollutants after August 13, 1979, at a "site" under EPA's permitting jurisdiction for which it is not covered by an individual or general permit and which is located in an area determined by the Regional Administrator in the issuance of a final permit to be an area of biological concern. In determining whether an area is an area of biological concern, the Regional Administrator shall consider the factors specified in 40 CFR 125.122(a)(1) through (10).

An offshore or coastal mobile exploratory drilling rig or coastal mobile developmental drilling rig will be considered a "new discharger" only for the duration of its discharge in an area of biological concern.

**NEW SOURCE** means any building, structure, facility, or installation from which there is or may be a "discharge of pollutants," the construction of which commenced:

- After promulgation of standards of performance under section 306 of the CWA which are applicable to such source, or
- After proposal of standards of performance in accordance with section 306 of the CWA which are applicable to such source, but only if the standards are promulgated in accordance with section 306 within 120 days of their proposal.

**OWNER OR OPERATOR** means the owner or operator of any "facility or activity" subject to regulation under the NPDES program.

**PERMIT** means an authorization, license, or equivalent control document issued by EPA or an "approved State" to implement the requirements of this part and parts 123 and 124. "Permit" includes an NPDES "general permit" (§ 122.28). Permit does not include any permit which has not yet been the subject of final agency action, such as a "draft permit" or a "proposed permit."

**PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES FROM PESTICIDE APPLICATION** means the application of biological pesticides, and the application of chemical pesticides that leave a residue, from point sources to waters of the United States. In the context of this definition of pesticide discharges to waters of the United States from pesticide application, this does not include agricultural storm water discharges and return flows from irrigated agriculture, which are excluded by law (33 U.S.C. 1342(f); 33 U.S.C. 1362(14)).

**PESTICIDE RESIDUE** for the purpose of determining whether a NPDES permit is needed for discharges to waters of the United States from pesticide application, means that portion of a pesticide application that is discharged from a point source to waters of the United States and no longer provides pesticidal benefits. It also includes any degradates of the pesticide.

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FORM 2A—GLOSSARY CONTINUED

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**POINT SOURCE** means any discernible, confined, and discrete conveyance, including but not limited to, any pipe, ditch, channel, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, landfill leachate collection system, vessel or other floating craft from which pollutants are or may be discharged. This term does not include return flows from irrigated agriculture or agricultural stormwater runoff. (See § 122.3).

**POLLUTANT** means dredged spoil, solid waste, incinerator residue, filter backwash, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials (except those regulated under the Atomic Energy Act of 1954, as amended (42 U.S.C. 2011 *et seq.*)), heat, wrecked or discarded equipment, rock, sand, cellar dirt and industrial, municipal, and agricultural waste discharged into water. It does not mean:

- Sewage from vessels; or
- Water, gas, or other material which is injected into a well to facilitate production of oil or gas, or water derived in association with oil and gas production and disposed of in a well, if the well used either to facilitate production or for disposal purposes is approved by authority of the State in which the well is located, and if the State determines that the injection or disposal will not result in the degradation of ground or surface water resources. Note: Radioactive materials covered by the Atomic Energy Act are those encompassed in its definition of source, byproduct, or special nuclear materials. Examples of materials not covered include radium and accelerator-produced isotopes. See *Train v. Colorado Public Interest Research Group, Inc.*, 426 U.S. 1 (1976).

**PRIMARY INDUSTRY CATEGORY** means any industry category listed in the NRDC settlement agreement (*Natural Resources Defense Council et al. v. Train*, 8 E.R.C. 2120 (D.D.C. 1976), modified 12 E.R.C. 1833 (D.D.C. 1979)); also listed in appendix A of part 122.

**PRIVATELY OWNED TREATMENT WORKS** means any device or system which is (1) used to treat wastes from any facility whose operator is not the operator of the treatment works and (2) not a "POTW."

**PROCESS WASTEWATER** means any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product.

**PROPOSED PERMIT** means a state NPDES "permit" prepared after the close of the public comment period (and, when applicable, any public hearing and administrative appeals) which is sent to EPA for review before final issuance by the State. A "proposed permit" is not a "draft permit."

**PUBLICLY OWNED TREATMENT WORKS** or **POTW** (defined at § 403.3) means a treatment works as defined by CWA Section 212, which is owned by a state or municipality (as defined by CWA Section 502(4)). This definition includes any devices or systems used in the storage, treatment, recycling, and reclamation of municipal sewage or industrial wastes of a liquid nature. This definition also includes sewers, pipes, and other conveyances only if they convey wastewater to a POTW. The term also means the municipality as defined in CWA Section 502(4), which has jurisdiction over the indirect discharges to and the discharges from such a treatment works.

**REGIONAL ADMINISTRATOR** means the Regional Administrator of the appropriate Regional Office of the Environmental Protection Agency or the authorized representative of the Regional Administrator.

**ROCK CRUSHING AND GRAVEL WASHING FACILITIES** (defined at § 122.27) means facilities which process crushed and broken stone, gravel, and riprap (See 40 CFR 436, subpart B, including the effluent limitations guidelines).

**SCHEDULE OF COMPLIANCE** means a schedule of remedial measures included in a "permit", including an enforceable sequence of interim requirements (for example, actions, operations, or milestone events) leading to compliance with the CWA and regulations.

**SECONDARY INDUSTRY CATEGORY** means any industry category which is not a primary industry category.

**SEWAGE FROM VESSELS** means human body wastes and the wastes from toilets and other receptacles intended to receive or retain body wastes that are discharged from vessels and regulated under section 312 of the CWA, except that with respect to commercial vessels on the Great Lakes this term includes graywater. For the purposes of this definition, "graywater" means galley, bath, and shower water.

**SEWAGE SLUDGE** means any solid, semi-solid, or liquid residue removed during the treatment of municipal waste water or domestic sewage. Sewage sludge includes, but is not limited to, solids removed during primary, secondary, or advanced waste water treatment, scum, septage, portable toilet pumpings, type III marine sanitation device pumpings (33 CFR 159), and sewage sludge products. Sewage sludge does not include grit or screenings, or ash generated during the incineration of sewage sludge.

**SILVICULTURAL POINT SOURCE** (defined at § 122.27) means any discernible, confined, and discrete conveyance related to rock crushing, gravel washing, log sorting, or log storage facilities which are operated in connection with silvicultural activities and from which pollutants are discharged into waters of the United States. This term does not include non-point source silvicultural activities such as nursery operations, site preparation, reforestation and subsequent cultural treatment, thinning, prescribed burning, pest and fire control, harvesting operations, surface drainage, or road construction and maintenance from which there is natural runoff. However, some of these activities (such as stream crossing for roads) may involve point source discharges of dredged or fill material which may require a CWA Section 404 permit (see 33 CFR 209.120 and part 233).

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FORM 2A—GLOSSARY CONTINUED

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**SITE** means the land or water area where any "facility or activity" is physically located or conducted, including adjacent land used in connection with the facility or activity.

**SLUDGE-ONLY FACILITY** means any "treatment works treating domestic sewage" whose methods of sewage sludge use or disposal are subject to regulations promulgated pursuant to section 405(d) of the CWA and is required to obtain a permit under § 122.1(b)(2).

**STANDARDS FOR SEWAGE SLUDGE USE OR DISPOSAL** means the regulations promulgated pursuant to section 405(d) of the CWA which govern minimum requirements for sludge quality, management practices, and monitoring and reporting applicable to sewage sludge or the use or disposal of sewage sludge by any person.

**STATE** means any of the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, or an Indian Tribe as defined in these regulations which meets the requirements of § 123.31 of this chapter.

**STATE DIRECTOR** means the chief administrative officer of any State or interstate agency operating an "approved program," or the delegated representative of the State Director. If responsibility is divided among two or more State or interstate agencies, "State Director" means the chief administrative officer of the State or interstate agency authorized to perform the particular procedure or function to which reference is made.

**STORMWATER (or STORM WATER)** (defined at § 122.26(b)(13)) means stormwater runoff, snow melt runoff, and surface runoff and drainage.

**STORMWATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY** (defined at § 122.26(b)(14)) means the discharge from any conveyance that is used for collecting and conveying stormwater and that is directly related to manufacturing, processing or raw materials storage areas at an industrial plant. The term does not include discharges from facilities or activities excluded from the NPDES program under this part 122. For the categories of industries identified in this section, the term includes, but is not limited to, stormwater discharges from industrial plant yards; immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility; material handling sites; refuse sites; sites used for the application or disposal of process waste waters (as defined at 40 CFR 401); sites used for the storage and maintenance of material handling equipment; sites used for residual treatment, storage, or disposal; shipping and receiving areas; manufacturing buildings; storage areas (including tank farms) for raw materials, and intermediate and final products; and areas where industrial activity has taken place in the past and significant materials remain and are exposed to stormwater. For the purposes of this paragraph, material handling activities include storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product, by-product or waste product. The term excludes areas located on plant lands separate from the plant's industrial activities, such as office buildings and accompanying parking lots as long as the drainage from the excluded areas is not mixed with stormwater drained from the above described areas. Industrial facilities (including industrial facilities that are federally, State, or municipally owned or operated that meet the description of the facilities listed in paragraphs 1 through 14 below) include those facilities designated under the provisions of 40 CFR 122.26(a)(1)(v). The following categories of facilities are considered to be engaging in "industrial activity" for purposes of 40 CFR 122.26(b)(14):

1. Facilities subject to stormwater effluent limitations guidelines, new source performance standards, or toxic pollutant effluent standards under 40 CFR Subchapter N (except facilities with toxic pollutant effluent standards which are exempted under paragraph 11 below);
2. Facilities classified as Standard Industrial Classification 24, Industry Group 241 that are rock crushing, gravel washing, log sorting, or log storage facilities operated in connection with silvicultural activities defined in 40 CFR 122.27(b)(2)-(3) and Industry Groups 242 through 249; 26 (except 265 and 267), 28 (except 283), 29, 311, 32 (except 323), 33, 3441, 373; (not included are all other types of silvicultural facilities);
3. Facilities classified as Standard Industrial Classifications 10 through 14 (mineral industry) including active or inactive mining operations (except for areas of coal mining operations no longer meeting the definition of a reclamation area under 40 CFR 434.11(1) because the performance bond issued to the facility by the appropriate SMCRA authority has been released, or except for areas of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990) and oil and gas exploration, production, processing, or treatment operations, or transmission facilities that discharge stormwater contaminated by contact with or that has come into contact with, any overburden, raw material, intermediate products, finished products, byproducts or waste products located on the site of such operations; (inactive mining operations are mining sites that are not being actively mined, but which have an identifiable owner/operator; inactive mining sites do not include sites where mining claims are being maintained prior to disturbances associated with the extraction, beneficiation, or processing of mined materials, nor sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim);
4. Hazardous waste treatment, storage, or disposal facilities, including those that are operating under interim status or a permit under subtitle C of RCRA;
5. Landfills, land application sites, and open dumps that receive or have received any industrial wastes (waste that is received from any of the facilities described under this subsection) including those that are subject to regulation under subtitle D of RCRA;
6. Facilities involved in the recycling of materials, including metal scrapyards, battery reclaimers, salvage yards, and automobile junkyards, including but limited to those classified as Standard Industrial Classification 5015 and 5093;



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FORM 2A—GLOSSARY CONTINUED

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7. Steam electric power generating facilities, including coal handling sites;
8. Transportation facilities classified as Standard Industrial Classifications 40, 41, 42 (except 4221–25), 43, 44, 45, and 5171 which have vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility that are either involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication), equipment cleaning operations, airport deicing operations, or which are otherwise identified under paragraphs 1–7 or 9–11 are associated with industrial activity;
9. Treatment works treating domestic sewage or any other sewage sludge or wastewater treatment device or system, used in the storage treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge that are located within the confines of the facility, with a design flow of 1.0 mgd or more, or required to have an approved pretreatment program under 40 CFR 403. Not included are farm lands, domestic gardens or lands used for sludge management where sludge is beneficially reused and which are not physically located in the confines of the facility, or areas that are in compliance with section 405 of the CWA;
10. Construction activity including clearing, grading and excavation, except operations that result in the disturbance of less than five acres of total land area. Construction activity also includes the disturbance of less than five acres of total land area that is a part of a larger common plan of development or sale if the larger common plan will ultimately disturb five acres or more;
11. Facilities under Standard Industrial Classifications 20, 21, 22, 23, 2434, 25, 265, 267, 27, 283, 285, 30, 31 (except 311), 323, 34 (except 3441), 35, 36, 37 (except 373), 38, 39, and 4221–25.

**TOXIC POLLUTANT** means any pollutant listed as toxic under section 307(a)(1) or, in the case of "sludge use or disposal practices," any pollutant identified in regulations implementing section 405(d) of the CWA.

**TREATMENT WORKS TREATING DOMESTIC SEWAGE (TWTDS)** means a POTW or any other sewage sludge or waste water treatment devices or systems, regardless of ownership (including federal facilities), used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated for the disposal of sewage sludge. This definition does not include septic tanks or similar devices. For purposes of this definition, "domestic sewage" includes waste and waste water from humans or household operations that are discharged to or otherwise enter a treatment works. In States where there is no approved State sludge management program under section 405(f) of the CWA, the Regional Administrator may designate any person subject to the standards for sewage sludge use and disposal in 40 CFR 503 as a "treatment works treating domestic sewage," where he or she finds that there is a potential for adverse effects on public health and the environment from poor sludge quality or poor sludge handling, use or disposal practices, or where he or she finds that such designation is necessary to ensure that such person is in compliance with 40 CFR 503.

**UPSET** (defined at § 122.41(n)) means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent 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.

**VARIANCE** means any mechanism or provision under section 301 or 316 of the CWA or under 40 CFR 125, or in the applicable "effluent limitations guidelines" which allows modification to or waiver of the generally applicable effluent limitation requirements or time deadlines of the CWA. This includes provisions which allow the establishment of alternative limitations based on fundamentally different factors or on sections 301(c), 301(g), 301(h), 301(i), or 316(a) of the CWA.

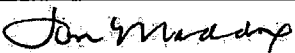
**WATERS OF THE UNITED STATES** as defined at § 122.2.

**WHOLE EFFLUENT TOXICITY (WET)** means the aggregate toxic effect of an effluent measured directly by a toxicity test.

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<b>PART 2</b>		<b>PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))</b>		
Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit. Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.				
<b>PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1-7) AND (q)(13))</b>				
General Information	All Part 2 applicants must complete this section.			
	<b>Facility Information</b>			
	1.1	Facility name Elba Lagoon		
		Mailing address (street or P.O. box) 200 Buford Street		
		City or town Elba	State AL	ZIP code 36323
		Phone number (334) 764-2077		
		Contact name (first and last) Jonathan Walker	Title Operator	Email address jwalker@elbaal.gov
		Location address (street, route number, or other specific identifier) Forest Avenue		<input type="checkbox"/> Same as mailing address
		City or town Elba	State AL	ZIP code 36323
	1.2	Is this facility a Class I sludge management facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	1.3	<b>Facility Design Flow Rate</b>	600 million gallons per day (mgd)	
	1.4	<b>Total Population Served</b>	4900	
	1.5	<b>Ownership Status</b>		
		<input type="checkbox"/> Public—federal	<input type="checkbox"/> Public—state	<input checked="" type="checkbox"/> Other public (specify) <u>Municipal</u>
		<input type="checkbox"/> Private	<input type="checkbox"/> Other (specify) _____	
	<b>Applicant Information</b>			
	1.6	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1).		
	1.7	Applicant name		
		Applicant mailing address (street or P.O. box)		
	City or town	State	ZIP code	
	Contact name (first and last)	Title	Phone number	
			Email address	
1.8	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Both			
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)			

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1.10	Facility's NPDES permit number <input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.		AL0020940	
1.11	Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.			
	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)	
	<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> UIC (underground injection of fluids)		
<b>Indian Country</b>				
1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below.			
1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.			
<b>Topographic Map</b>				
1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Line Drawing</b>				
1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Contractor Information</b>				
1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1) below.			
1.17	Provide the following information for each contractor. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.			
		<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
	Contractor company name			
	Mailing address (street or P.O. box)			
	City, state, and ZIP code			
	Contact name (first and last)			
	Telephone number			
	Email address			

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General Information Continued	1.17	Contractor 1		Contractor 2		Contractor 3		
	cont.	Responsibilities of contractor						
	<b>Pollutant Concentrations</b>							
	Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.							
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.							
	1.18	<b>Pollutant</b>	<b>Average Monthly Concentration (mg/kg dry weight)</b>	<b>Analytical Method</b>	<b>Detection Level</b>			
		Arsenic						
		Cadmium						
		Chromium						
		Copper						
	Lead							
	Mercury	*B	EPA1631E	0.2 mg/L				
	Molybdenum							
	Nickel							
	Selenium							
	Zinc							
<b>Checklist and Certification Statement</b>								
1.19	In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.							
	<b>Column 1</b>			<b>Column 2</b>				
	<input checked="" type="checkbox"/>	Section 1 (General Information)			<input type="checkbox"/> w/ attachments			
	<input type="checkbox"/>	Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)			<input type="checkbox"/> w/ attachments			
	<input type="checkbox"/>	Section 3 (Land Application of Bulk Sewage Sludge)			<input type="checkbox"/> w/ attachments			
	<input type="checkbox"/>	Section 4 (Surface Disposal)			<input type="checkbox"/> w/ attachments			
	<input type="checkbox"/>	Section 5 (Incineration)			<input type="checkbox"/> w/ attachments			
1.20	<b>Certification Statement</b>							
	<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>							
	Name (print or type first and last name) Tom Maddox			Official title Mayor				
	Signature 			Date signed 03/08/2024				
	Telephone number (334)-897-2333							
Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements.								

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**PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(q)(8) THROUGH (12))**

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

2.1 Does your facility generate sewage sludge or derive a material from sewage sludge?  
 Yes  No → SKIP to Part 2, Section 3.

**Amount Generated Onsite**

2.2 Total dry metric tons per 365-day period generated at your facility:

**Amount Received from Off Site Facility**

2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?  
 Yes  No → SKIP to Item 2.7 (Part 2, Section 2) below.

2.4 Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:

Provide the following information for each of the facilities from which you receive sewage sludge.  
 Check here if you have attached additional sheets to the application package.

2.5 Name of facility

Mailing address (street or P.O. box)

City or town State ZIP code

Contact name (first and last) Title Phone number Email address

Location address (street, route number, or other specific identifier)  Same as mailing address

City or town State ZIP code

County County code  Not available

2.6 Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.

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

2.7 Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)

<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)	<input type="checkbox"/> Thickening (concentration)
<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion
<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning
<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction
<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____

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

**Treatment Provided at Your Facility**

2.8 For each sewage sludge use or disposal practice, indicate the applicable pathogen class and reduction alternative and the applicable vector attraction reduction option provided at your facility. Attach additional pages, as necessary.

Use or Disposal Practice (check one)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
<input type="checkbox"/> Land application of bulk sewage <input type="checkbox"/> Land application of biosolids (bulk) <input type="checkbox"/> Land application of biosolids (bags) <input type="checkbox"/> Surface disposal in a landfill <input type="checkbox"/> Other surface disposal <input type="checkbox"/> Incineration	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11

2.9 Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge? (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)                    | <input type="checkbox"/> Thickening (concentration)  |
| <input type="checkbox"/> Stabilization  | <input type="checkbox"/> Anaerobic digestion   |
| <input type="checkbox"/> Composting   | <input type="checkbox"/> Conditioning  |
| <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) | <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) |
| <input type="checkbox"/> Heat drying  | <input type="checkbox"/> Thermal reduction   |
| <input type="checkbox"/> Methane or biogas capture and recovery   |  |

2.10 Describe any other sewage sludge treatment or blending activities not identified in Items 2.8 and 2.9 (Part 2, Section 2) above.

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

**Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1 to 8**

2.11 Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)-(8) and is it land applied?

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

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

2.13 Is sewage sludge subject to this subsection placed in bags or other containers for sale or give-away for application to the land?

Yes  No

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

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

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

2.14	Do you place sewage sludge in a bag or other container for sale or give-away for land application? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.
2.15	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:
2.16	Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. <input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.

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

**Shipment Off Site for Treatment or Blending**

2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.																									
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.																									
2.19	Name of receiving facility																									
	Mailing address (street or P.O. box)																									
	City or town	State	ZIP code																							
	Contact name (first and last)	Title	Phone number	Email address																						
	Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address																						
	City or town	State	ZIP code																							
2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:																									
2.21	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below.																									
2.22	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.																									
	<table border="1"><thead><tr><th>Pathogen Class and Reduction Alternative</th><th>Vector Attraction Reduction Option</th></tr></thead><tbody><tr><td><input type="checkbox"/> Not applicable</td><td><input type="checkbox"/> Not applicable</td></tr><tr><td><input type="checkbox"/> Class A, Alternative 1</td><td><input type="checkbox"/> Option 1</td></tr><tr><td><input type="checkbox"/> Class A, Alternative 2</td><td><input type="checkbox"/> Option 2</td></tr><tr><td><input type="checkbox"/> Class A, Alternative 3</td><td><input type="checkbox"/> Option 3</td></tr><tr><td><input type="checkbox"/> Class A, Alternative 4</td><td><input type="checkbox"/> Option 4</td></tr><tr><td><input type="checkbox"/> Class A, Alternative 5</td><td><input type="checkbox"/> Option 5</td></tr><tr><td><input type="checkbox"/> Class A, Alternative 6</td><td><input type="checkbox"/> Option 6</td></tr><tr><td><input type="checkbox"/> Class B, Alternative 1</td><td><input type="checkbox"/> Option 7</td></tr><tr><td><input type="checkbox"/> Class B, Alternative 2</td><td><input type="checkbox"/> Option 8</td></tr><tr><td><input type="checkbox"/> Class B, Alternative 3</td><td><input type="checkbox"/> Option 9</td></tr><tr><td><input type="checkbox"/> Class B, Alternative 4</td><td><input type="checkbox"/> Option 10</td></tr><tr><td><input type="checkbox"/> Domestic septage, pH adjustment</td><td><input type="checkbox"/> Option 11</td></tr></tbody></table>	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1	<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2	<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3	<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4	<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5	<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6	<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7	<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8	<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9	<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10	<input type="checkbox"/> Domestic septage, pH adjustment
Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option																									
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable																									
<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1																									
<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2																									
<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3																									
<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4																									
<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5																									
<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6																									
<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7																									
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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

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

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

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

Land Application of Bulk Sewage Sludge

3.1 Does your facility apply sewage sludge to land?  
 Yes  No → SKIP to Part 2, Section 4.

3.2 Do any of the following conditions apply?  
• The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8);  
• The sewage sludge is sold or given away in a bag or other container for application to the land; or  
• You provide the sewage sludge to another facility for treatment or blending.  
 Yes → SKIP to Part 2, Section 4.  No

3.3 Complete Section 3 for every site on which the sewage sludge is applied.  
 Check here if you have attached sheets to the application package for one or more land application sites.

**Identification of Land Application Site**

3.4 Site name or number

Location address (street, route number, or other specific identifier)  Same as mailing address

County County code  Not available

City or town State ZIP code

**Latitude/Longitude of Land Application Site (see instructions)**

Latitude Longitude

Latitude Longitude

**Method of Determination**

USGS map  Field survey  Other (specify) \_\_\_\_\_

3.5 Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.  
 Check here to indicate you have attached a topographic map for this site.

**Owner Information**

3.6 Are you the owner of this land application site?  
 Yes → SKIP to Item 3.8 (Part 2, Section 3) below.  No

3.7 Owner name

Mailing address (street or P.O. box)

City or town State ZIP code

Contact name (first and last) Title Phone number Email address

**Applier Information**

3.8 Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?  
 Yes → SKIP to Item 3.10 (Part 2, Section 3) below.  No

3.9 Applier's name

Mailing address (street or P.O. box)

City or town State ZIP code

Contact name (first and last) Title Phone number Email address

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Land Application of Bulk Sewage Sludge Continued

**Site Type**

3.10 Type of land application:

<input type="checkbox"/> Agricultural land	<input type="checkbox"/> Forest
<input type="checkbox"/> Reclamation site	<input type="checkbox"/> Public contact site
<input type="checkbox"/> Other (describe)	

**Crop or Other Vegetation Grown on Site**

3.11 What type of crop or other vegetation is grown on this site?

3.12 What is the nitrogen requirement for this crop or vegetation?

**Vector Attraction Reduction**

3.13 Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site?

<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 3.16 (Part 2, Section 3) below.
------------------------------	--

3.14 Indicate which vector attraction reduction option is met. (Check only one response.)

<input type="checkbox"/> Option 9 (injection below land surface)	<input type="checkbox"/> Option 10 (incorporation into soil within 6 hours)
--	---

3.15 Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge.

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

**Cumulative Loadings and Remaining Allotments**

3.16 Is the sewage sludge applied to this site since July 20, 1993, subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Part 2, Section 4.
------------------------------	--

3.17 Have you contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993?

<input type="checkbox"/> Yes	<input type="checkbox"/> No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4.
------------------------------	--

3.18 Provide the following information about your NPDES permitting authority:

NPDES permitting authority name	
Contact person	
Telephone number	
Email address	

3.19 Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?

<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Part 2, Section 4.
------------------------------	--

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

Check here to indicate that additional pages are attached.

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

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

Surface Disposal

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

Surface Disposal Continued

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

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Surface Disposal Continued

**Vector Attraction Reduction**

4.21	Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit? <input type="checkbox"/> Option 9 (Injection below and surface) <input type="checkbox"/> Option 11 (Covering active sewage sludge unit daily) <input type="checkbox"/> Option 10 (Incorporation into soil within 6 hours) <input type="checkbox"/> None
4.22	Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge. <input type="checkbox"/> Check here if you have attached your description to the application package.

**Groundwater Monitoring**

4.23	Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.26 (Part 2, Section 4) below.
4.24	Provide a copy of available groundwater monitoring data. <input type="checkbox"/> Check here to indicate you have attached the monitoring data.
4.25	Describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data. <input type="checkbox"/> Check here if you have attached your description to the application package.
4.26	Has a groundwater monitoring program been prepared for this active sewage sludge unit? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.28 (Part 2, Section 4) below.
4.27	Submit a copy of the groundwater monitoring program with this permit application. <input type="checkbox"/> Check here to indicate you have attached the monitoring program.
4.28	Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.30 (Part 2, Section 4) below.
4.29	Submit a copy of the certification with this permit application. <input type="checkbox"/> Check here to indicate you have attached the certification to the application package.

**Site-Specific Limits**

4.30	Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 5.
4.31	Submit information to support the request for site-specific pollutant limits with this application. <input type="checkbox"/> Check here to indicate you have attached the requested information.

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

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

Incineration



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Incineration - Continued

**Dispersion Factor**

5.13	Dispersion factor in micrograms/cubic meter per gram/second:	
5.14	Name and type of dispersion model:	
5.15	Submit a copy of the modeling results and supporting documentation. <input type="checkbox"/> Check here to indicate that you have attached this information.	

**Control Efficiency**

5.16	Provide the control efficiency, in hundredths, for each of the pollutants listed below.													
	<table border="1"><thead><tr><th>Pollutant</th><th>Control Efficiency, in Hundredths</th></tr></thead><tbody><tr><td>Arsenic</td><td></td></tr><tr><td>Cadmium</td><td></td></tr><tr><td>Chromium</td><td></td></tr><tr><td>Lead</td><td></td></tr><tr><td>Nickel</td><td></td></tr></tbody></table>	Pollutant	Control Efficiency, in Hundredths	Arsenic		Cadmium		Chromium		Lead		Nickel		
Pollutant	Control Efficiency, in Hundredths													
Arsenic														
Cadmium														
Chromium														
Lead														
Nickel														
5.17	Attach a copy of the results or performance testing and supporting documentation (including testing dates). <input type="checkbox"/> Check here to indicate that you have attached this information.													

**Risk-Specific Concentration for Chromium**

5.18	Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter:	
5.19	Was the RSC determined via Table 2 in 40 CFR 503.43? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.21 (Part 2, Section 5) below.	
5.20	Identify the type of incinerator used as the basis. <input type="checkbox"/> Fluidized bed with wet scrubber <input type="checkbox"/> Other types with wet scrubber <input type="checkbox"/> Fluidized bed with wet scrubber and wet electrostatic precipitator <input type="checkbox"/> Other types with wet scrubber and wet electrostatic precipitator	
5.21	Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.23 (Part 2, Section 5) below.	
5.22	Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas:	
5.23	Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application. <input type="checkbox"/> Check here to indicate that you have attached this information. <input type="checkbox"/> Not applicable	

**Incinerator Parameters**

5.24	Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.25	Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.26	Indicate the type of sewage sludge incinerator.	
5.27	Incinerator stack height in meters:	
5.28	Indicate whether the value submitted in Item 5.27 is (check only one response): <input type="checkbox"/> Actual stack height <input type="checkbox"/> Creditable stack height	





February 23, 2024

Johnathan Walker  
Elba Water System  
200 Buford Street  
Elba, AL 36323

RE: Project: AL0020940 0011 Bi-Monthly  
Pace Project No.: 20307460

Dear Johnathan Walker:

Enclosed are the analytical results for sample(s) received by the laboratory on February 15, 2024. This report is a summary of the results based upon our understanding of your data quality objectives. Please contact us if itemized quality control results are needed. These results relate only to the samples included in this report.

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

- Pace Analytical Services - New Orleans
- Pace Analytical Services - Tuscaloosa

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

Sincerely,

Savioune Shepherd  
savioune.shepherd@pacelabs.com  
(504)469-0333  
Project Manager

Enclosures

RECEIVED

FEB 27 2024

MUNICIPAL SECTION

**REPORT OF LABORATORY ANALYSIS**

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## CERTIFICATIONS

Project: AL0020940 0011 Bi-Monthly  
Pace Project No.: 20307460

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### Pace Analytical Services New Orleans

Florida Department of Health (NELAC): E87595  
Illinois Environmental Protection Agency: 2000662023-7  
Kansas Department of Health and Environment (NELAC):  
E-10266  
Louisiana Dept. of Environmental Quality (NELAC/LELAP):  
02006

Texas Commission on Env. Quality (NELAC):  
T104704405-23-18  
U.S. Dept. of Agriculture Foreign Soil Import: 525-23-117-  
89728

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### Pace Analytical Services Tuscaloosa

3516 Greensboro Ave, Tuscaloosa, AL 35401

Alabama Certification #: 40170

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## REPORT OF LABORATORY ANALYSIS

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**ANALYTICAL RESULTS**

Project: AL0020940 0011 Bi-Monthly  
 Pace Project No.: 20307460

**Sample: Influent composite 24hr**      **Lab ID: 20307460001**      **Collected: 02/15/24 06:00**

Parameters	Results	Units	Report Limit	DF	Qualifiers
Total Suspended Solids	414	mg/L	50.0	1	P1
Carbonaceous BOD, 5 day	280	mg/L	30.0	30	R6

**Sample: Effluent composite 24hr**      **Lab ID: 20307460002**      **Collected: 02/15/24 06:00**

Parameters	Results	Units	Report Limit	DF	Qualifiers
Total Suspended Solids	10.4	mg/L	5.0	1	P1
Carbonaceous BOD, 5 day	ND	mg/L	1.5	1.5	
Nitrogen, Ammonia	2.9	mg/L	0.10	1	

**Sample: Effluent Grab**      **Lab ID: 20307460003**      **Collected: 02/15/24 09:50**

Parameters	Results	Units	Report Limit	DF	Qualifiers
Escherichia coli (E.coli)	<1.0	MPN/100mL	1.0	1	N2
Collected By	Johnathan W.			1	N2
Collected Date	02/15/24			1	N2
Collected Time	06:00			1	N2
Field pH	7.56	Std. Units		1	N2
Field Residual Chlorine	0.43 mg/L	mg/L		1	N2
Flow	.207 mgd			1	N2

**Sample: Effluent Grab -permit renewal**      **Lab ID: 20307460004**      **Collected: 02/15/24 09:40**

Parameters	Results	Units	Report Limit	DF	Qualifiers
Oil and Grease	ND	mg/L	5.0	1	

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## QUALIFIERS

Project: AL0020940 0011 Bi-Monthly  
Pace Project No.: 20307460

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.  
ND - Not Detected at or above adjusted reporting limit.  
TNTC - Too Numerous To Count  
J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.  
MDL - Adjusted Method Detection Limit.  
PQL - Practical Quantitation Limit.  
RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.  
S - Surrogate  
1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.  
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.  
LCS(D) - Laboratory Control Sample (Duplicate)  
MS(D) - Matrix Spike (Duplicate)  
DUP - Sample Duplicate  
RPD - Relative Percent Difference  
NC - Not Calculable.  
SG - Silica Gel - Clean-Up  
U - Indicates the compound was analyzed for, but not detected.  
N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.  
Reported results are not rounded until the final step prior to reporting. Therefore, calculated parameters that are typically reported as "Total" may vary slightly from the sum of the reported component parameters.

### ANALYTE QUALIFIERS

N2 The lab does not hold NELAC/TNI accreditation for this parameter but other accreditations/certifications may apply. A complete list of accreditations/certifications is available upon request.  
P1 Routine initial sample volume or weight was not used for extraction, resulting in elevated reporting limits.  
R6 The RPD between valid sample dilutions exceeded 30%.

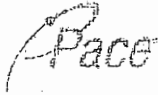
## REPORT OF LABORATORY ANALYSIS

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1000 Riverbend Blvd., Suite F  
 St. Rose, LA 70087

Project #: \_\_\_\_\_

Courier:  Pace Courier  Hired Courier  Fed X  UPS  DHL  USPS  Customer  Other

Custody Seal on Cooler/Box Present:  YES  NO Custody Seals intact:  YES  NO

Samples on ice:  YES  NO

Type of Ice:  White  Blue  None

Date and Initials of person examining contents: MK 2/15

Temp should be 56°C \*Temp must be measured from Temperature blank when present

Cooler #1 Thermometer Used: TUTMPB Cooler Temp °C: (Observed) 4.0 (CF) φ (Actual) 4.0  
 Cooler #2 Thermometer Used: \_\_\_\_\_ Cooler Temp °C: (Observed) \_\_\_\_\_ (CF) \_\_\_\_\_ (Actual) \_\_\_\_\_  
 Cooler #3 Thermometer Used: \_\_\_\_\_ Cooler Temp °C: (Observed) \_\_\_\_\_ (CF) \_\_\_\_\_ (Actual) \_\_\_\_\_  
 Cooler #4 Thermometer Used: \_\_\_\_\_ Cooler Temp °C: (Observed) \_\_\_\_\_ (CF) \_\_\_\_\_ (Actual) \_\_\_\_\_

Tracking #: \_\_\_\_\_

Temperature Blank Present*?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Complete:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Filtered vol. Rec. for Diss. tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers received within manufacture's precautionary and/or expiration dates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing chemical preservation have been checked (except VOA, coliform, & O&G).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	If No, was preservative added? <input type="checkbox"/> Yes <input type="checkbox"/> No
All containers preservation checked found to be in compliance with EPA recommendation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	If added record lot #.: HNO <sub>3</sub> _____ H <sub>2</sub> SO <sub>4</sub> _____ Date: _____ Time: _____
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Client Notification/ Resolution:

Person Contacted: \_\_\_\_\_

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

Comments/ Resolution:

Elba used chain without oil & grease, so is attached with correct chain.