



Alabama Department of Environmental Management
adem.alabama.gov

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APRIL 3, 2024

Sheldon Day, Mayor
City of Thomasville Water Works and Sewer Board
Post Office Box 127
Thomasville, AL 36784

RE: Draft Permit
NPDES Permit No. AL0056022
Thomasville HCR Lagoon & Sprayfield
Clarke County, Alabama

Dear Mayor Day:

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 Austin Dansby at austin.dansby@adem.alabama.gov or (334) 271-7812.

Sincerely,



Austin Dansby
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 THOMASVILLE WATER WORKS AND SEWER BOARD
POST OFFICE BOX 127
THOMASVILLE, AL 36784

FACILITY LOCATION: THOMASVILLE HCR LAGOON & SPRAYFIELD (1.5 MGD)
HIGHWAY 43 SOUTH
THOMASVILLE, ALABAMA
CLARKE COUNTY

PERMIT NUMBER: AL0056022

RECEIVING WATERS: BASSETT CREEK (Outfall 0011)
LAND APPLICATION (Outfall 0081)
ALLEN BRANCH (Stormwater Only: Outfalls 002S, 003S, and 004S)

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

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

Draft

Alabama Department of Environmental Management

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PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. DSN 0011: Treated 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)
Flow Rate (00058) See Notes (4,6) Instream Monitoring	*****	*****	*****	2.0 Minimum Daily	*****	*****	CFS	Daily	Instantaneous	Not Seasonal
Oxygen, Dissolved (DO) (00300) Effluent Gross Value	*****	*****	*****	5.0 Minimum Daily	*****	*****	mg/l	2X Monthly	Grab	Not Seasonal
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	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	90.0 Monthly Average	135 Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N). (00610) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	10.0 Monthly Average	15.0 Weekly Average	mg/l	2X Monthly	Grab	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	Grab	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	Not Seasonal

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

- (1) Sample Frequency – See also Part I.B.2
See Part IV.G (Other Requirements for Land Application)
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) No discharge is allowed when the stream flow in Bassett Creek is less than 2.0 cfs.
- (5) Flow monitoring is only required on days when discharges occur (See Part IV.I). Allowable discharge shall be calculated using the formula:
Waste flow (MGD) = [0.171 x Streamflow (cfs)]
- (6) The daily stream flow should be recorded for each day's discharge incidence. Records of daily stream flow should be kept on site. Summary data should be reported on the monthly DMR forms provided by ADEM.

DSN 0011 (Continued): Treated 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)
	(Report) Monthly Average	(Report) Maximum Daily		*****	*****	*****				
Flow, In Conduit or Thru Treatment Plant (50050) See Note (5) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Instantaneous	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Raw Sew/Influent	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Continuous	Not Seasonal
Chlorine, Total Residual (50060) See notes (3) Effluent Gross Value	*****	*****	*****	*****	0.053 Monthly Average	0.091 Maximum Daily	mg/l	2X Monthly	Grab	Not Seasonal
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	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	25.0 Monthly Average	37.5 Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Monthly	Grab	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 Part IV.G (Other Requirements for Land Application)
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) No discharge is allowed when the stream flow in Bassett Creek is less than 2.0 cfs.
- (5) Flow monitoring is only required on days when discharges occur (See Part IV.I). Allowable discharge shall be calculated using the formula:
Waste flow (MGD) = [0.171 x Streamflow (cfs)]
- (6) The daily stream flow should be recorded for each day's discharge incidence. Records of daily stream flow should be kept on site. Summary data should be reported on the monthly DMR forms provided by ADEM.

2. DSN 001T: Toxicity Monitoring

Outfall 001T represents the same physical outfall as Outfall 0011. The Department uses the 001T designation for all samples analyzed for toxicity monitoring. Discharge from this outfall 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)
	*****	0 Single Sample		pass=0;fail=1	*****	*****				
Toxicity, Ceriodaphnia Chronic (61426) Effluent Gross Value	*****	0 Single Sample	pass=0;fail=1	*****	*****	*****	*****	See Permit Requirements	24-Hr Composite	Nov
Toxicity, Pimephales Chronic (61428) Effluent Gross Value	*****	0 Single Sample	pass=0;fail=1	*****	*****	*****	*****	See Permit Requirements	24-Hr Composite	Nov

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

- (1) Sample Frequency – See also Part I.B.2
See Part IV.G (Other Requirements for Land Application)
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. DSN 002S, 003S, and 004S: Stormwater Outfall

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfalls 002S, 003S, and 004S, which are described more fully in the Permittee's application. Such outfalls shall be monitored by the Permittee as specified below:

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

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

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

See Part IV.G (Other Requirements for Land Application)

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)

*F (Insufficient Flow for Sampling) should be utilized on the DMR if the sprayfield was utilized during the monitoring period but there was insufficient flow to collect a sample during the measurable storm event.

No discharge should only be used if the storm water outfall did not discharge any water during the monitoring period.

Stormwater Outfalls 002S and 003S shall be considered representative of Stormwater Outfall 004S.

4. DSN 005U: Upstream Monitoring from Sprayfield

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall 005U, which is a designated outfall for upstream monitoring. Such outfall shall be monitored by the Permittee as specified below:

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

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

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

See Part IV.G (Other Requirements for Land Application)

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)

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

5. DSN 007D: Downstream Monitoring from Sprayfield

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor from Outfall 006D, which is a designated outfall for downstream monitoring. Such outfall shall be monitored by the Permittee as specified below:

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

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

- (1) Sample Frequency – See also Part I.B.2
See Part IV.G (Other Requirements for Land Application)
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)

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

6. DSN 0081: Treated Municipal Wastewater Discharge to Sprayfield

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 008, 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	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	90.0 Monthly Average	135 Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
Nitrogen, Total (As N) (00600) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
Nitrogen, Nitrate Total (As N) (00620) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	20.0 Monthly Average	30.0 Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) See Note (3) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	****	****	****	****	Daily	Continuous	Not Seasonal

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

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

See Part IV.G (Other Requirements for Land Application)

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

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) Flow to the sprayfield.

(4) Flow to the treatment lagoon.

DSN 0081 (Continued): Treated Municipal Wastewater Discharge to Sprayfield

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 008, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
	(Report) Monthly Average	(Report) Maximum Daily		****	****	****				
Flow, In Conduit or Thru Treatment Plant (50050) See Note (4) Raw Sew/Influent	(Report) Monthly Average	(Report) Maximum Daily	MGD	****	****	****	****	Daily	Continuous	Not Seasonal
Coliform, Fecal General (74055) Effluent Gross Value	****	****	****	****	2000 Monthly Average	4000 Maximum Daily	col/100mL	2X Monthly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	45.0 Monthly Average	67.5 Weekly Average	mg/l	2X Monthly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	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 Part IV.G (Other Requirements for Land Application)
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
- (2) S = Summer (April – October)
W = Winter (November - March)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
- (3) Flow to the sprayfield.
- (4) Flow to the treatment lagoon.

7. DSN MW11, MW21, MW31, and MW41: Groundwater Monitoring Wells 1, 2, 3, and 4

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

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

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

- (1) Sample Frequency – See also Part I.B.2
See Part IV.G (Other Requirements for Land Application)
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)

*F (Insufficient Flow for Sampling) should be utilized on the DMR if the sprayfield was utilized during the monitoring period but there was insufficient flow to collect a sample during the measurable storm event.

Semiannual Groundwater monitoring is required in accordance with Part IV.E of the Permit during the months of April and October.

Sampling from Groundwater Monitoring Well MW21 shall be considered representative of Groundwater Monitoring Well MW41.

B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

1. Representative Sampling

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

2. Measurement Frequency

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

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

3. Test Procedures

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

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

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

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

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

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

4. Recording of Results

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

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

5. Records Retention and Production

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

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

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

7. Monitoring Equipment and Instrumentation

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

C. DISCHARGE REPORTING REQUIREMENTS

1. Reporting of Monitoring Requirements

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

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

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

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

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

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

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

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

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

Certified and Registered Mail shall be addressed to:

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

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

2. Noncompliance Notifications and Reports

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

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

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

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

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

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

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

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

D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

1. Anticipated Noncompliance

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

2. Termination of Discharge

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

3. Updating Information

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

4. Duty to Provide Information

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

E. SCHEDULE OF COMPLIANCE

1. Compliance with discharge limits

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

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. Schedule

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

PART II: OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES

A. OPERATIONAL AND MANAGEMENT REQUIREMENTS

1. Facilities Operation and Maintenance

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

2. Best Management Practices

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

3. Certified Operator

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

B. OTHER RESPONSIBILITIES

1. Duty to Mitigate Adverse Impacts

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

2. Right of Entry and Inspection

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

C. BYPASS AND UPSET

1. Bypass

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

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

2. Upset

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

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

1. Duty to Comply

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

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

2. Removed Substances

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

3. Loss or Failure of Treatment Facilities

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

4. Compliance with Statutes and Rules

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

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

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

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

2. Change in Discharge

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

3. Transfer of Permit

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

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

4. **Permit Modification and Revocation**

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

5. **Termination**

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

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

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

6. Suspension

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

7. Stay

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

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

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

G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

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

H. PROHIBITIONS

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

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

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

PART III: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. CIVIL AND CRIMINAL LIABILITY

1. Tampering

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

2. False Statements

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

3. Permit Enforcement

a. Any NPDES permit issued or reissued by the Department is a permit for the purpose of the AWPCA and the FWPCA and as such any terms, conditions, or limitations of the permit are enforceable under state and federal law.

b. Any person required to have a NPDES permit pursuant to ADEM Administrative Code Chapter 335-6-6 and who discharges pollutants without said permit, who violates the conditions of said permit, who discharges pollutants in a manner not authorized by the permit, or who violates applicable orders of the Department or any applicable rule or standard of the Department, is subject to any one or combination of the following enforcement actions under applicable state statutes:

- (1) An administrative order requiring abatement, compliance, mitigation, cessation, clean-up, and/or penalties;
- (2) An action for damages;
- (3) An action for injunctive relief; or
- (4) An action for penalties.

c. If the permittee is not in compliance with the conditions of an expiring or expired permit the Director may choose to do any or all of the following provided the permittee has made a timely and complete application for reissuance of the permit:

- (1) Initiate enforcement action based upon the permit which has been continued;
- (2) Issue a notice of intent to deny the permit reissuance. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;
- (3) Reissue the new permit with appropriate conditions; or
- (4) Take other actions authorized by these rules and AWPCA.

4. Relief from Liability

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

B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

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

C. PROPERTY AND OTHER RIGHTS

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

D. AVAILABILITY OF REPORTS

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

E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES

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

F. COMPLIANCE WITH WATER QUALITY STANDARDS

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

G. GROUNDWATER

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

H. DEFINITIONS

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

23. **Grab Sample** – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
24. **Indirect Discharger** – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
25. **Industrial User** – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category “Division D – Manufacturing” and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
26. **MGD** – means million gallons per day.
27. **Monthly Average** – means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
28. **New Discharger** – means a person, owning or operating any building, structure, facility, or installation:
 - a) From which there is or may be a discharge of pollutants;
 - b) That did not commence the discharge of pollutants prior to August 13, 1979, and which is not a new source; and
 - c) Which has never received a final effective NPDES permit for dischargers at that site.
29. **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 LIMITATIONS AND BIOMONITORING REQUIREMENTS ACUTE -- INTERMITTENT DISCHARGE

The permittee shall perform 48-hour acute toxicity screening tests on the wastewater discharges required to be tested for acute toxicity by Part I of this permit.

1. Test Requirements

- a. The samples shall be diluted using an appropriate control water, to the Instream Waste Concentration (IWC) which is 21 percent effluent. The IWC is based on the minimum stream flow required for discharge.
- b. Any test where survival in the effluent concentration is less than 90% and statistically lower than the control indicates acute toxicity and constitutes noncompliance with this permit.

2. General Test Requirements:

- a. A 24-hour composite sample shall be obtained for use in above biomonitoring tests. The holding time for each sample shall not exceed 36 hours. The control water shall be a water prepared in the laboratory in accordance with the EPA procedure described in EPA 821-R-02-012 or most current edition or another control water selected by the permittee and approved by the Department.

- b. Effluent toxicity tests in which the control survival is less than 90% or in which the other requirements of the EPA Test Procedure are not met shall be unacceptable and the permittee shall rerun the tests as soon as practical within the monitoring period.
- c. In the event of an invalid test, upon subsequent completion of a valid test, the results of all tests, valid and invalid, are reported with an explanation of the tests performed and results.
- d. Toxicity tests shall be conducted for the duration of this permit at a minimum of one time per calendar year during a discharge occurrence of sufficient duration to meet the above 24-hour composite sampling requirements. Should results from the Annual Toxicity test indicate that Outfall 0011 exhibits acute toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. In addition, the Permittee may then also be required to conduct toxicity testing at an increased frequency. Should additional toxicity testing be required, the toxicity test should be performed as required by the Department.
- e. Chronic toxicity testing may be required as determined by the Department.

3. Reporting Requirements:

- a. The permittee shall notify the Department in writing within 48 hours after toxicity has been demonstrated by the scheduled test(s).
- b. Biomonitoring test results obtained during each monitoring period shall be summarized and reported using the appropriate Discharge Monitoring Report (DMR) form approved by the Department. In accordance with Section 2 of this part, an effluent toxicity report containing the information in Section 2 and 7 shall be included with the DMR. The test results must be submitted to the Department no later than 28 days after the month in which the tests were performed.

4. Additional Testing Requirements:

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

5. Test Methods:

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

6. Effluent Toxicity Testing Reports

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

a. Introduction

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

- (iii) Address
- (6) Objective of test
- b. Plant Operations
 - (1) Discharge operating schedule (if other than continuous)
 - (2) Volume of discharge during sample collection to include Mean daily discharge on sample collection date (MGD, CFS, GPM)
 - (3) Design flow of treatment facility at time of sampling
- c. Source of Effluent and Dilution Water
 - (1) Effluent samples
 - (i) Sampling point
 - (ii) Sample collection dates and times (to include composite sample start and finish times)
 - (iii) Sample collection method
 - (iv) Physical and chemical data of undiluted effluent samples (water temperature, pH, alkalinity, hardness, specific conductance, total residual chlorine (if applicable), etc.)
 - (v) Sample temperature when received at the laboratory
 - (vi) Lapsed time from sample collection to delivery
 - (vii) Lapsed time from sample collection to test initiation
 - (2) Dilution Water Samples
 - (i) Source
 - (ii) Collection date(s) and time(s) (where applicable)
 - (iii) Pretreatment
 - (iv) Physical and chemical characteristics (pH, hardness, water temperature, alkalinity, specific conductance, etc.)
- d. Test Conditions
 - (1) Toxicity test method utilized
 - (2) End point(s) of test
 - (3) Deviations from referenced method, if any, and reason(s)
 - (4) Date and time test started
 - (5) Date and time test terminated
 - (6) Type and volume of test chambers
 - (7) Volume of solution per chamber
 - (8) Number of organisms per test chamber
 - (9) Number of replicate test chambers per treatment
 - (10) Test temperature, pH and dissolved oxygen as recommended by the method (to include ranges)
 - (11) Feeding frequency, and amount and type of food
 - (12) Light intensity (mean)
- e. Test Organisms
 - (1) Scientific name
 - (2) Life stage and age
 - (3) Source

- (4) Disease treatment (if applicable)
- f. Quality Assurance
 - (1) Reference toxicant utilized and source
 - (2) Date and time of most recent acute reference toxicant test(s), raw data, and current cusum chart(s)
 - (3) Dilution water utilized in reference toxicant test
 - (4) Results of reference toxicant test(s) (LC50, etc.), report concentration-response relationship and evaluate test sensitivity. The most recent reference toxicant test shall be conducted within 30-days of the routine.
 - (5) Physical and chemical methods utilized
- g. Results
 - (1) Provide raw toxicity data in tabular form, including daily records of affected organisms in each concentration (including controls) and replicate
 - (2) Provide table of endpoints: LC50, NOEC, Pass/Fail (as required in the applicable NPDES permit)
 - (3) Indicate statistical methods used to calculate endpoints
 - (4) Provide all physical and chemical data required by method
 - (5) Results of test(s) (LC50, NOEC, Pass/Fail, etc.), report concentration-response relationship (definitive test only), report percent minimum significant difference (PMSD)
- h. Conclusions and Recommendations
 - (1) Relationship between test endpoints and permit limits
 - (2) Action to be taken

Adapted from "Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms", Fifth Edition, October 2002 (EPA 821-R-02-012), Section 12, Report Preparation.

C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

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

D. PLANT CLASSIFICATION

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

E. SANITARY SEWER OVERFLOW RESPONSE PLAN

1. SSO Response Plan

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

- a. General Information
 - (1) Approximate population of City/Town, if applicable
 - (2) Approximate number of customers served by the Permittee
 - (3) Identification of any subbasins designated by the Permittee, if applicable
 - (4) Identification of estimated linear feet of sanitary sewers
 - (5) Number of Pump/Lift Stations in the collection system
- b. Responsibility Information
 - (1) The title(s) and contact information of key position(s) who will coordinate the SSO response, including information for a backup coordinator in the event that the primary SSO coordinator is unavailable. The SSO coordinator is the person responsible for assessing the SSO and initiating a series of response actions based on the type, severity, and destination of the SSO, except for routine SSOs for which the coordinator may pre-approve written procedures. Routine SSOs are those for which the corrective action procedures are generally consistent.
 - (2) The title(s), and contact information of key position(s) who will respond to SSOs, including information for backup responder(s) in the event the primary responder(s) are unavailable (i.e., position(s) who provide notification to the Department, the public, the county health department, and other affected entities such as public water systems; position(s) responsible for organizing crews for response; position(s) responsible for addressing public inquiries)
- c. SSO and Surface Water Assessment
 - (1) Identification of locations within the collection system at which an SSO is likely to occur (e.g., based upon historical SSOs, lift stations where electricity may be lost, etc.)
 - (2) A map of the general collection system area, including identification of surface waterbodies and the location(s) of public drinking water source(s). Mapping of all collection system piping, pump stations, etc. is not required; however, if this information is already available, it should be included.
 - (3) Identification of surface waterbodies within the collection system area which are classified as Swimming according to ADEM Admin. Code chap. 335-6-11. References available to assist in this requirement include the following: <http://adem.alabama.gov/alEnviroRegLaws/files/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.

F. POLLUTANT SCANS

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

G. OTHER REQUIREMENTS FOR LAND APPLICATION

1. Flow Monitoring

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

2. Groundwater Monitoring

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

Measurement Parameter	Sample Frequency	Sampling Type	Point
Total Organic Carbon (TOC)	Semiannual	Grab	Monitoring Wells
Ammonia (N)	"	"	"
Nitrite (N)	"	"	"
Nitrate (N)	"	"	"
Nitrogen, Total	"	"	"
Phosphorus, Total	"	"	"
Coliform, Fecal	"	"	"
E. coli	"	"	"
Methylene-Blue Active Substances	"	"	"
Static Water Level	"	"	"

- b. All groundwater monitoring wells should be sampled prior to initiating any application of treated wastewater to the land application site. Groundwater sampling after commencement of land application shall be conducted during the months of April and October.
- c. The Permittee must determine if there is a statistically significant increase in contaminant levels in comparison to background water quality at each well. Should groundwater monitoring reveal that the concentration of parameters listed in Part IV. G. 2. statistically exceed background (upgradient) concentrations; or that the concentration exceeds primary or secondary drinking water standards promulgated under ADEM Administrative Code Division 335-7; or that the concentrations exceed EPA Region 9 preliminary remediation goals, the Department may require the Permittee to revise the groundwater monitoring program to conduct a groundwater assesment and/or to implement a groundwater corrective action program.
- d. Groundwater samples must be analyzed using EPA approved analytical methods.
- e. The Permittee must submit an annual report in the month of January summarizing the collective semi-annual groundwater sampling results. The annual report should include the following:

- (1) The nature and the extent of groundwater contamination (if any). Include contour maps showing the groundwater flow direction;
- (2) Discussion of all analytical results;
- (3) Discussion of concentration trends in each monitoring well;
- (4) All potentiometric data collected during each monitoring event including top casing elevations, measured water level, total well depths, and calculated groundwater elevations;
- (5) A potentiometric map illustrating the groundwater flow direction for each monitoring event;
- (6) All field parameter data collected during the well purging activities;
- (7) The specific dates that the groundwater sampling activities were conducted; and
- (8) The report shall be prepared by and bear the signature and the license number of a licensed professional geologist or professional engineer registered in the State of Alabama.

f. The Permittee shall submit and adhere to the schedule of compliance in accordance with Part I. E.

2. Stream Monitoring Requirements

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

3. Sprayfield Operation Requirements

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

- (3) 100 feet from any perennial stream or lake
- (4) 300 feet from public or private wells
- (5) 300 feet from existing habitable residences

The buffer zone around sinkholes will also include terracing or another appropriate method of diversion to prevent any potential runoff from entering the area.

- k. Wastewater shall be applied in such a manner that surface run-off does not occur.

H. LAND APPLICATION STORMWATER MONITORING REQUIREMENTS

1. The permittee shall sample all storm water outfalls in accordance with Part I.A.3 of this permit. The locations of these stormwater outfalls must be approved by the Department. A grab sample shall be collected during the first thirty minutes of the discharge (or as soon thereafter as practicable).
2. The total volume of stormwater discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded and is subject to the records retention requirements of this permit.
3. The stormwater volume may be measured using flow measuring devices and/or estimations using a modification of the Rational Method and appropriate considerations of total depth of rainfall, size of the drainage area serving each storm water outfall, and the estimated runoff coefficient for the drainage area. This information must be recorded as part of the sampling procedure and is also subject to the records retention requirement of this permit.

I. HYDROGRAPH CONTROL RELEASE SPECIAL REQUIREMENTS

1. Monitoring Frequency

- a. The monitoring frequency for effluent samples, except as otherwise noted, shall be once per discharge incidence, not required to exceed two days per month. Results are subject to the records retention requirements of this permit. Summary data should be submitted on the monthly DMR forms provided by ADEM.
- b. The monitoring frequency for influent samples shall be **two days** per month. Summary data should be submitted on the monthly DMR forms provided by ADEM.
- c. Influent flow shall be recorded continuously. This flow data is subject to the records retention requirements of this permit. Summary data should be reported on the monthly DMR forms provided by the Department.

2. Discharge Requirements

- a. There shall be no discharge to **Bassett Creek** when the stream flow is less than **2.0** cubic feet per second.
- b. The allowable waste discharge shall be calculated using the following formula:
$$\text{Waste flow (MGD)} = [0.171 \times \text{Streamflow (cfs)}]$$
- c. Effluent flow to **Bassett Creek** shall be recorded instantaneously and reported for each day's discharge incidence on daily DMR forms provided by ADEM. Summary data should be submitted on the monthly DMR forms provided by ADEM.
- d. A United States Geological Survey (USGS) stream gauge shall be maintained to determine stream flow. The Permittee shall contract with USGS for calibration and maintenance of the USGS stream gauge, unless another entity is providing funding for the USGS gauge.
- e. A copy of the contract with USGS, which indicates calibration and maintenance of the gauge, and verification of payment shall be submitted to the Department so that they are received no later than January 31st of each year for the prior year. If another entity is providing funding for the USGS gauge, a statement verifying that the gauge has been calibrated and maintained by USGS and the name of the entity that provided funding for the USGS gauge shall be submitted no later than January 31st of each year for the prior year.
- f. The daily stream flow, as measured by the USGS stream gauge, should be recorded for each day's discharge incidence on daily DMR forms provided by ADEM. Summary data should be reported on the monthly DMR forms provided by ADEM.

Alabama Department of Environmental Management Daily Discharge Monitoring Report (DMR)

Permittee Name: City of Thomasville Water Works and Sewer Board
Mailing Address: P.O. Box 127
 Thomasville, AL 36784
Facility Name: Thomasville HCR Lagoon & Sprayfield
Facility Location: Highway 43 South, Thomasville, AL 36784
Receiving Stream: Bassett Creek

Permit Number: AL0056022 (Major)
County: Clarke
Monitoring Point: 0011
Month: _____
No Discharges During this Month: _____

HCR Equation:

Allowable Wasteflow (MGD) = [0.171 x Streamflow (cfs)]
 Minimum allowable stream flow for discharge: 2 cfs

PARAM	Stream Flow	Flow Rate Discharge to Receiving Stream	Calculated Discharge Flow Rate
Parameter Code	00058 Instream	50050 Effluent	
MIN	-----	-----	
MAX	-----	Report	See HCR eqn.
FREQ	daily for each discharge incidence	daily for each discharge incidence	
UNITS	cfs	MGD	MGD
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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24			
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29			
30			
31			
MAX			
MO.AVG			

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

Signature of Responsible Official _____

Printed Name & Title of Responsible Official _____

FACT SHEET

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

Date Prepared: 4/2/2024

By: Austin Dansby

NPDES Permit No. AL0056022

1. Name and Address of Applicant:

City of Thomasville Water Works and Sewer Board
Post Office Box 127
Thomasville, AL 36784

2. Name and Address of Facility:

Thomasville HCR Lagoon & Sprayfield
Highway 43 South
Thomasville, AL 36784

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

Discharge Type(s): Hydrograph Controlled Release (HCR), Land Application
Treatment Method(s): Lagoon

4. Applicant's Receiving Waters

Feature ID	Receiving Water	Classification
001	Bassett Creek	Fish and Wildlife (F&W)
008	Land Application	N/A
002	Allen Branch	Fish and Wildlife (F&W)
003	Allen Branch	Fish and Wildlife (F&W)
004	Allen Branch	Fish and Wildlife (F&W)

For the Outfall latitude and longitude see the permit application.

5. Permit Conditions:

See attached Rationale and Draft Permit.

6. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

a. Comment Period

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

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

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

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

b. Public Hearing

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

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

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

c. Issuance of the Permit

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

review the record may be made by writing the Permits and Services Division at the above address.

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

d. Appeal Procedures

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

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

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

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0056022**

Date: March 7, 2024

Permit Applicant: City of Thomasville Water Works and Sewer Board
Post Office Box 127
Thomasville, AL 36784

Location: **Thomasville HCR Lagoon & Sprayfield**
Highway 43 South
Thomasville, AL 36784

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

Basis for Limitations (Outfall 0011): Water Quality Model: DO, NH₃-N, CBOD₅, Instream Flow
Reissuance with no modification: DO, pH, TSS, NH₃-N, TRC, E. coli, CBOD₅,
CBOD₅ % Removal, TSS % Removal
Instream calculation at 7Q10: 21%
Toxicity based: TRC, NH₃-N
Secondary Treatment Levels: CBOD₅ % Removal
Other (described below): pH, TSS, TSS %
Removal, E. Coli

Basis for Limitations (Outfall 0081): Water Quality Model: N/A
Reissuance with no modification: CBOD₅, FC, pH, TKN,
TSS
Instream calculation at 7Q10: N/A
Toxicity based: N/A
Secondary Treatment Levels: N/A
Other (described below): All Parameters

Design Flow in Million Gallons per Day: 1.5 MGD

Major: Yes

Description of Discharge:

Feature ID	Description	Receiving Water	WBC	303(d)	TMDL
001	Treated Municipal Wastewater	Bassett Creek	Fish and Wildlife (F&W)	No	Yes
002	Stormwater Outfall	Allen Branch	Fish and Wildlife (F&W)	No	No
003	Stormwater Outfall	Allen Branch	Fish and Wildlife (F&W)	No	No
004	Stormwater Outfall	Allen Branch	Fish and Wildlife (F&W)	No	No
008	Land Application	N/A	N/A	N/A	N/A
MW1	Monitoring Well 1	Groundwater	N/A	N/A	N/A
MW2	Monitoring Well 2	Groundwater	N/A	N/A	N/A
MW3	Monitoring Well 3	Groundwater	N/A	N/A	N/A
MW4	Monitoring Well 4	Groundwater	N/A	N/A	N/A
005	Stream Monitoring	Bassett Creek	Fish and Wildlife (F&W)	No	Yes
007	Downstream Monitoring	Bassett Creek	Fish and Wildlife (F&W)	No	Yes

Discussion:

Outfall 0011 Hydrograph Control Release (HCR) Lagoon Discharge:

This is a permit reissuance due to expiration. Limits for Five Day Carbonaceous Biochemical Oxygen Demand (CBOD₅), Total Ammonia-Nitrogen (NH₃-N), and Dissolved Oxygen (DO) were developed based on a Waste Load Allocation (WLA) model that was completed by ADEM's Water Quality Branch (WQB) on May 13, 2016. The monthly average limits for CBOD₅ and NH₃-N are 25.0 mg/L and 10.0 mg/L, respectively. The daily minimum DO limit is 5.0 mg/L.

The pH daily minimum and daily maximum limits of 6.0 and 9.0 S.U., respectively, were developed to be supportive of the water-use classification of the receiving stream. The Total Residual Chlorine (TRC) limits of 0.053 mg/L (monthly average) and 0.091 mg/L (daily maximum) are based on EPA's recommended water quality values and on the current Toxicity Rationale, which considers the available dilution in the receiving stream. Monitoring for TRC is only applicable if chlorine is utilized for disinfection purposes.

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

The Total Suspended Solids (TSS) and TSS % removal limits of 90.0 mg/L monthly average and 65.0%, respectively, are based on the requirements of 40 CFR part 133.105 regarding equivalent to Secondary Treatment. A minimum percent removal limit of 85.0% is imposed for CBOD in accordance with 40 CFR 133.102 regarding Secondary Treatment.

The Municipal Section, in consultation with the Department's Water Quality Branch, has conducted a narrative nutrient reasonable potential analysis. Based on a review of the facility's current levels of nutrients in the discharge and current assessments of the available information, the Permittee is required to monitor and report effluent test results for Total Kjeldahl Nitrogen (TKN), Nitrite plus Nitrate (NO₂+NO₃), and Total Phosphorus (TP) during the summer season. Monitoring for these nutrient-related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge.

Because this facility is a major facility (design capacity greater than 1 MGD) and due to the intermittent discharge of a HCR facility, this permit imposes annual monitoring for acute toxicity with both Ceriodaphnia and Pimephales using undiluted effluent. Toxicity monitoring should be performed at a minimum of one time per calendar year during a discharge that meets the requirements of Part IV.B.2.d of the permit. If the annual acute toxicity test of the effluent from Outfall 0011 indicates acute toxicity, then toxicity tests may be required to be conducted at an increased frequency as required by the Department. Chronic toxicity testing may be required as determined by the Department.

The facility is an HCR lagoon, therefore the allowable discharge flow to Bassett Creek is limited by the stream flow. The allowable discharge flow to the stream is given by the following equations developed by the Department's Water Quality Branch

$$\text{Allowable Waste flow (MGD)} = [0.171 \times \text{Stream Flow (cfs)}]$$

No discharge to Bassett Creek is allowed when the stream flow is less than 2.0 cfs.

Because this is a major facility, the Department completed a reasonable potential analysis (RPA) of the discharge based on the application data and DMR data. Background stream data was not available to use in this RPA. The RPA indicates whether pollutants in treated effluent have potential to contribute to excursions of Alabama's in-stream water quality standards. Based on the analytical data submitted by the Permittee, it does not appear there is reasonable potential to cause an in-stream water quality criteria exceedance at this time. The previous permit imposed Zinc monitoring. The RPA did not indicate the potential for in-stream water quality standards for this parameter. Therefore, monitoring for Zinc is not included in this permit reissuance. The removal of Zinc monitoring is not considered backsliding because it is consistent with the Department's antidegradation policy and water quality standards are being attained.

The monitoring frequency for most parameters is twice per month. TSS % Removal and CBOD₅ % Removal are to be calculated once per month. Monitoring for TKN, NO₂+NO₃-N, and TP shall be completed once per month. Flow into the lagoon to be monitored continuously, seven days per week. Flow from the lagoon shall be monitored instantaneously on days when discharges occur. The instream flow rate shall be monitored instantaneously on days when discharges occur.

Bassett Creek is a Tier I stream and is not listed on the most recent 303(d) list. A TMDL for pathogens was approved in 2009. The TMDL does not include a reduction for point sources from water quality standards.

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

Outfall 0081 Land Application:

This is a permit reissuance due to expiration. The limits for Carbonaceous Biochemical Oxygen Demand (CBOD₅), Total Suspended Solids (TSS), and pH are established based upon best professional judgment (BPJ) to be consistent with 40 CFR part 133.105. The monthly average CBOD₅ and TSS limits are 45.0 mg/L and 90.0 mg/L, respectively. The pH limits are 6.0 s.u. (daily minimum) and 9.0 s.u. (daily maximum).

Monitoring and reporting requirements for Total Phosphorus (TP), Total Nitrogen (TN), Total Nitrate-Nitrogen (NO₃-N), and Total Ammonia-Nitrogen (NH₃-N) have been imposed in this permit. A monthly average Total Kjeldahl Nitrogen (TKN) limit of 20 mg/L is being imposed to maintain consistency with other land application permits in the state. These results will provide an overall indication of the total nutrient loading to the spray field.

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

The Permittee's application indicated that there are no industrial wastewater sources contributing to this facility. Toxicity testing is not required for Outfall 0081 because it is a land application.

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

In order to monitor the potential for the land application system to impact nearby waterways, the Department is requiring that the Permittee monitor the quality of the stream adjacent to the land application site. Upstream and downstream water quality shall be monitored monthly designated Outfalls 005U and 007D. This monitoring is being required in order to provide an indication of whether the sprayfield is being properly maintained and operated such that the sprayfield application does not impact the nearby streams.

In the permit application, the Permittee reported three storm water outfalls from the sprayfield area. The storm water outfalls listed are 002S, 003S, and 004S. The permittee requested that outfalls 002S and 003S be representative of outfall 004S since the majority of storm water leaves the site through those outfalls. Storm water monitoring at outfall 002S and 003S will be required on a quarterly basis. This monitoring is being required in order to provide an indication of whether the sprayfield is being properly maintained and operated such that the sprayfield application does not impact the nearby streams during storm events.

The Permittee has indicated that there are 4 groundwater monitoring wells at the facility: MW11, MW21, MW31, and MW41. The Permittee has requested that monitoring well MW21 be representative of MW41 because groundwater flows north to south at the site and both MW21 and MW41 are both located at the south end of the site. Groundwater monitoring reports indicate that the groundwater is being adequately monitored by MW11, MW21, and MW31. In order to monitor potential impacts of the sprayfield on the groundwater, monitoring at these wells will be required twice per year, during the months of April and October at designated outfalls MW11, MW21, and MW31.

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

Prepared by: Austin Dansby

Waste Load Allocation Summary

Page 1

REQUEST INFORMATION

Request Number: 3304

From: Donald Brown In Branch/Section Municipal
Date Submitted 2/4/2016 Date Required 3/5/2016 FUND Code 605
Receiving Waterbody Bassett Creek Date Permit application received by NPDES program 7/22/2015
Previous Stream Name
Facility Name Thomasville HCR Lagoon and Sprayfield (Name of Discharger-WQ will use to file)
River Basin Lower Tombigbee Outfall Latitude 31.8473 (decimal degrees)
*County Clarke Outfall Longitude -87.743 (decimal degrees)
Permit Number AL0056022 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.

Scotch Plywood Company

Impacting dischargers permit numbers.

Existing Discharge Design Flow 2 MGD
Proposed Discharge Design Flow 1.5 MGD

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

Comments included

Yes No

Information Verified By BCH

Year File Was Created 1984

Response ID Number 1530

Lat/Long Method Arcview

12 Digit HUC Code 031602030602
Use Classification F&W
Site Visit Completed? Yes No
Waterbody Impaired? Yes No
Antidegradation Yes No
Waterbody Tier Level Tier I
Use Support Category 4A

Date of Site Visit 3/10/2016
Date of WLA Response 5/13/2016
Approved TMDL? Yes No
Approval Date of TMDL 9/23/2009

Waste Load Allocation Information

Modeled Reach Length 20.2 Miles Date of Allocation 5/13/2016
Name of Model Used SWQM Allocation Type HCR
Model Completed by Brian Haigler Type of Model Used Desk-top
Allocation Developed by Water Quality Branch

Waste Load Allocation Summary

	Conventional Parameters				Other Parameters			
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD
Annual Effluent Limits	Season		Season		Season		Season	
	From		From		From		From	
	Through		Through		Through		Through	
CBOD5	25		CBOD5		TP		TP	
NH3-N	10		NH3-N		TN		TN	
TKN			TKN		TSS		TSS	
D.O.	5		D.O.					

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

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

Hydrology at Discharge Location

Drainage Area Qualifier	Drainage Area	Stream 7Q10	Stream 1Q10	Stream 7Q2	Annual Average
Exact	19.4 sq mi	0 cfs	0 cfs	0.21 cfs	24.51 cfs

Method Used to Calculate

ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data

Comments and/or Notations Allowable Wasteflow (mgd) = [0.171 x Streamflow (cfs)]
 Minimum: 2.0 cfs
 Equation is based on ammonia chronic toxicity to aquatic life.
 Facility is included in 2009 Bassett Creek Pathogens TMDL.

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Thomasville HCR Lagoon and Sprayfield	
NPDES Permit Number:	AL0056022	
Receiving Stream:	Bassett Creek	
Facility Design Flow (Q _w):	0.342 MGD	Allowable Wasteflow at 2 cfs
Receiving Stream 7Q ₁₀ :	2.000 cfs	(Minimum Stream Flow Required for Discharge)
Receiving Stream 1Q ₁₀ :	2.000 cfs	(Minimum Stream Flow Required for Discharge)
Winter Headwater Flow (WHF):	2.00 cfs	(Minimum Stream Flow Required for Discharge)
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	30 deg. Celsius	
Headwater Background NH ₃ -N Level:	0.11 mg/l	
Receiving Stream pH:	7.0 s.u.	
Headwater Background FC Level (summer):	N/A.	(Only applicable for facilities with diffusers.)
(winter)	N/A.	

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

$$\text{Stream Dilution Ration (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 20.92\%$$

AMMONIA TOXICITY LIMITATIONS

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

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

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

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 20.92\% \quad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

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

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

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 10.0 \text{ mg/l NH}_3\text{-N at 7Q}_{10} \end{aligned}$$

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

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

	<u>DO-based NH₃-N limit</u>	<u>Toxicity-based NH₃-N limit</u>
Summer	10.00 mg/l NH₃-N	10.00 mg/l NH₃-N
Winter	N/A.	N/A.

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

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

The following factors trigger toxicity testing requirements:

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

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

Acute Toxicity Testing is required due to intermittent discharges.

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 20.92\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

DISINFECTION REQUIREMENTS

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

See the attached Disinfection Guidance for applicable stream standards.

(Non-coastal limits apply)

Applicable Stream Classification: **Fish & Wildlife**

Disinfection Type: **Chlorination**

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

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

MAXIMUM ALLOWABLE CHLORINATION LIMITS

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

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

Maximum allowable TRC in effluent:	0.053 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.091 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: Austin Dansby Date: 3/7/2024

$Q_d * C_d + Q_{d2} * C_{d2} + Q_s * C_s = Q_r * C_r$										
ID	Pollutant	Carbonogen Type*	Type	Background from upstream source (C _{d1}) Daily	Background from upstream source (C _{d2}) Monthly Ave	Background Instream (C _i) Daily	Background Instream (C _i) Monthly Ave	Enter Max Daily Discharge as reported by Applicant (C _d) Max	Enter Avg Daily Discharge as reported by Applicant (C _d) Ave	Partition Coefficient (Stream / Lake)
				µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	
1	Arsenic**	YES	Metals	0	0	0	0	1	0.33	0.574
2	Arsenic**	YES	Metals	0	0	0	0	0	0	0.236
3	Beryllium		Metals	0	0	0	0	0	0	0.210
4	Cadmium**		Metals	0	0	0	0	0	0	0
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0	0
6	Chromium / Chromium VI**		Metals	0	0	0	0	6.4	2.13	0.388
7	Copper**		Metals	0	0	0	0	1.4	0.47	0.206
8	Lead**		Metals	0	0	0	0	0.0045	0.0026	0.302
9	Mercury**		Metals	0	0	0	0	2.1	1.07	0.505
10	Nickel**		Metals	0	0	0	0	0	0	0
11	Selenium		Metals	0	0	0	0	0	0	0
12	Silver		Metals	0	0	0	0	0	0	0
13	Thallium		Metals	0	0	0	0	0	0	0
14	Zinc**		Metals	0	0	0	0	35	17	0.330
15	Oil/slime		Metals	0	0	0	0	0	0	0
16	Total Phenolic Compounds		Metals	0	0	0	0	26.4	8.8	0
17	Hardness (As CaCO3)		Metals	0	0	0	0	49300	44600	0
18	Acroline		VOC	0	0	0	0	0	0	0
19	Acrylonitrile*	YES	VOC	0	0	0	0	0	0	0
20	Aldrin	YES	VOC	0	0	0	0	0	0	0
21	Benaze*	YES	VOC	0	0	0	0	0	0	0
22	Bromoform*	YES	VOC	0	0	0	0	0	0	0
23	Carbon Tetrachloride*	YES	VOC	0	0	0	0	0	0	0
24	Chlordane	YES	VOC	0	0	0	0	0	0	0
25	Chlorobenzene	YES	VOC	0	0	0	0	0	0	0
26	Chlorobromo-Methane*	YES	VOC	0	0	0	0	0	0	0
27	Chloroethane	YES	VOC	0	0	0	0	0	0	0
28	2-Chloro-Ethylvinyl Ether	YES	VOC	0	0	0	0	0	0	0
29	Chloroform*	YES	VOC	0	0	0	0	0	0	0
30	4,4'-DDD	YES	VOC	0	0	0	0	0	0	0
31	4,4'-DDE	YES	VOC	0	0	0	0	0	0	0
32	4,4'-DDT	YES	VOC	0	0	0	0	0	0	0
33	Dichlorobromo-Methane*	YES	VOC	0	0	0	0	0	0	0
34	1,1-Dichloroethane	YES	VOC	0	0	0	0	0	0	0
35	1,2-Dichloroethane*	YES	VOC	0	0	0	0	0	0	0
36	Trans-1,2-Dichloro-Ethylene	YES	VOC	0	0	0	0	0	0	0
37	1,1-Dichloroethylene*	YES	VOC	0	0	0	0	0	0	0
38	1,2-Dichloropropane	YES	VOC	0	0	0	0	0	0	0
39	1,3-Dichloro-Propylene	YES	VOC	0	0	0	0	0	0	0
40	Dieldrin	YES	VOC	0	0	0	0	0	0	0
41	Ethylbenzene	YES	VOC	0	0	0	0	0	0	0
42	Methyl Bromide	YES	VOC	0	0	0	0	0	0	0
43	Methyl Chloride	YES	VOC	0	0	0	0	0	0	0
44	Methylene Chloride*	YES	VOC	0	0	0	0	0	0	0
45	1,1,2,2-Tetrachloro-Ethane*	YES	VOC	0	0	0	0	0	0	0
46	Tetrachloro-Ethylene*	YES	VOC	0	0	0	0	0	0	0
47	Toluene	YES	VOC	0	0	0	0	0	0	0
48	Toxaphene	YES	VOC	0	0	0	0	0	0	0
49	Tributyltine (TBT)	YES	VOC	0	0	0	0	0	0	0
50	1,1,1-Trichloroethane	YES	VOC	0	0	0	0	0	0	0
51	1,1,2-Trichloroethane*	YES	VOC	0	0	0	0	0	0	0
52	Trichloroethylene*	YES	VOC	0	0	0	0	0	0	0
53	Vinyl Chloride*	YES	VOC	0	0	0	0	0	0	0
54	p-Chloro-m-Cresol	YES	Acids	0	0	0	0	0	0	0
55	2-Chlorophenol	YES	Acids	0	0	0	0	0	0	0
56	2,4-Dichlorophenol	YES	Acids	0	0	0	0	0	0	0
57	2,4-Dimethylphenol	YES	Acids	0	0	0	0	0	0	0
58	4,6-Dinitro-O-Cresol	YES	Acids	0	0	0	0	0	0	0
59	2,4-Dinitrophenol	YES	Acids	0	0	0	0	0	0	0
60	4,6-Dinitro-2-methylphenol	YES	Acids	0	0	0	0	0	0	0
61	Dioxin (2,3,7,8-TCDD)	YES	Acids	0	0	0	0	0	0	0
62	2-Nitrophenol	YES	Acids	0	0	0	0	0	0	0
63	4-Nitrophenol	YES	Acids	0	0	0	0	0	0	0
64	Pentachlorophenol*	YES	Acids	0	0	0	0	0	0	0
65	Phenol	YES	Acids	0	0	0	0	0	0	0
66	2,4,6-Trichlorophenol*	YES	Acids	0	0	0	0	0	0	0
67	Acenaphthene	YES	Bases	0	0	0	0	0	0	0
68	Acenaphthylene	YES	Bases	0	0	0	0	0	0	0
69	Anthracene	YES	Bases	0	0	0	0	0	0	0
70	Benzo(a)Anthracene*	YES	Bases	0	0	0	0	0	0	0
71	Benzo(a)Anthracene*	YES	Bases	0	0	0	0	0	0	0
72	Benzo(a)Pyrene*	YES	Bases	0	0	0	0	0	0	0
73	3,4-Benzo-Fluoranthene	YES	Bases	0	0	0	0	0	0	0
74	Benzo(g,h,i)Perylene	YES	Bases	0	0	0	0	0	0	0
75	Benzo(k)Fluoranthene	YES	Bases	0	0	0	0	0	0	0
76	Bis (2-Chloroethoxy) Methane	YES	Bases	0	0	0	0	0	0	0
77	Bis (2-Chloroethyl) Ether*	YES	Bases	0	0	0	0	0	0	0
78	Bis (2-Chloro-Propyl) Ether	YES	Bases	0	0	0	0	0	0	0
79	Bis (2-Ethylhexyl) Phthalate*	YES	Bases	0	0	0	0	0	0	0
80	4-Bromophenyl Phenyl Ether	YES	Bases	0	0	0	0	0	0	0
81	Butyl Benzyl Phthalate	YES	Bases	0	0	0	0	0	0	0
82	2-Chloronaphthalene	YES	Bases	0	0	0	0	0	0	0
83	4-Chlorophenyl Phenyl Ether	YES	Bases	0	0	0	0	0	0	0
84	Chrysene*	YES	Bases	0	0	0	0	0	0	0
85	Di-N-Butyl Phthalate	YES	Bases	0	0	0	0	0	0	0
86	Di-N-Octyl Phthalate	YES	Bases	0	0	0	0	0	0	0
87	Dibenzo(a,h)Anthracene*	YES	Bases	0	0	0	0	0	0	0
88	1,2-Dichlorobenzene	YES	Bases	0	0	0	0	0	0	0
89	1,3-Dichlorobenzene	YES	Bases	0	0	0	0	0	0	0
90	1,4-Dichlorobenzene	YES	Bases	0	0	0	0	0	0	0
91	3,3-Dichlorobenzidine*	YES	Bases	0	0	0	0	0	0	0
92	Diethyl Phthalate	YES	Bases	0	0	0	0	0	0	0
93	Dimethyl Phthalate	YES	Bases	0	0	0	0	0	0	0
94	2,4-Dinitrotoluene*	YES	Bases	0	0	0	0	0	0	0
95	2,6-Dinitrotoluene	YES	Bases	0	0	0	0	0	0	0
96	1,2-Diphenylhydrazine	YES	Bases	0	0	0	0	0	0	0
97	Endosulfan (alpha)	YES	Bases	0	0	0	0	0	0	0
98	Endosulfan (beta)	YES	Bases	0	0	0	0	0	0	0
99	Endosulfan sulfate	YES	Bases	0	0	0	0	0	0	0
100	Endrin	YES	Bases	0	0	0	0	0	0	0
101	Endrin Aldehyde	YES	Bases	0	0	0	0	0	0	0
102	Fluoranthene	YES	Bases	0	0	0	0	0	0	0
103	Fluorene	YES	Bases	0	0	0	0	0	0	0
104	Heptachlor	YES	Bases	0	0	0	0	0	0	0
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	0
106	Hexachlorobenzene*	YES	Bases	0	0	0	0	0	0	0
107	Hexachlorobutadiene*	YES	Bases	0	0	0	0	0	0	0
108	Hexachlorocyclohexane (alpha)	YES	Bases	0	0	0	0	0	0	0
109	Hexachlorocyclohexane (beta)	YES	Bases	0	0	0	0	0	0	0
110	Hexachlorocyclohexane (gamma)	YES	Bases	0	0	0	0	0	0	0
111	Hexachlorocyclopentadiene	YES	Bases	0	0	0	0	0	0	0
112	Hexachloroethane	YES	Bases	0	0	0	0	0	0	0
113	Indeno(1,2,3-cd)Pyrene*	YES	Bases	0	0	0	0	0	0	0
114	Isophorone	YES	Bases	0	0	0	0	0	0	0
115	Naphthalene	YES	Bases	0	0	0	0	0	0	0
116	Nitrobenzene	YES	Bases	0	0	0	0	0	0	0
117	N-Nitrosodi-N-Propylamine*	YES	Bases	0	0	0	0	0	0	0
118	N-Nitrosodi-N-Methylamine*	YES	Bases	0	0	0	0	0	0	0
119	N-Nitrosodi-N-Phenylamine*	YES	Bases	0	0	0	0	0	0	0
120	PCB-1016	YES	Bases	0	0	0	0	0	0	0
121	PCB-1221	YES	Bases	0	0	0	0	0	0	0
122	PCB-1232	YES	Bases	0	0	0	0	0	0	0
123	PCB-1242	YES	Bases	0	0	0	0	0	0	0
124	PCB-1248	YES	Bases	0	0	0	0	0	0	0
125	PCB-1254	YES	Bases	0	0	0	0	0	0	0
126	PCB-1260	YES	Bases	0	0	0	0	0	0	0
127	Phenanthrene	YES	Bases	0	0	0	0	0	0	0
128	Pyrene	YES	Bases	0	0	0	0	0	0	0
129	1,2,4-Trichlorobenzene	YES	Bases	0	0	0	0	0	0	0

0.342	Enter Q _d = wastewater discharge flow from facility (MGD)
0.52915232	Q _d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Q _{d2} = background stream flow in MGD above point of discharge
0	Q _{d2} = background stream flow from upstream source (cfs)
2	Enter 7Q10, Q _s = background stream flow in cfs above point of discharge
2	Enter or estimated, 1Q10, Q _s = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
24.51	Enter Mean Annual Flow, Q _s = background stream flow in cfs above point of discharge
2	Enter 7Q2, Q _s = background stream flow in cfs above point of discharge (For LWF class streams)
Enter to Left	Enter C _i = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
Q _d + Q _{d2} - Q _s	Q _s = resultant in-stream flow, after discharge
Calculated on other	C _s = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
50	Enter Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of Birmingham)
7.00 s.u.	Enter Background pH above point of discharge
yes	Enter, Is discharge to a stream? "YES" Other option would be to a Lake. (This changes the partition coefficients for the metals)

** Using Partition Coefficients

March 7, 2024

Freshwater F&W Classification		Freshwater Acute (µg/l) C _a = 10:10										Freshwater Chronic (µg/l) C _a = 70:10										Human Health Consumption Fish only (µg/l)			
ID	Pollutant	RP?	Carcinogen	Background from upstream source (C ₂) Daily Max	Discharge as reported by Applicant (C ₁) Daily Max	Water Quality Criteria (C ₁)	Draft Permit Limit (C ₁)	20% of Draft Permit Limit	RP?	Background from upstream source (C ₂) Monthly Ave	Discharge as reported by Applicant (C ₁)	Water Quality Criteria (C ₁)	Draft Permit Limit (C ₁)	20% of Draft Permit Limit	RP?	Water Quality Criteria (C ₁)	Draft Permit Limit (C ₁)	20% of Draft Permit Limit	RP?	Carcinogen C _a = Annual Average Non-Carcinogen C _a = 70:10					
																				Water Quality Criteria (C ₂)	Draft Permit Limit (C ₂)	20% of Draft Permit Limit	RP?	Water Quality Criteria (C ₂)	Draft Permit Limit (C ₂)
1	Antimony			0	0				0	0						3.73E+02	1.78E+03	3.57E+02	No						
2	Arsenic		YES	0	1	582.334	2831.140	566.228	No	0	0.33	261.324	1249.032	249.806	No	3.03E+01	1.43E+01	2.87E+00	No						
3	Beryllium			0	0					0	0														
4	Cadmium			0	0	4.347	20.778	4.156	No	0	0	0.644	3.076	0.615	No										
5	Chromium Chromium III			0	0	1637.913	7350.656	1470.131	No	0	0	200.051	958.169	191.234	No										
6	Chromium Chromium VI			0	0	16.000	76.474	15.295	No	0	0	11.000	52.576	10.515	No										
7	Copper			0	6.4	18.028	86.159	17.232	No	0	2.13	12.756	61.015	12.203	No										
8	Lead			0	1.4	149.291	699.216	139.843	No	0	0.47	5.701	27.747	5.449	No										
9	Mercury			0	0.0045	2.490	11.471	2.294	No	0	0.0028	0.012	0.057	0.011	No	4.24E-02	2.09E-01	4.06E-02	No						
10	Nickel			0	2.1	515.824	2465.450	493.090	No	0	1.07	57.262	273.835	54.767	No	9.93E+02	4.75E+03	9.49E+02	No						
11	Selenium			0	0	20.000	95.503	19.119	No	0	0	5.000	23.898	4.780	No	2.43E+03	1.16E+04	2.32E+03	No						
12	Silver			0	0	0.676	4.667	0.933	No	0	0														
13	Thallium			0	0					0	0					2.74E-01	1.31E+00	2.62E-01	No						
14	Zinc			0	35	107.369	943.350	188.670	No	0	17	198.983	991.066	199.213	No	1.49E+04	7.12E+04	1.42E+04	No						
15	Cyanide			0	0	22.000	105.152	21.030	No	0	0	5.200	24.854	4.971	No	9.33E+03	4.46E+04	8.92E+03	No						
16	Total Phosphate Compounds			0	26.4					0	8.8														
17	Hardness (as CaCO3)			0	49300					0	46900														
18	Azolein			0	0					0	0					5.43E+00	2.59E+01	5.19E+00	No						
19	Azoxynitrile		YES	0	0					0	0					1.44E-01	6.82E+00	1.36E+00	No						
20	Aldrin		YES	0	0	3.000	14.339	2.868	No	0	0	2.94E-06	1.39E-03	2.78E-04	No	2.94E-06	1.39E-03	2.78E-04	No						
21	Benzene		YES	0	0					0	0					1.95E+01	7.32E+02	1.46E+02	No						
22	Bromoform		YES	0	0					0	0					7.88E+01	3.73E+03	7.45E+02	No						
23	Carbon Tetrachloride		YES	0	0					0	0					9.97E-01	4.53E+01	9.06E+00	No						
24	Chlordane		YES	0	0	2.400	11.471	2.294	No	0	0	0.0043	0.021	0.004	No	4.73E-04	2.24E-02	4.47E-03	No						
25	Chlorobenzene			0	0					0	0					9.95E+02	4.33E+03	8.68E+02	No						
26	Chlorodibromo-Methane		YES	0	0					0	0					7.41E+00	3.51E+02	7.01E+01	No						
27	Chloroethane			0	0					0	0														
28	2-Chloro-Ethylmethyl Ether			0	0					0	0														
29	Chloroform		YES	0	0					0	0					1.02E+02	4.83E+03	9.65E+02	No						
30	4,4' - DDE		YES	0	0					0	0					1.61E-04	8.58E-03	1.72E-03	No						
31	4,4' - DDT		YES	0	0					0	0					1.28E-04	6.06E-03	1.21E-03	No						
32	4,4' - DDT		YES	0	0	1.100	5.268	1.052	No	0	0	0.001	0.005	0.001	No	1.28E-04	6.06E-03	1.21E-03	No						
33	Dichlorobromo-Methane		YES	0	0					0	0					1.00E+01	4.75E+02	9.50E+01	No						
34	1,1-Dichloroethane			0	0					0	0														
35	1,2-Dichloroethane		YES	0	0					0	0					2.14E+01	1.01E+03	2.02E+02	No						
36	Trans-1,2-Dichloro-Ethylene			0	0					0	0					5.91E+03	2.82E+04	5.65E+03	No						
37	1,1-Dichloroethylene		YES	0	0					0	0					1.17E+03	1.97E+05	3.94E+04	No						
38	1,2-Dichloropropane			0	0					0	0					8.49E+00	4.06E+01	8.12E+00	No						
39	1,3-Dichloro-Propylene			0	0					0	0					1.23E+01	5.87E+01	1.17E+01	No						
40	Dieldrin		YES	0	0	0.230	1.147	0.229	No	0	0	0.056	0.268	0.054	No	3.12E-03	1.48E+03	2.96E+04	No						
41	Ethylbenzene			0	0					0	0					1.24E+03	5.95E+03	1.19E+03	No						
42	Methyl Bromide			0	0					0	0					6.71E+02	4.16E+03	8.33E+02	No						
43	Methyl Chloride			0	0					0	0														
44	Methylene Chloride		YES	0	0					0	0					3.46E+02	1.64E+04	3.27E+03	No						
45	1,1,1,2-Tetrachloro-Ethane		YES	0	0					0	0					2.33E+00	1.10E+02	2.21E+01	No						
46	Tetrachloro-Ethylene		YES	0	0					0	0					1.02E+00	9.07E+01	1.81E+01	No						
47	Toluene			0	0					0	0					8.72E+03	4.17E+04	8.34E+03	No						
48	Toxaphene		YES	0	0	0.730	3.489	0.698	No	0	0	0.0002	0.001	0.000	No	1.62E-04	7.68E-03	1.53E-03	No						
49	Tributyltin (TBT)		YES	0	0	0.460	2.189	0.440	No	0	0	0.072	0.344	0.069	No										
50	1,1,1-Trichloroethane			0	0					0	0														
51	1,1,2-Trichloroethane		YES	0	0					0	0					6.10E+00	4.30E+02	8.61E+01	No						
52	Trichloroethylene		YES	0	0					0	0					1.75E+01	8.27E+02	1.65E+02	No						
53	Vinyl Chloride		YES	0	0					0	0					1.42E+00	6.74E+01	1.35E+01	No						
54	p-Chloro-m-Cresol			0	0					0	0														
55	2-Chlorophenol			0	0					0	0					8.71E-01	4.16E+02	8.32E+01	No						
56	2,4-Dichlorophenol			0	0					0	0					1.72E+02	8.22E+02	1.64E+02	No						
57	2,4-Dimethylphenol			0	0					0	0					4.98E+02	2.38E+03	4.78E+02	No						
58	4,6-Dinitro-o-Cresol			0	0					0	0														
59	2,4-Dinitrophenol			0	0					0	0														
60	4,6-Dinitro-2-methylphenol		YES	0	0					0	0					3.11E+03	1.49E+04	2.97E+03	No						
61	Dioxin (2,3,7,8-TCDD)		YES	0	0					0	0					1.89E+02	7.83E+03	1.57E+03	No						
62	2-Nitrophenol			0	0					0	0					2.97E-08	1.28E-06	2.52E-07	No						
63	4-Nitrophenol			0	0					0	0														
64	Pentachlorophenol		YES	0	0	8.723	41.694	8.339	No	0	0	6.693	31.988	6.398	No	1.77E+00	8.38E+01	1.67E+01	No						
65	Phenol			0	0					0	0					5.00E+05	2.39E+06	4.78E+05	No						
66	2,4,6-Trichlorophenol		YES	0	0					0															

Lab Data					
	Test: 6/23/2021 (mg/l)	Test : 10/27/2021 (mg/l)	Test : 5/26/2022 (mg/l)	Average (mg/l)	Maximum (mg/l)
Arsenic	0	0.001	0	0.00033	0.001
Copper	0	0.0064	0	0.00213	0.0064
Lead	0	0.0014	0	0.00047	0.0014
Nickel	0.0011	0.0021	0	0.00107	0.0021
Zinc	0.0099	0.035	0.0061	0.017	0.035
Total Phenolic Compounds	0	0.0264	0	0.0088	0.0264
Hardness (As CaCO3)	41.4	49.3	43.7	44.8	49.3



Lab Data					
	Test: 1/16/2023 (ng/l)	Test : 1/25/2023 (ng/l)	Test : 2/8/2023 (ng/l)	Average (ng/l)	Maximum (ng/l)
Mercury	4.5	1.9	1.3	2.56667	4.5

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

Facility Information	1.1	Facility name Thomasville HCR Lagoon & Spray Field		
	Mailing address (street or P.O. box) PO Box 127			
	City or town Thomasville		State AL	ZIP code 36784
	Contact name (first and last) Sheldon Day	Title Mayor	Phone number (334) 636-5827	Email address sday@thomasvilleal.com
	Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address Highway 43 South			
	City or town Thomasville		State AL	ZIP code 36784
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No		
Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.		
	Applicant name			
	Applicant address (street or P.O. box)			
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both		
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)		
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)		
	Existing Environmental Permits			
	<input checked="" type="checkbox"/>	NPDES (discharges to surface water) AL0056022	<input type="checkbox"/>	RCRA (hazardous waste)
	<input type="checkbox"/>	PSD (air emissions)	<input type="checkbox"/>	Nonattainment program (CAA)
<input type="checkbox"/>	Ocean dumping (MPRSA)	<input type="checkbox"/>	Dredge or fill (CWA Section 404)	
		<input type="checkbox"/>	UIC (underground injection control)	
		<input type="checkbox"/>	NESHAPs (CAA)	
		<input type="checkbox"/>	Other (specify)	

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MUNICIPAL SECTION

EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field
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Form Approved 03/05/19
OMB No. 2040-0004

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
		Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status
		City of Thomasville	4700	<u>100</u> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
				<u> </u> % separate sanitary sewer <u> </u> % 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
				<u> </u> % separate sanitary sewer <u> </u> % 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
				<u> </u> % separate sanitary sewer <u> </u> % 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
		Total Population Served	4700			
				Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer	
	Total percentage of each type of sewer line (in miles)		100 %	%		
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.			Design Flow Rate	
					1.5 mgd	
		Annual Average Flow Rates (Actual)				
		Two Years Ago		Last Year		This Year
		1.21 mgd		0.67 mgd		0.70 mgd
		Maximum Daily Flow Rates (Actual)				
Two Years Ago		Last Year		This Year		
3.87 mgd		2.31 mgd		1.1 mgd		
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		Total Number of Effluent Discharge Points by Type				
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows
	1					

Outfalls and Other Discharge or Disposal Methods

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)
Thomasville Farm Land (Spray Field)	64 acres	638,333 gpd	<input type="checkbox"/> Continuous <input checked="" 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

EPA Identification Number

NPDES Permit Number

Facility Name

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City of Thomasville HRC Lagoon
& Spray Field

OMB No. 2040-0004

Outfalls and Other Discharge or Disposal Methods Continued

1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.		
Receiving Facility Data			
Facility name		Mailing address (street or P.O. box)	
City or town		State	ZIP code
Contact name (first and last)		Title	
Phone number		Email address	
NPDES number of receiving facility (if any) <input type="checkbox"/> None		Average daily flow rate mgd	

1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.
------	---

1.22	Provide information in the table below on these other disposal methods.				
Information on Other Disposal Methods					
	Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Variance Requests

1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)	
	<input type="checkbox"/> Discharges into marine waters (CWA Section 301(h))	<input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2))
	<input checked="" type="checkbox"/> Not applicable	

Contractor Information

1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.
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1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.			
Contractor Information				
		Contractor 1	Contractor 2	Contractor 3
	Contractor name (company name)			
	Mailing address (street or P.O. box)			
	City, state, and ZIP code			
	Contact name (first and last)			
	Phone number			
	Email address			
	Operational and maintenance responsibilities of contractor			

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL0056022

Thomasville HRC Lagoon
& Spray Field

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

Design Flow	Outfalls to Waters of the United States					
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	Average Daily Volume of Inflow and Infiltration 99,000 gpd			
	Indicate the steps the facility is taking to minimize inflow and infiltration. Visual observation of unreasonable/unexpected wastewater flows throughout system will be conducted to prioritize system-wide rehabilitation projects. Rehabilitation projects will be completed as funding is available and acquired.					
Topographic Map	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Scheduled Improvements and Schedules of Implementation	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.					
Scheduled or Actual Dates of Completion for Improvements						
	Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
	1.					
	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 <u>001-1</u>	Outfall Number <u>008-1</u>	Outfall Number _____
	State	Alabama	Alabama	
	County	Clarke	Clarke	
	City or town	Thomasville	Thomasville	
	Distance from shore	ft.	ft.	ft.
	Depth below surface	ft.	ft.	ft.
	Average daily flow rate	0.86 mgd	0.57 mgd	mgd
	Latitude	31° 50' 52" N	31° 51' 36" N	° ' "
	Longitude	87° 44' 32" W	87° 44' 37" 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 _____	Outfall Number _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd	
Months in which discharge occurs				
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

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Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number <u>001-1</u>	Outfall Number _____	Outfall Number _____
	Receiving water name	Bassett Creek		
	Name of watershed, river, or stream system	N/A		
	U.S. Soil Conservation Service 14-digit watershed code	N/A		
	Name of state management/river basin	N/A		
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	N/A		
	Critical low flow (acute)	cfs	cfs	cfs
	Critical low flow (chronic)	cfs	cfs	cfs
Total hardness at critical low flow	mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃	
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.		
		Outfall Number <u>001-1</u>	Outfall Number _____	Outfall Number _____
	Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)
	Design Removal Rates by Outfall	001-1		
	BOD ₅ or CBOD ₅	85 %	%	%
	TSS	65 %	%	%
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify)	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

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. Chlorine is utilized for disinfection.		
	Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
Disinfection type	Chlorine		
Seasons used	All		
Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

Effluent Testing Data

3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.		
3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.		
	Outfall Number <u>001-1</u>	Outfall Number _____	Outfall Number _____
	Acute	Chronic	Acute
		4	
	Number of tests of discharge water		
	Number of tests of receiving water		
3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.		
3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.		
3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> The facility has a design flow greater than or equal to 1 mgd. The POTW has an approved pretreatment program or is required to develop such a program. The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). <input checked="" type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input type="checkbox"/> No → SKIP to Section 4.		
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No additional sampling required by NPDES permitting authority.		

Effluent Testing Data Continued	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Complete tests and Table E and SKIP to Item 3.26.	
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Provide results in Table E and SKIP to Item 3.26.	
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.				
		Date(s) Submitted (MM/DD/YYYY)	Summary of Results			
		11/06/2018 12/18/2019 11/10/2020 11/09/2021	Passed toxicity test during all tests.			
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	SKIP to Item 3.26.	
	3.23	Describe the cause(s) of the toxicity:				
	3.24	Has the treatment works conducted a toxicity reduction evaluation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SKIP to Item 3.26.	
3.25	Provide details of any toxicity reduction evaluations conducted.					
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.			

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

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

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

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

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

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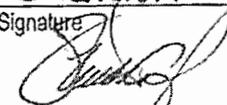
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CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town			
	State and ZIP code			
	County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

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.		
		Column 1	Column 2	
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments
	<input 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	Certification Statement			
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
	Name (print or type first and last name) Sheldon Day		Official title Mayor	
	Signature 		Date signed 11/22/2022	

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input checked="" type="checkbox"/> CBOD ₅ (report one)	11.5	mg/L	5.43	mg/L	6	SM5210B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	547.5	mg/L	310.4	mg/L	6	SM9222D	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	1.5	MGD					
pH (minimum)	7.5	S.U.					
pH (maximum)	8.1	S.U.					
Temperature (winter)	-						
Temperature (summer)	-						
Total suspended solids (TSS)	23.5	mg/L	13.2	mg/L	6	SM2540D	<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	7.9	mg/L	5.7	mg/L	3		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	.048	mg/L	.06	mg/L	6		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	9.0	mg/L (minimum)	-	-	6		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	0.19	mg/L	0.30	mg/L	3		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	4.9	mg/L	10	mg/L	3		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	1.4	mg/L	.83	mg/L	3		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO ₃)	49.3	mg/L	44.8	mg/L	3	EPA 200.7	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable	ND	mg/L	ND	mg/L	3	EPA 200.9	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable	.001	mg/L	.00033	mg/L	3	EPA 200.9	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable	ND	mg/L	ND	mg/L	3	EPA 200.7	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable	ND	mg/L	ND	mg/L	3	EPA 200.7	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chromium, total recoverable	ND	mg/L	ND	mg/L	3	EPA 200.7	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable	.0064	mg/L	.0021	mg/L	3	EPA 200.7	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable	.0014	mg/L	.00047	mg/L	3	EPA 200.7	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Mercury, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable	.0021	mg/L	.001067	mg/L	3	EPA 200.7	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable	ND	mg/L	ND	mg/L	3	EPA 200.9	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable	ND	mg/L	ND	mg/L	3	EPA 200.9	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable	ND	mg/L	ND	mg/L	3	EPA 200.9	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable	.035	mg/L	.017	mg/L	3	EPA 200.7	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide	ND	mg/L	ND	mg/L	3	SM4500	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds	.0264	mg/L	.0088	mg/L	3	SM5330	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform	ND	mg/L	ND	mg/L	3	E624	<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 ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorobenzene	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorodibromomethane	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroethane	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloroethylvinyl ether	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroform	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dichlorobromomethane	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloroethane	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
trans-1,2-dichloroethylene	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethylene	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichloropropylene	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl bromide	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Tetrachloroethylene	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Toluene	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,1-trichloroethane	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2-trichloroethane	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL

EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Outfall Number 001-1
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Vinyl chloride	ND	mg/L	ND	mg/L	3	E624	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acenaphthylene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Anthracene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzidine	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)anthracene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)pyrene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,4-benzofluoranthene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL

EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Outfall Number 001-1
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(k)fluoranthene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethyl) ether	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-bromophenyl phenyl ether	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Butyl benzyl phthalate	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloronaphthalene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-chlorophenyl phenyl ether	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chrysene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-octyl phthalate	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dibenzo(a,h)anthracene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichlorobenzene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Diethyl phthalate	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dimethyl phthalate	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrotoluene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,6-dinitrotoluene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL

EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Outfall Number 001-1
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene	ND	mg/L	ND	mg/L	3	E625	<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

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

EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Outfall Number
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

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

EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

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

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EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field
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Form Approved 03/05/19
OMB No. 2040-0004

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

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL0056022

City of Thomasville HRC Lagoon & Spray
Field

OMB No. 2040-0004

TABLE F. INDUSTRIAL DISCHARGE INFORMATION

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

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

City of Thomasville

Water Works and Sewer Board

Lindy Long

Director

*137 Adams Avenue * P.O. Box 127 * Thomasville, Alabama 36784-0127*

RECEIVED

MAR 04 2024

MUNICIPAL SECTION

March 4, 2024

To: ADEM / Austin Dansby

Re: Spray field Distribution Heads

Mr. Dansby,

The discharge circumference from the spray field spray heads is regulated by the pressure setting on the spray field discharge pump. By doing this it allows us to maintain a maximum spray area without the spray patterns overlapping.

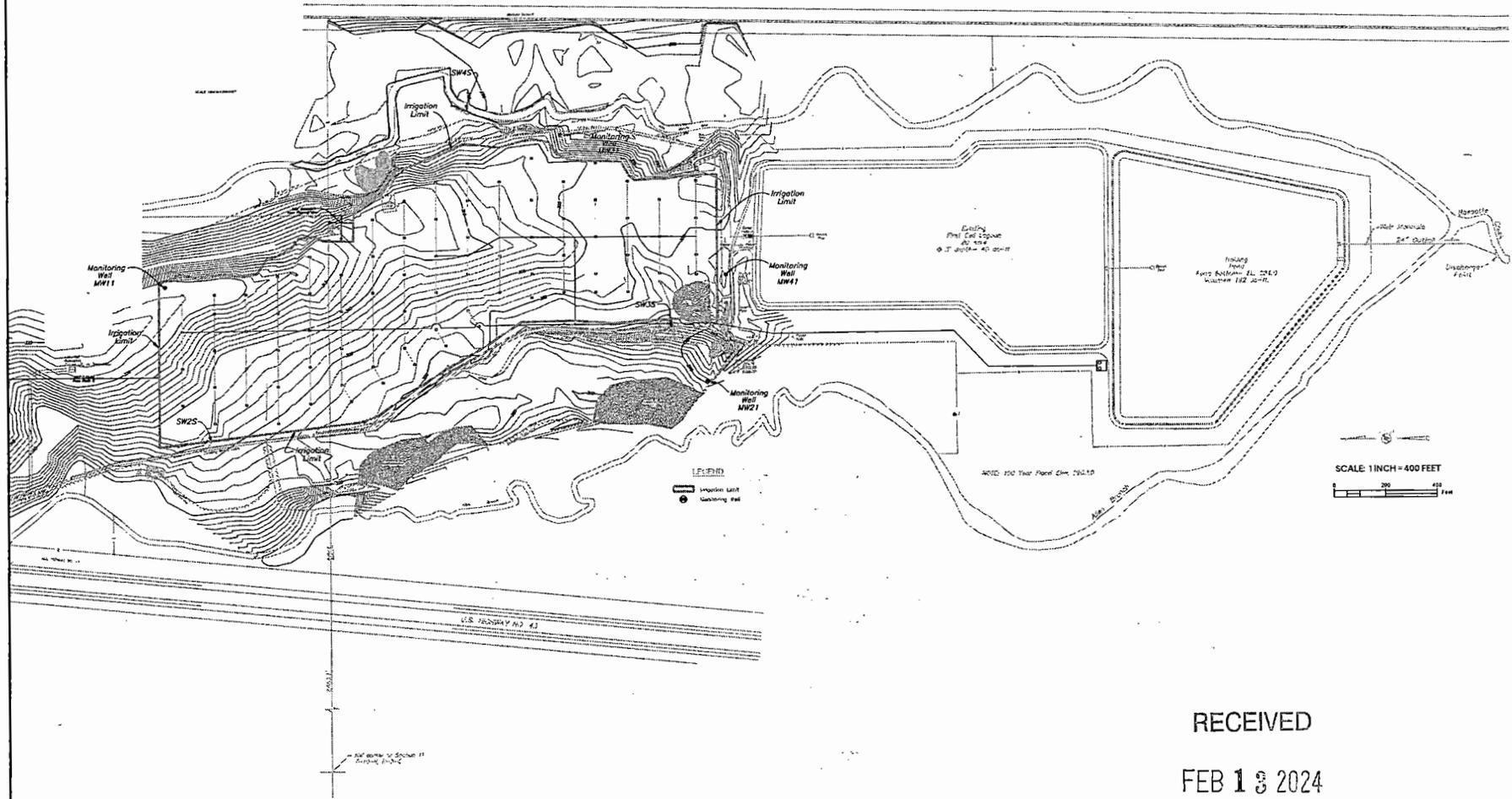
Thank You,

Lindy Long

Utility Director

City of Thomasville WWSB





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 FEB 13 2024
 MUNICIPAL SECTION

THE THOMASVILLE WATER WORKS AND SEWER BOARD
 WASTEWATER TREATMENT LAGOONS AND SPRAY/IRRIGATION SYSTEM
 CLARKE COUNTY, ALABAMA

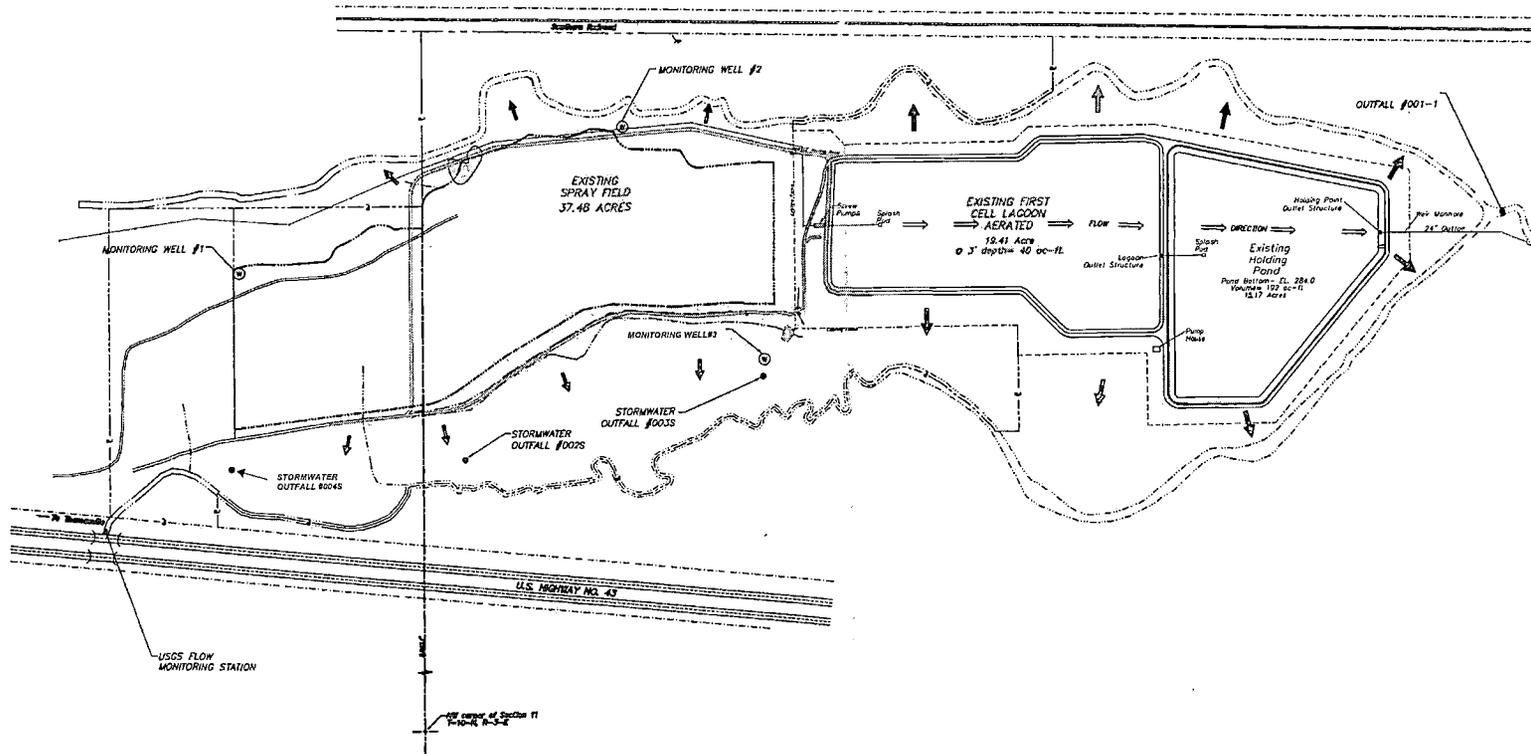
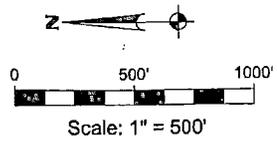
1.01

SITELAYOUT
 GMC # 23504
 02/12/2024
 DRAWN BY: PR

2860 East Chase Lane, Suite 200
 Montgomery, AL 36117
 T. 334.271.3200
 GMENTWORKS.COM

GMC

OVERALL SITE PLAN

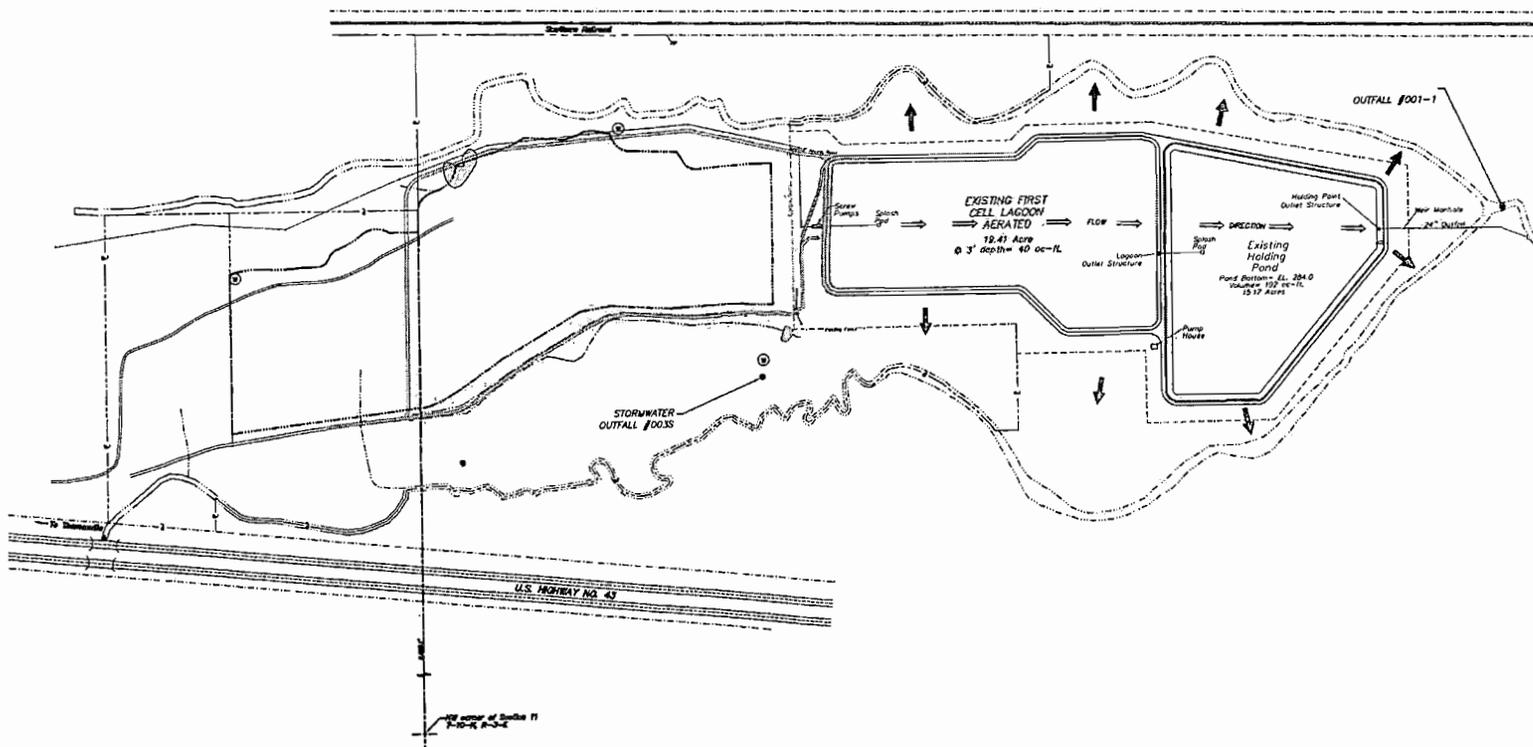


GOODWYN MILLS | CAWOOD
 2640 East Chase Lane, Suite 200 | Montgomery, AL 36117
 Tel: 334.371.3200 | GWCNETWORK.COM

PERMIT DRAWINGS
 GWC

REF. SHEET: 1
 DESCRIPTION: THOMASVILLE SPRAY FIELD & LAGOON
**THOMASVILLE NDPS
 PERMIT RENEWAL**
 THOMASVILLE, AL

RECEIVED
 DEC 06 2022
 MUNICIPAL SECTION



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2660 East Chase Lane, Suite 200 | Montgomery, AL 36117
Tel 334.271.3500 | GWCNETWORK.COM

PERMIT DRAWINGS
GHC #

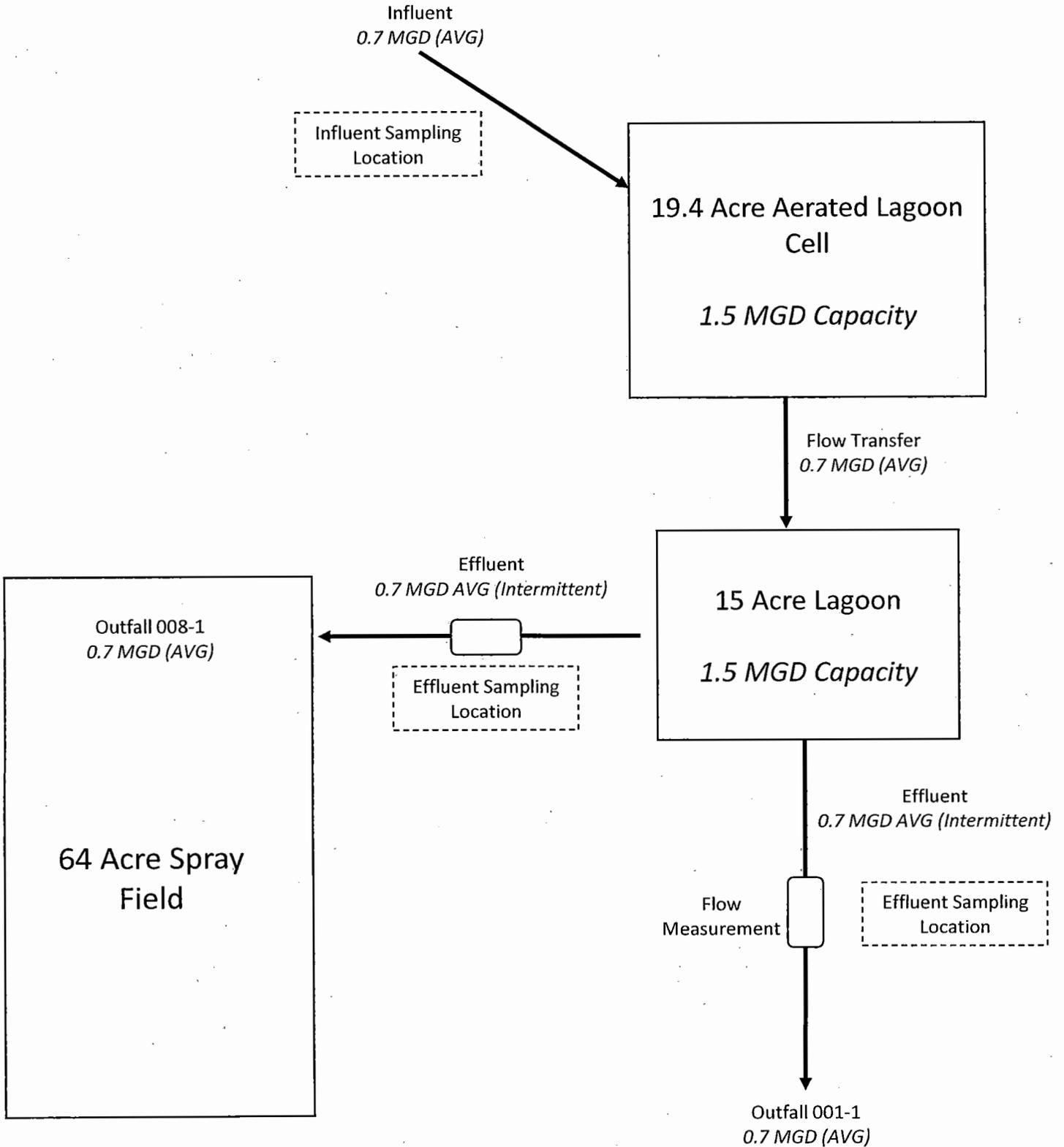
REF. SHEET: 1
DESCRIPTION: THOMASVILLE SPRAY FIELD & LAGOON
**THOMASVILLE NDPES
PERMIT RENEWAL**
THOMASVILLE, AL

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DEC 06 2022
MUNICIPAL SECTION

Thomasville HCR Lagoon and Spray Field – NPDES Permit No.
AL0056022
Process Flow Diagram

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THOMASVILLE HCR LAGOON & SPRAY FIELD
NPDES PERMIT RENEWAL

SUPPLEMENTAL DRAWING

GMC
November 2022

DRAWN BY: —



2660 East Chase Lane, Suite 200
Montgomery, AL 36117
T 334.271.3200
GMCNETWORK.COM

GMC

TOPOGRAPHIC MAP

Dansby, Austin

From: Lindy Long <llong@thomasvilleal.com>
Sent: Wednesday, July 12, 2023 5:58 AM
To: Dansby, Austin
Subject: Sprayfield Sample sites
Attachments: Sprayfield Stormwater & Monitoring Well sample sites.xlsx

Austin,

For some reason, I just skipped MW11. The Coordinates for MW11 is now listed on the spreadsheet. I have tried to find some online mapping software that would allow me to plot these sites on a TOPO map. So far I have been unsuccessful. Craig, my engineer at GMC is on vacation this week, but I should be able to get him to plot everything on a TOPO when he gets back.

<u>Location</u>	<u>Latitude</u>	<u>Longitude</u>
MW11	31.861901	-87.743475
MW21	31.855835	-87.744475
MW31	31.857495	-87.741703
MW41	31.855759	-87.743239



**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
 NPDES INDIVIDUAL PERMIT APPLICATION
 SUPPLEMENTARY INFORMATION FOR PUBLICLY-OWNED TREATMENT WORKS (POTW), OTHER TREATMENT
 WORKS TREATING DOMESTIC SEWAGE (TWTDS), AND PUBLIC WATER SUPPLY TREATMENT PLANTS**

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

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

DEC 06 2022

MUNICIPAL SECTION

PURPOSE OF THIS APPLICATION

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

SECTION A – GENERAL INFORMATION

1. Facility Name: Thomasville HRC Lagoon & Spray Field Facility County: Clarke

a. Operator Name: City of Thomasville Water and Sewer Board

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

If No, provide the following information:

Operator Name: _____

Operator Address (Street or PO Box): _____

City: _____ Zip: _____

Phone Number: _____ Email Address: _____

Operator Status:

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

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

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

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

2. NPDES Permit Number: AL 0056022 (Not applicable if initial permit application)

3. Facility Location (Front Gate): Latitude: 31d51m20s N Longitude: 87d44m38s W

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

Name and Title: Sheldon Day

Address: P.O. Box 127

City: Thomasville State: AL Zip: 36784

Phone Number: 334.636.5827 Email Address: sday@thomasvilleal.com

5. Designated Facility/DMR Contact:

Name: Jonathan Few Title: _____
 Phone Number: 334.830.1272 Email Address: _____

6. Designated Emergency Contact:

Name: Sheldon Day Title: Mayor
 Phone Number: 334.636.5827 Email Address: _____

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

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

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

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION B – WASTEWATER DISCHARGE INFORMATION

1. Attach a process flow schematic of the treatment process, including the size of each unit operation and sample collection locations.

2. Do you share an outfall with another facility? Yes No (If no, continue to B.3)

For each shared outfall, provide the following:

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

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

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

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

4. Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)? Yes No

If Yes, briefly describe these changes and any potential or anticipated effects on the wastewater quality and quantity: (Attach additional sheets if needed.)

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

Describe the location of all sites used for the storage of solids or liquids that have any potential for accidental discharge to a water of the state, either directly or indirectly via storm sewer, municipal sewer, municipal wastewater treatment plants, or other collection or distribution systems that are located at or operated by the subject existing or proposed NPDES- permitted facility. Indicate the location of any potential release areas and provide a map or detailed narrative description of the areas of concern as an attachment to this application:

Description of Waste	Description of Storage Location
Sludge	Primary Lagoon Cell #1

*Indicate any wastes disposed at an off-site treatment facility and any wastes that are disposed on-site

SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS

1. List the existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system (Attach other sheets if necessary)

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

If yes, please attach a copy of the ordinance.

SECTION E – COASTAL ZONE INFORMATION

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

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

SECTION F – ANTI-DEGRADATION EVALUATION

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

- Is this a new or increased discharge that began after April 3, 1991? Yes No
 If yes, complete F.2 below. If no, go to Section G.
- Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in F.1? Yes No

If yes, do not complete this section.

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

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

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

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

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

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

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

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

SECTION G – EPA Application Forms

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a POTW or other TWTDS depending on the number and types of discharges or outfalls. The EPA application forms are found on the Department's website at <http://adem.alabama.gov/programs/water/waterforms.cnt>. The EPA application forms must be submitted in duplicate as follows:

1. Applicants for new or existing discharges of sanitary wastewater from Publicly-Owned Treatment Works (POTW) and Other Treatment Works Treating Domestic Sewage (TWTDS) must submit Form 2A. If the facility design capacity is equal to or greater than 1 MGD, Form 2F is also required.
2. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and Form 2F.
3. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 1 and Form 2C.
4. Applicants that generate sewage sludge, derive a material from sewage sludge, or dispose of sewage sludge must submit Part 2 of Form 2S.

SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS

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

SECTION I – RECEIVING WATERS

Outfall No.	Receiving Water(s)	303(d) Segment?	Included in TMDL?*
001-1	Bassett Creek	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

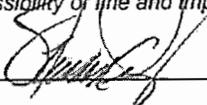
*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

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

SECTION J – APPLICATION CERTIFICATION

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

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

Signature of Responsible Official:  Date Signed: 11/22/2022
 Name: Sheldon Day Title: Mayor

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

Mailing Address: P.O. Box 127
 City: Thomasville State: AL Zip: 36784
 Phone Number: 334.636.5827 Email Address: sday@thomasvilleal.com

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

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

RECEIVED
 DEC 06 2022
 MUNICIPAL SECTION

City of Thomasville

Councilmembers

Charles Allen

Roy E. Waite

Roy Madison

Reid Smith

William N. Davis

City Clerk/Treasurer

Deborah P. Ballard

Sheldon A. Day, Mayor

Water Superintendent

559 West Front Street N • P.O. Box 127 • Thomasville, Alabama 36784-0127

334-636-5827 • fax 334-636-5893

Water Works &

Sewer Board Chairman

Gaines C. Smith

Roy Madison

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Secretary/Treasurer

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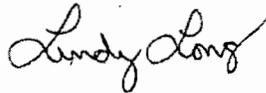
Austin Dansby
Municipal Section
ADEM

June 21, 2023

Dear Mr. Dansby,

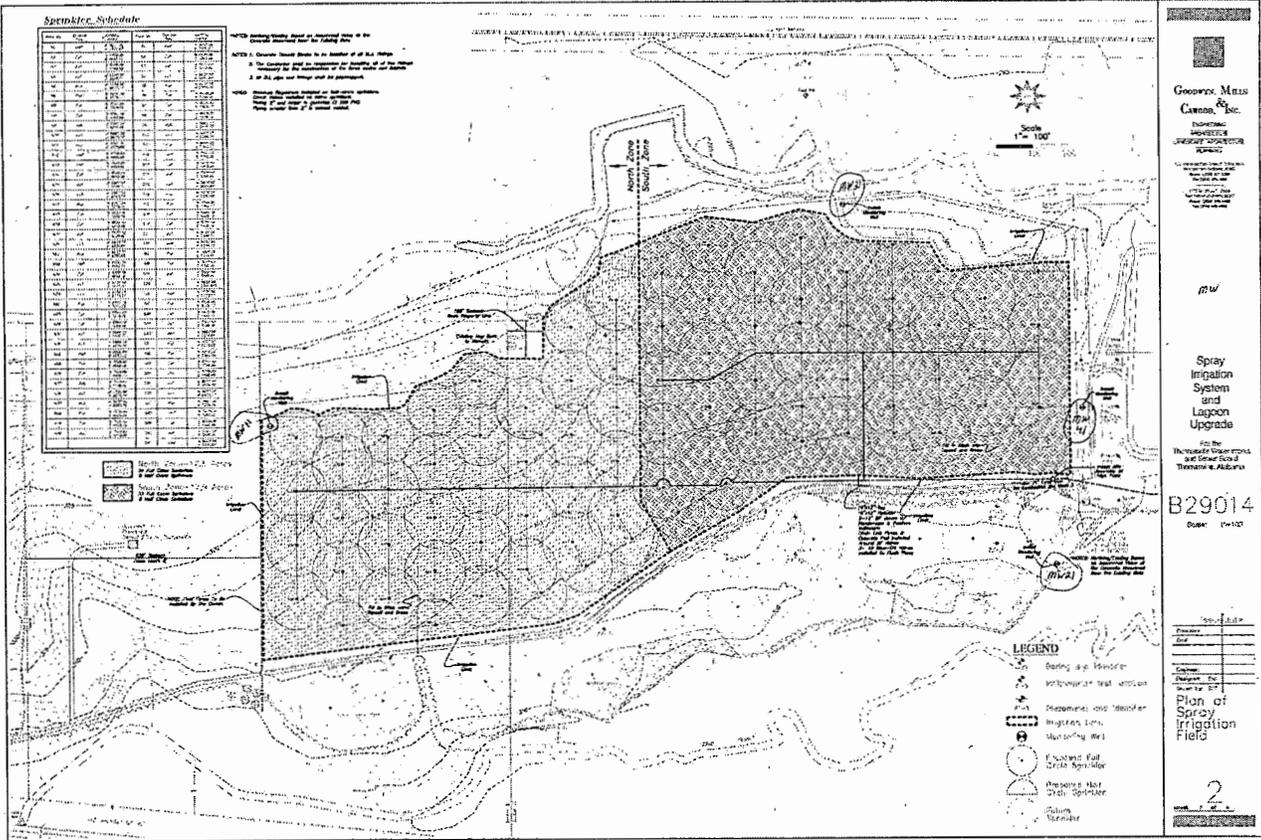
As shown on the monitoring Well Map we have 4 Test Wells: MW11, MW 21, MW 31 and MW 41. The underground water flows North to South. Since MW 21 and MW 41 are located in the South end we are requesting that MW21 be the representative Well.

Respectfully,



Lindy Long
Director





Sprinkler Schedule

Station	Zone	Valve	Pressure	Flow	Notes
100	1	1	100	100	
101	1	1	100	100	
102	1	1	100	100	
103	1	1	100	100	
104	1	1	100	100	
105	1	1	100	100	
106	1	1	100	100	
107	1	1	100	100	
108	1	1	100	100	
109	1	1	100	100	
110	1	1	100	100	
111	1	1	100	100	
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114	1	1	100	100	
115	1	1	100	100	
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119	1	1	100	100	
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125	1	1	100	100	
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194	1	1	100	100	
195	1	1	100	100	
196	1	1	100	100	
197	1	1	100	100	
198	1	1	100	100	
199	1	1	100	100	
200	1	1	100	100	

George Meiss & Co.
 ENGINEERS
 1000 1/2 N. 10th St.
 Oklahoma City, Oklahoma

Scale 1" = 100'

Plan of Spray Irrigation Field

B29014
 Date: 1-1-57

2

City of Thomasville

Councilmembers

Charles Allen
Roy E. Waite
Roy Madison
Reid Smith
William N. Davis

City Clerk/Treasurer
Deborah P. Ballard

Sheldon A. Day, Mayor

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Sewer Board Chairman
Gaines C. Smith

Roy Madison
William N. Davis

Secretary/Treasurer
Deborah P. Ballard

Austin Dansby
Municipal Section
ADEM

June 21, 2023

Dear Mr. Dansby,

As shown on the Storm Water Map we have three sample sites. Since the majority of the storm water flows to the West we are requesting that sites 2S and 3S be the representative sites.

Respectfully,



Lindy Long
Director



EPA Identification Number

NPDES Permit Number
AL0056022

Facility Name
City of Thomasville HRC Lagoon
& Spray Field

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

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

Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)	
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>

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

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.				
		Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)		
		002S	0	<i>specify units</i> acres	30	<i>specify units</i> acres
		003S	0	<i>specify units</i> acres	35	<i>specify units</i> acres
				<i>specify units</i>		<i>specify units</i>
				<i>specify units</i>		<i>specify units</i>
				<i>specify units</i>		<i>specify units</i>
				<i>specify units</i>		<i>specify units</i>
				<i>specify units</i>		<i>specify units</i>
				<i>specify units</i>		<i>specify units</i>
	4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)				
		Treated effluent from spray field.				
	4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)				
		Stormwater Treatment				
		Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)		
		002S/003S	Vegetated areas that are regularly cut and checked for erosion.	4-A		

EPA Identification Number

NPDES Permit Number
AL0056022Facility Name
City of Thomasville HRC Lagoon
& Spray FieldForm Approved 03/05/19
OMB No. 2040-0004**SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))**

Non-Stormwater Discharges

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

Name (print or type first and last name)

Official title

Signature

Date signed

5.2 Provide the testing information requested in the table below.

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

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

Significant Leaks or Spills

6.1 Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years.
NA

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

Discharge Information

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

7.1 Is this a new source or new discharge?

Yes → See instructions regarding submission of estimated data.

No → See instructions regarding submission of actual data.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?

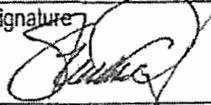
Yes

No

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

EPA Identification Number

NPDES Permit Number
AL0056022Facility Name
City of Thomasville HRC Lagoon
& Sewer FieldForm Approved 03/05/19
OMB No. 2040-0004**SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement	10.1	In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
	<input type="checkbox"/>	Section 2	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 3	<input checked="" type="checkbox"/> w/ site drainage map
	<input checked="" type="checkbox"/>	Section 4	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 5	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7	<input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input checked="" type="checkbox"/> Table D
	<input checked="" type="checkbox"/>	Section 8	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 9	<input type="checkbox"/> w/ attachments (e.g., responses for additional contact laboratories or firms)
<input checked="" type="checkbox"/>	Section 10	<input type="checkbox"/>	
10.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
	Name (print or type first and last name)	Official title	
	Sheldon Day	Mayor	
	Signature 	Date signed 11/22/2022	

EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Outfall Number 002S/003S
---------------------------	----------------------------------	---	-----------------------------

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

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	NA		NA		3	
2. Biochemical oxygen demand (BOD ₅)	2.9 mg/L		2.8 mg/L		3	
3. Chemical oxygen demand (COD)	NA		NA		3	
4. Total suspended solids (TSS)	8.0 mg/L		6.0 mg/L		3	
5. Total phosphorus	0.77 mg/L		0.58 mg/L		3	
6. Total Kjeldahl nitrogen (TKN)	3.4 mg/L		1.93 mg/L		3	
7. Total nitrogen (as N)	NA		NA		3	
8. pH	minimum	7.8 S.U.	7.38 S.U.		3	
	maximum	7.8 S.U.	7.38 S.U.		3	

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

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EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Outfall Number 0025/003S
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Form Approved 03/05/19
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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))¹

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

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
pH	7.8 S.U.		7.38 S.U.		3	
Total Suspended Solids	8.0 mg/L		6.0 mg/L		3	
Nitrogen, Ammonia Total (As N)	8.0 mg/L		2.79 mg/L		3	
Nitrogen, Kjeldahl Total (As N)	3.5 mg/L		1.93 mg/L		3	
Nitrite Plus Nitrate, Total 1 Det. (As N)	<0.10 mg/L		<0.10 mg/L		3	
Phosphorous, Total (As P)	0.77 mg/L		0.58 mg/L		3	
Flow in Conduit	1.8 MGD		0.61 MGD		3	
E. Coli	1830 col/100 mL		670.7 col/100 mL		3	
Biochemical Oxygen Demand (BOD5)	2.9 mg/L		1.87 mg/L		3	

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

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EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Outfall Number 002S/003S
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TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))¹

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

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

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

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EPA Identification Number	NPDES Permit Number AL0056022	Facility name City of Thomasville HRC Lagoon & Spray Field	Outfall Number 002S/003S
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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

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

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (In gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)
01/09/2022	24	0.9	144	1.8 MGD (002S) 3.6 MGD (003S)	NA

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

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

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

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

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

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

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

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

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

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

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

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

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

4.1

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

Check here if you have provided a separate attachment with this information.

Pollutant Concentrations

Pollutant	Concentration (mg/kg dry weight)	Analytical Method	Detection Level for Analysis
Arsenic			
Cadmium			
Chromium			
Copper			
Lead			
Mercury			
Molybdenum			
Nickel			
Selenium			
Zinc			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			

EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field
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PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(c)(2)(ii)(C))

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

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

Checklist and Certification Statement	8.1	In Column 1 below, mark the sections of Form 2S, Part 1, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
		<input type="checkbox"/> Section 1: Facility Information	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 2: Applicant Information	<input checked="" type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 3: Sewage Sludge Amount	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 4: Pollutant Concentrations	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 5: Treatment Provided at Your Facility	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 6: Sewage Sludge Sent to Other Facilities	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 7: Use and Disposal Sites	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 8: Checklist and Certification Statement	

EPA Identification Number		NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Form Approved 03/05/19 OMB No. 2040-0004
Checklist and Certification Statement Continued	8.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
		Name (print or type first and last name)	Official title	Phone number
		Signature		

PART 1 APPLICANTS STOP HERE.

Submit completed application package to your NPDES permitting authority.

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

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

General Information	All Part 2 applicants must complete this section.			
	Facility Information			
	1.1	Facility name	Thomasville HRC Lagoon & Spray Field	
		Mailing address (street or P.O. box)	P.O. Box 127	
		City or town	State	ZIP code
		Thomasville	AL	36784
		Phone number	(334) 636-5827	
		Contact name (first and last)	Title	Email address
		Sheldon Day	Mayor	sday@thomasvilleal.com
		Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
		Highway 43 South		
		City or town	State	ZIP code
		Thomasville	AL	36784
	1.2	Is this facility a Class I sludge management facility?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
1.3	Facility Design Flow Rate	1.5 million gallons per day (mgd)		
1.4	Total Population Served	4700		
1.5	Ownership Status			
	<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input checked="" type="checkbox"/> Other public (specify) <u>Water & Sewer Bd</u>			
	<input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____			
Applicant Information				
1.6	Is applicant different from entity listed under Item 1.1 above?			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1).			
1.7	Applicant name			
	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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MUNICIPAL SECTION

EPA Identification Number		NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Form Approved 03/05/19 OMB No. 2040-0004
1.10	Facility's NPDES permit number <input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.		AL0056022	
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)		
Indian Country				
1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below.			
1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.			
Topographic Map				
1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Line Drawing				
1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Contractor Information				
1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? <input 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.			
		Contractor 1	Contractor 2	Contractor 3
	Contractor company name			
	Mailing address (street or P.O. box)			
	City, state, and ZIP code			
	Contact name (first and last)			
	Telephone number			
	Email address			

1.17		Contractor 1	Contractor 2	Contractor 3
cont.	Responsibilities of contractor			

Pollutant Concentrations

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

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

1.18		Average Monthly Concentration (mg/kg dry weight)	Analytical Method	Detection Level
	Pollutant			
	Arsenic	N/A		
	Cadmium	N/A		
	Chromium	N/A		
	Copper	N/A		
	Lead	N/A		
	Mercury	N/A		
	Molybdenum	N/A		
	Nickel	N/A		
	Selenium	N/A		
	Zinc	N/A		

Checklist and Certification Statement

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

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

Name (print or type first and last name) Sheldon Day	Official title Mayor
Signature 	Date signed 11/22/2022
Telephone number 334-636-5827	

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.

General Information Continued

EPA Identification Number

NPDES Permit Number
AL0056022Facility Name
City of Thomasville HRC Lagoon
& Spray FieldForm Approved 03/05/19
OMB No. 2040-0004**PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(q)(8) THROUGH (12))**

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

2.1	Does your facility generate sewage sludge or derive a material from sewage sludge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3.		
Amount Generated Onsite			
2.2	Total dry metric tons per 365-day period generated at your facility:		6.45
Amount Received from Off Site Facility			
2.3	Does your facility receive sewage sludge from another facility for treatment use or disposal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.7 (Part 2, Section 2) below.		
2.4	Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:		
Provide the following information for each of the facilities from which you receive sewage sludge. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.			
2.5	Name of facility		
	Mailing address (street or P.O. box)		
	City or town	State	ZIP code
	Contact name (first and last)	Title	Phone number
	Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
	City or town	State	ZIP code
	County	County code	<input type="checkbox"/> Not available
2.6	Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.		
	Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11
2.7	Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)		
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input type="checkbox"/> Thickening (concentration)	
	<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion	
	<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning	
	<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)	
	<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction	
	<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____	

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

Treatment Provided at Your Facility

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

Use or Disposal Practice (check one)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
<input type="checkbox"/> Land application of bulk sewage <input type="checkbox"/> 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 checked="" 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 degritting)	<input type="checkbox"/> Thickening (concentration)
<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion
<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning
<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction
<input type="checkbox"/> Methane or biogas capture and recovery	

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

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

Sludge accumulates in the treatment lagoon.

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.

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 checked="" type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.		
2.15	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:		
2.16	Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. <input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.		
<input type="checkbox"/> Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.			
Shipment Off Site for Treatment or Blending			
2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.		
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.		
2.19	Name of receiving facility		
	Mailing address (street or P.O. box)		
	City or town	State	ZIP code
	Contact name (first and last)	Title	Phone number
	Email address		
	Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
	City or town	State	ZIP code
2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:		
2.21	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below.		
2.22	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.		
	Pathogen Class and Reduction Alternative	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	<input type="checkbox"/> Option 11	

EPA Identification Number	NPDES Permit Number AL0056022	Facility Name City of Thomasville HRC Lagoon & Spray Field	Form Approved 03/05/19 OMB No. 2040-0004												
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.23	<p>Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)</p> <table border="0"> <tr> <td><input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)</td> <td><input type="checkbox"/> Thickening (concentration)</td> </tr> <tr> <td><input type="checkbox"/> Stabilization</td> <td><input type="checkbox"/> Anaerobic digestion</td> </tr> <tr> <td><input type="checkbox"/> Composting</td> <td><input type="checkbox"/> Conditioning</td> </tr> <tr> <td><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)</td> <td><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)</td> </tr> <tr> <td><input type="checkbox"/> Heat drying</td> <td><input type="checkbox"/> Thermal reduction</td> </tr> <tr> <td><input type="checkbox"/> Methane or biogas capture and recovery</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>		<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input type="checkbox"/> Thickening (concentration)	<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion	<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning	<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)	<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction	<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input type="checkbox"/> Thickening (concentration)													
	<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion													
	<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning													
	<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)													
	<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction													
	<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____													
	2.24	<p>Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).</p> <input type="checkbox"/> Check here to indicate that you have attached material.													
	2.25	<p>Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.													
	2.26	<p>Attach a copy of all labels or notices that accompany the product being sold or given away.</p> <input type="checkbox"/> Check here to indicate that you have attached material.													
	<input type="checkbox"/> Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then → SKIP to Item 2.32 (Part 2, Section 2) below.														
	<p>Land Application of Bulk Sewage Sludge</p>														
	2.27	<p>Is sewage sludge from your facility applied to the land?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.													
2.28	<p>Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:</p>														
2.29	<p>Did you identify all land application sites in Part 2, Section 3 of this application?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No → Submit a copy of the land application plan with your application.														
2.30	<p>Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.														
2.31	<p>Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification.</p> <input type="checkbox"/> Check here if you have attached the explanation to the application package. <input type="checkbox"/> Check here if you have attached the notification to the application package.														
<p>Surface Disposal</p>															
2.32	<p>Is sewage sludge from your facility placed on a surface disposal site?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.39 (Part 2, Section 2) below.														
2.33	<p>Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:</p>														
2.34	<p>Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?</p> <input type="checkbox"/> Yes → SKIP to Item 2.39 (Part 2, Section 2) below. <input type="checkbox"/> No														
2.35	<p>Indicate the total number of surface disposal sites to which you send your sewage sludge. (Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.)</p> <input type="checkbox"/> Check here if you have attached additional sheets to the application package.														

EPA Identification Number

NPDES Permit Number
AL0056022Facility Name
City of Thomasville HRC Lagoon
& Spray FieldForm Approved 03/05/19
OMB No. 2040-0004

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

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

EPA Identification Number		NPDES Permit Number AL0056022		Facility Name City of Thomasville HRC Lagoon & Spray Field		Form Approved 03/05/19 OMB No. 2040-0004		
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.48	Name of landfill						
		Mailing address (street or P.O. box)						
		City or town			State		ZIP code	
		Contact name (first and last)		Title		Phone number		Email address
		Location address (street, route number, or other specific identifier)						<input type="checkbox"/> Same as mailing address
		County			County code			<input type="checkbox"/> Not available
		City or town			State		ZIP code	
	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:						
	2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.						
		Permit Number		Type of Permit				
2.51	Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input type="checkbox"/> Check here to indicate you have attached the requested information.							
2.52	Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input type="checkbox"/> Yes <input type="checkbox"/> No							

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NPDES Permit Number
AL0056022Facility Name
City of Thomasville HRC Lagoon
& Spray FieldForm Approved 03/05/19
OMB No. 2040-0004**PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))**

Land Application of Bulk Sewage Sludge

3.1	Does your facility apply sewage sludge to land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 4.
3.2	Do any of the following conditions apply? <ul style="list-style-type: none"> The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)-(8); The sewage sludge is sold or given away in a bag or other container for application to the land; or You provide the sewage sludge to another facility for treatment or blending. <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <input type="checkbox"/> No
3.3	Complete Section 3 for every site on which the sewage sludge is applied. <input type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites.
Identification of Land Application Site	
3.4	Site name or number
	Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address
	County <input type="checkbox"/> County code <input type="checkbox"/> Not available
	City or town State ZIP code
	Latitude/Longitude of Land Application Site (see instructions)
	Latitude Longitude
	Method of Determination
	<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____
3.5	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate you have attached a topographic map for this site.
Owner Information	
3.6	Are you the owner of this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <input type="checkbox"/> No
3.7	Owner name
	Mailing address (street or P.O. box)
	City or town State ZIP code
	Contact name (first and last) Title Phone number Email address
Applier Information	
3.8	Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <input type="checkbox"/> No
3.9	Applier's name
	Mailing address (street or P.O. box)
	City or town State ZIP code
	Contact name (first and last) Title Phone number Email address

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.		
	Information on Active Sewage Sludge Units			
	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
		Latitude/Longitude of Active Sewage Sludge Unit (see instructions)		
		Latitude		Longitude
		. ' "		. ' "
		Method of Determination		
		<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 1×10^{-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.			

EPA Identification Number		NPDES Permit Number AL0056022		Facility Name City of Thomasville HRC Lagoon & Spray Field		Form Approved 03/05/19 OMB No. 2040-0004		
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.						
	Sewage Sludge from Other Facilities							
	4.16	Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility?						
		<input type="checkbox"/> Yes			<input type="checkbox"/> No → SKIP to Item 4.21 (Part 2, Section 4) below.			
	4.17	Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.)						
		<input type="checkbox"/> Check here to indicate that you have attached responses for each facility to the application package.						
	4.18	Facility name						
		Mailing address (street or P.O. box)						
City or town			State		ZIP code			
Contact name (first and last)		Title	Phone number		Email address			
4.19	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility.							
	Pathogen Class and Reduction Alternative				Vector Attraction Reduction Option			
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment				<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11			
4.20	Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.)							
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery			<input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____				

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.		

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	County code <input type="checkbox"/> Not available
	City or town	State ZIP code
	Latitude/Longitude of Incinerator (see instructions)	
	Latitude	Longitude
	"	"
	Method of Determination	
	<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____	
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 <i>and</i> 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

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.
		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 14, 2023

John Few
Thomasville Water and Sewer Board

RE: Project: Permit renewal NPDES AL0056022
Pace Project No.: 20266873

Dear John Few:

Enclosed are the analytical results for sample(s) received by the laboratory on January 11, 2023. 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:

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

Sincerely,

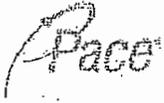
Cindy Simpson
cindy.simpson@pacelabs.com
(205)614-6630
Project Manager

Enclosures

cc: Lindy Long, Thomasville Water and Sewer Board

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.



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

Project #

WO#: 20266873

PM: CRS Due Date: 01/26/23

CLIENT: TU-Thmvi11WW

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: Wet Blue None

Date and Initials of person examining contents: MM 1-11

Temp should be ≤6°C *Temp must be measured from Temperature blank when present

Cooler #1 Thermometer Used: MM13 Cooler Temp °C: (Observed) 1.5 (CF) 0.2 (Actual) 1.7
 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 ₃ _____ H ₂ SO ₄ _____ 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: _____



Pace Analytical Services, LLC
P.O. Box 907
Madisonville, KY 42431
270.821.7375
www.pacelabs.com

Certificate of Analysis 3013936

Cindy Simpson
Pace Analytical Services LLC Tuscaloosa
3516 Greensboro Ave
Tuscaloosa, AL 35401

Customer ID: 44-102111
Report Printed: 01/25/2023 13:56

Project Name: Cindy Simpson PM Workorder: 3013936

Dear Cindy Simpson

Enclosed are the analytical results for samples received by the laboratory 01/16/2023 09:06.

The results relate to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

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

- Pace Analytical Services LLC Kentucky - Madisonville

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



#460210 Madisonville, KY
#460291 Pikeville, KY

Melissia Brown, Project Coordinator

This page is included as part of the Analytical Report and must be retained as a permanent record thereof.



Pace Analytical Services, LLC
P.O. Box 907
Madisonville, KY 42431
270.821.7375
www.pacelabs.com

Notes for work order 3013936

- Samples collected by PACE personnel are done so in accordance with procedures set forth in PACE field services SOPs .
- Results contained in this report are only representative of the samples received.
- PACE does not provide interpretation of these results unless otherwise stated .
- All Waste Water analyses comply with methodology requirements of 40 CFR Part 136.
- All Drinking Water analyses comply with methodology requirements of 40 CFR Part 141.
- Unless otherwise noted, all quantitative results for soils are reported on a dry weight basis.
- The Chain of Custody document is included as part of this report.
- All Library Search analytes should be regarded as tentative identification based on the presumptive evidence of the mass spectra.
Concentrations reported are estimated values.

Qualifiers

U Target analyte was analyzed for, but was below detection limit (the value associated with the qualifier is the laboratory method detection limit in our LIMS system).

Standard Qualifiers/Acronyms

MDL	Method Detection Limit
MRL	Minimum Reporting Limit
ND	Not Detected
LCS	Laboratory Control Sample
MS	Matrix Spike
MSD	Matrix Spike Duplicate
DUP	Sample Duplicate
% Rec	Percent Recovery
RPD	Relative Percent Difference
>	Greater than
<	Less than



Metals Analysis Madisonville - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	-----------------	-------	-------------	---------------	------	-------------	-----	-----------	-------

Batch BCA2124 - Default Prep Metals

Blank (BCA2124-BLK1)

Prepared: 1/23/2023 13:22, Analyzed: 1/24/2023 10:25

Mercury	ND	0.5	ng/L							U
Mercury	ND	0.5	ng/L							U

LCS (BCA2124-BS1)

Prepared: 1/23/2023 13:22, Analyzed: 1/24/2023 11:57

Mercury	4.8	0.5	ng/L	5.00		95.3	77-123			
Mercury	4.8	0.5	ng/L	5.00		95.3	77-123			

Matrix Spike (BCA2124-MS1) Source: 3011048-01

Prepared: 1/23/2023 13:22, Analyzed: 1/24/2023 12:58

Mercury	9.2	0.5	ng/L	5.00	4.3	97.7	71-125			
Mercury	9.2	0.5	ng/L	5.00	4.3	97.7	71-125			

Matrix Spike (BCA2124-MS2) Source: 3013964-01

Prepared: 1/23/2023 13:22, Analyzed: 1/24/2023 13:13

Mercury	5.8	0.5	ng/L	5.00	0.9	97.2	71-125			
Mercury	5.8	0.5	ng/L	5.00	0.9	97.2	71-125			

Matrix Spike Dup (BCA2124-MSD1) Source: 3011048-01

Prepared: 1/23/2023 13:22, Analyzed: 1/24/2023 13:06

Mercury	9.2	0.5	ng/L	5.00	4.3	97.9	71-125	0.0980	24	
Mercury	9.2	0.5	ng/L	5.00	4.3	97.9	71-125	0.0980	24	

Matrix Spike Dup (BCA2124-MSD2) Source: 3013964-01

Prepared: 1/23/2023 13:22, Analyzed: 1/24/2023 13:21

Mercury	6.4	0.5	ng/L	5.00	0.9	111	71-125	11.2	24	
Mercury	6.4	0.5	ng/L	5.00	0.9	111	71-125	11.2	24	

Certified Analyses included in this Report

Analyte	Certifications
---------	----------------

EPA 1631E 2002 in Water

Mercury	VA NELAC MDV (460210) KY Wastewater Mdv (00030)
Mercury	VA NELAC MDV (460210) KY Wastewater Mdv (00030) WV Wastewater Madisonville (241), 825 Industrial Rd Madisonville, KY 42431



Pace Analytical Services, LLC
P.O. Box 907
Madisonville, KY 42431
270.821.7375
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Sample Acceptance Checklist for Work Order 3013936	
Shipped By: Fed Ex	Temperature: 5.30° Celcius
Condition	
Check if Custody Seals are Present/Intact	<input type="checkbox"/>
Check if Custody Signatures are Present	<input checked="" type="checkbox"/>
Check if Collector Signature Present	<input type="checkbox"/>
Check if bottles are intact	<input checked="" type="checkbox"/>
Check if bottles are correct	<input checked="" type="checkbox"/>
Check if bottles have sufficient volume	<input checked="" type="checkbox"/>
Check if samples received on ice	<input checked="" type="checkbox"/>
Check if VOA headspace is acceptable	<input type="checkbox"/>
Check if samples received in holding time.	<input checked="" type="checkbox"/>
Check if samples are preserved properly	<input checked="" type="checkbox"/>



February 21, 2023

John Few
Thomasville Water and Sewer Board

RE: Project: Permit renewal NPDES AL0056022
Pace Project No.: 20268163

Dear John Few:

Enclosed are the analytical results for sample(s) received by the laboratory on January 25, 2023. 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:

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

Sincerely,

Cindy Simpson
cindy.simpson@pacelabs.com
(205)614-6630
Project Manager

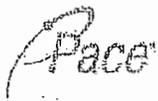
Enclosures

cc: Lindy Long, Thomasville Water and Sewer Board

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.

WO#: 20268163



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

PM: CRS Due Date: 02/09/23

Project # CLIENT: TU-Thmvi11WW

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: Wet Blue None

Date and Initials of person examining contents: SM 1/26/23

Temp should be ≤6°C *Temp must be measured from Temperature blank when present

Cooler #1 Thermometer Used: TUTM13 Cooler Temp °C: (Observed) 3.7 (CF) 0 (Actual) 3.7
 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 #.: HNO3 _____ H2SO4 _____ 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: _____



Pace Analytical Services, LLC
P.O. Box 907
Madisonville, KY 42431
270.821.7375
www.pacelabs.com

Certificate of Analysis 3014663

Cindy Simpson
Pace Analytical Services LLC Tuscaloosa
3516 Greensboro Ave
Tuscaloosa, AL 35401

Customer ID: 44-102111
Report Printed: 02/06/2023 15:16

Project Name: Cindy Simpson PM Workorder: 3014663

Dear Cindy Simpson

Enclosed are the analytical results for samples received by the laboratory 01/26/2023 10:15.

The results relate to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

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

- Pace Analytical Services LLC Kentucky - Madisonville

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



#460210 Madisonville, KY
#460291 Pikeville, KY

Melissia Brown, Project Coordinator

This page is included as part of the Analytical Report and must be retained as a permanent record thereof.



Pace Analytical Services, LLC
 P.O. Box 907
 Madisonville, KY 42431
 270.821.7375
 www.pacelabs.com

SAMPLE SUMMARY

Lab ID	Client Sample ID/Alias	Matrix	Date Collected	Date Received	Sampled By
3014663-01	Low Level Mercury/20267163001 LLHG EFFLUENT GRAB	Wastewater	01/25/2023 09:21	01/26/2023 10:15	Client
3014663-02	Low Level Mercury Field Blank/20267163002 LLHG FIELD BLANK	Wastewater	01/25/2023 09:21	01/26/2023 10:15	Client

ANALYTICAL RESULTS

Lab Sample ID: 3014663-01
 Description: **Low Level Mercury 20267163001 LLHG EFFLUENT GRAB**

Sample Collection Date Time: 01/25/2023 09:21
 Sample Received Date Time: 01/26/2023 10:15

Matrix: Wastewater Discharge/Site No: Regulatory ID: AL0056022

Metals Analysis Madisonville

Analyte	Result	Flag	Units	MRL	MDL	Method	Prepared	Analyzed	Analyst
Mercury	1.9		ng/L	0.5	0.4	EPA 1631E 2002	02/02/2023 13:10	02/03/2023 11:07	MLG

ANALYTICAL RESULTS

Lab Sample ID: 3014663-02
 Description: **Low Level Mercury Field Blank 20267163002 LLHG FIELD BLANK**

Sample Collection Date Time: 01/25/2023 09:21
 Sample Received Date Time: 01/26/2023 10:15

Matrix: Wastewater Discharge/Site No: Regulatory ID: AL0056022

Metals Analysis Madisonville

Analyte	Result	Flag	Units	MRL	MDL	Method	Prepared	Analyzed	Analyst
Mercury	0.3	J	ng/L	0.5	0.2	EPA 1631E 2002	02/02/2023 13:10	02/03/2023 12:31	MLG



Notes for work order 3014663

- Samples collected by PACE personnel are done so in accordance with procedures set forth in PACE field services SOPs .
 - Results contained in this report are only representative of the samples received.
 - PACE does not provide interpretation of these results unless otherwise stated .
 - All Waste Water analyses comply with methodology requirements of 40 CFR Part 136.
 - All Drinking Water analyses comply with methodology requirements of 40 CFR Part 141.
 - Unless otherwise noted, all quantitative results for soils are reported on a dry weight basis.
 - The Chain of Custody document is included as part of this report.
 - All Library Search analytes should be regarded as tentative identification based on the presumptive evidence of the mass spectra.
- Concentrations reported are estimated values.

Qualifiers

- J Estimated value.
- M1 Matrix spike recovery was high; the method control sample recovery was acceptable.
- U Target analyte was analyzed for, but was below detection limit (the value associated with the qualifier is the laboratory method detection limit in our LIMS system).

Standard Qualifiers/Acronyms

- MDL Method Detection Limit
- MRL Minimum Reporting Limit
- ND Not Detected
- LCS Laboratory Control Sample
- MS Matrix Spike
- MSD Matrix Spike Duplicate
- DUP Sample Duplicate
- % Rec Percent Recovery
- RPD Relative Percent Difference
- > Greater than
- < Less than



Metals Analysis Madisonville - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	-----------------	-------	-------------	---------------	------	-------------	-----	-----------	-------

Batch BCB0181 - Default Prep Metals

Blank (BCB0181-BLK1)

Prepared: 2/2/2023 13:10, Analyzed: 2/3/2023 10:21

Mercury	ND	0.5	ng/L							U
Mercury	ND	0.5	ng/L							U

Blank (BCB0181-BLK2)

Prepared: 2/2/2023 13:10, Analyzed: 2/3/2023 10:29

Mercury	ND	0.5	ng/L							U
Mercury	ND	0.5	ng/L							U

Blank (BCB0181-BLK3)

Prepared: 2/2/2023 13:10, Analyzed: 2/3/2023 10:37

Mercury	ND	0.5	ng/L							U
Mercury	ND	0.5	ng/L							U

LCS (BCB0181-BS1)

Prepared: 2/2/2023 13:10, Analyzed: 2/3/2023 12:01

Mercury	5.6	0.5	ng/L	5.00		111	77-123			
Mercury	5.6	0.5	ng/L	5.00		111	77-123			

Matrix Spike (BCB0181-MS1) Source: 3013006-01

Prepared: 2/2/2023 13:10, Analyzed: 2/3/2023 13:10

Mercury	47.7	0.5	ng/L	5.00	40.8	139	71-125			M1
Mercury	47.7	0.5	ng/L	5.00	40.8	139	71-125			M1

Matrix Spike (BCB0181-MS2) Source: 3014884-01

Prepared: 2/2/2023 13:10, Analyzed: 2/3/2023 13:25

Mercury	7.0	0.5	ng/L	5.00	1.0	120	71-125			
Mercury	7.0	0.5	ng/L	5.00	1.0	120	71-125			

Matrix Spike Dup (BCB0181-MSD1) Source: 3013006-01

Prepared: 2/2/2023 13:10, Analyzed: 2/3/2023 13:17

Mercury	48.8	0.5	ng/L	5.00	40.8	159	71-125	2.13	24	M1
Mercury	48.8	0.5	ng/L	5.00	40.8	159	71-125	2.13	24	M1

Matrix Spike Dup (BCB0181-MSD2) Source: 3014884-01

Prepared: 2/2/2023 13:10, Analyzed: 2/3/2023 13:33

Mercury	6.6	0.5	ng/L	5.00	1.0	114	71-125	4.66	24	
Mercury	6.6	0.5	ng/L	5.00	1.0	114	71-125	4.66	24	

Certified Analyses included in this Report

Analyte	Certifications
EPA 1631E 2002 in Water	
Mercury	VA NELAC MDV (460210) KY Wastewater Mdv (00030)
Mercury	VA NELAC MDV (460210) KY Wastewater Mdv (00030) WV Wastewater Madisonville (241), 825 Industrial Rd Madisonville, KY 42431



Sample Acceptance Checklist for Work Order 3014663

Shipped By: Fed Ex

Temperature: 2.60° Celcius

Condition

Check if Custody Seals are Present/Intact	<input type="checkbox"/>
Check if Custody Signatures are Present	<input checked="" type="checkbox"/>
Check if Collector Signature Present	<input type="checkbox"/>
Check if bottles are intact	<input checked="" type="checkbox"/>
Check if bottles are correct	<input checked="" type="checkbox"/>
Check if bottles have sufficient volume	<input checked="" type="checkbox"/>
Check if samples received on ice	<input checked="" type="checkbox"/>
Check if VOA headspace is acceptable	<input type="checkbox"/>
Check if samples received in holding time.	<input checked="" type="checkbox"/>
Check if samples are preserved properly	<input checked="" type="checkbox"/>



February 21, 2023

John Few
Thomasville Water and Sewer Board

RE: Project: Permit renewal NPDES AL0056022
Pace Project No.: 20269349

Dear John Few:

Enclosed are the analytical results for sample(s) received by the laboratory on February 08, 2023. 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:

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

Sincerely,

Cindy Simpson
cindy.simpson@pacelabs.com
(205)614-6630
Project Manager

Enclosures

cc: Lindy Long, Thomasville Water and Sewer Board

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.



CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed.

WO#: 20269349



Section A

Required Client Information:

Company: Thomasville (WPCP), City of
 Address: 2299 County Line Rd
 Thomasville, GA 31792
 Email: jonathanci@thomasville.org
 Phone: (229)227-4088 Fax:
 Requested Due Date:

Section B

Required Project Information:

Report To: Clay, Jonathan
 Copy To:
 Purchase Order #:
 Project Name: Permit renewal NPDES AL0056022
 Order #: 1041620

Section C

Invoice Information:

Attention:
 Company Name:
 Address:
 Pace Quote:
 Pace Project Manager: cindy.simpson@pacelabs.com
 Pace Profile #: 16799

Agency

State / Location

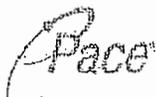
AL

ITEM #	SAMPLE ID One Character per box. (A-Z, 0-9 / , -) Sample Ids must be unique	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED				SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives								Analyses Test Y/N	Requested Analysis Filtered (Y/N)		Residual Chlorine (Y/N)
				START		END				Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other		Low Level Mercury	Low Level Mercury	
				DATE	TIME	DATE	TIME														
1	Effluent	WT		2-8	940			1	1										X		
2	Field Blank	WT		2-8	939			1	1										X		
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
	Michael Corbill	2-8	1420	<i>[Signature]</i>	2/8	1420	3.9	y	y	y

SAMPLER NAME AND SIGNATURE		TEMP in C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)
PRINT Name of SAMPLER: M. Corbill					
SIGNATURE of SAMPLER: <i>[Signature]</i>	DATE Signed: 2-8-23				

WO#: 20269349



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

Project **PM: CRS** Due Date: **02/22/23**
CLIENT: TU-ThmviIIWW

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: Wet Blue None

Date and Initials of person examining contents: PH 2-8

Temp should be ≤6°C *Temp must be measured from Temperature blank when present

Cooler #1 Thermometer Used: TUM13 Cooler Temp °C: (Observed) 3.9 (CF) 0.1 (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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 #.: HNO3 _____ H2SO4 _____ 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: _____



Pace Analytical Services, LLC
P.O. Box 907
Madisonville, KY 42431
270.821.7375
www.pacelabs.com

Certificate of Analysis 3023251

Cindy Simpson
Pace Analytical Services LLC Tuscaloosa
3516 Greensboro Ave
Tuscaloosa, AL 35401

Customer ID: 44-102111
Report Printed: 02/20/2023 14:49

Project Name: Cindy Simpson PM	Workorder: 3023251
--------------------------------	--------------------

Dear Cindy Simpson

Enclosed are the analytical results for samples received by the laboratory 02/09/2023 10:44.

The results relate to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

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

- Pace Analytical Services LLC Kentucky - Madisonville

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



#460210 Madisonville, KY
#460291 Pikeville, KY

Melissia Brown, Project Coordinator

This page is included as part of the Analytical Report and must be retained as a permanent record thereof.



SAMPLE SUMMARY

Lab ID	Client Sample ID/Alias	Matrix	Date Collected	Date Received	Sampled By
3023251-01	Low Level Mercury/20269349001 LLHg Effluent Grab	Wastewater	02/08/2023 09:40	02/09/2023 10:44	Client

ANALYTICAL RESULTS

Lab Sample ID: **3023251-01** Sample Collection Date Time: 02/08/2023 09:40
 Description: **Low Level Mercury 20269349001 LLHg Effluent Grab** Sample Received Date Time: 02/09/2023 10:44

Matrix: Wastewater Discharge/Site No: Regulatory ID: AL0056022

Metals Analysis Madisonville

Analyte	Result	Flag	Units	MRL	MDL	Method	Prepared	Analyzed	Analyst
Mercury	1.3		ng/L	0.5	0.4	EPA 1631E 2002	02/14/2023 10:50	02/15/2023 10:39	MLG

Notes for work order 3023251

- Samples collected by PACE personnel are done so in accordance with procedures set forth in PACE field services SOPs .
- Results contained in this report are only representative of the samples received.
- PACE does not provide interpretation of these results unless otherwise stated .
- All Waste Water analyses comply with methodology requirements of 40 CFR Part 136.
- All Drinking Water analyses comply with methodology requirements of 40 CFR Part 141.
- Unless otherwise noted, all quantitative results for soils are reported on a dry weight basis.
- The Chain of Custody document is included as part of this report.
- All Library Search analytes should be regarded as tentative identification based on the presumptive evidence of the mass spectra. Concentrations reported are estimated values.

Qualifiers

- M1 Matrix spike recovery was high; the method control sample recovery was acceptable.
- U Target analyte was analyzed for, but was below detection limit (the value associated with the qualifier is the laboratory method detection limit in our LIMS system).

Standard Qualifiers/Acronyms

- MDL Method Detection Limit
- MRL Minimum Reporting Limit
- ND Not Detected
- LCS Laboratory Control Sample
- MS Matrix Spike
- MSD Matrix Spike Duplicate
- DUP Sample Duplicate
- % Rec Percent Recovery
- RPD Relative Percent Difference
- > Greater than
- < Less than



Metals Analysis Madisonville - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch BCB1338 - Default Prep Metals										
Blank (BCB1338-BLK1)										
Prepared: 2/14/2023 10:50, Analyzed: 2/15/2023 10:16										
Mercury	ND	0.5	ng/L							
Blank (BCB1338-BLK2)										
Prepared: 2/14/2023 10:50, Analyzed: 2/15/2023 10:24										
Mercury	ND	0.5	ng/L							
Blank (BCB1338-BLK3)										
Prepared: 2/14/2023 10:50, Analyzed: 2/15/2023 10:32										
Mercury	ND	0.5	ng/L							
LCS (BCB1338-BS1)										
Prepared: 2/14/2023 10:50, Analyzed: 2/15/2023 11:48										
Mercury	5.0	0.5	ng/L	5.00		101	77-123			
Matrix Spike (BCB1338-MS1) Source: 3020640-02										
Prepared: 2/14/2023 10:50, Analyzed: 2/15/2023 12:42										
Mercury	6.0	0.5	ng/L	5.00	1.1	98.7	71-125			
Matrix Spike (BCB1338-MS2) Source: 3023246-01										
Prepared: 2/14/2023 10:50, Analyzed: 2/15/2023 12:57										
Mercury	5.3	0.5	ng/L	5.00	ND	105	71-125			
Matrix Spike Dup (BCB1338-MSD1) Source: 3020640-02										
Prepared: 2/14/2023 10:50, Analyzed: 2/15/2023 12:49										
Mercury	7.4	0.5	ng/L	5.00	1.1	126	71-125	20.4	24	Mt
Matrix Spike Dup (BCB1338-MSD2) Source: 3023246-01										
Prepared: 2/14/2023 10:50, Analyzed: 2/15/2023 13:05										
Mercury	5.2	0.5	ng/L	5.00	ND	104	71-125	1.03	24	

Certified Analyses included in this Report

Analyte	Certifications
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EPA 1631E 2002 in Water

Mercury VA NELAC MDV (460210) KY Wastewater Mdv (00030) WV Wastewater Madisonville (241), 825 Industrial Rd Madisonville, KY 42431



Pace Analytical Services, LLC
P.O. Box 907
Madisonville, KY 42431
270.821.7375
www.pacelabs.com

Sample Acceptance Checklist for Work Order 3023251	
Shipped By: Fed Ex	Temperature: 2.30° Celcius
Condition	
Check if Custody Seals are Present/Intact	<input type="checkbox"/>
Check if Custody Signatures are Present	<input type="checkbox"/>
Check if Collector Signature Present	<input type="checkbox"/>
Check if bottles are intact	<input checked="" type="checkbox"/>
Check if bottles are correct	<input checked="" type="checkbox"/>
Check if bottles have sufficient volume	<input checked="" type="checkbox"/>
Check if samples received on ice	<input checked="" type="checkbox"/>
Check if VOA headspace is acceptable	<input type="checkbox"/>
Check if samples received in holding time.	<input checked="" type="checkbox"/>
Check if samples are preserved properly	<input checked="" type="checkbox"/>



July 06, 2021

Mr. Joey Foxhall
Thomasville Water and Sewer Board
PO Box 127
Thomasville, AL 36784

RE: Project: Permit renewal NPDES AL0056022
Pace Project No.: 20212552

Dear Mr. Foxhall:

Enclosed are the analytical results for sample(s) received by the laboratory on June 23, 2021. 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,

Cindy Simpson
cindy.simpson@pacelabs.com
(205)614-6630
Project Manager

Enclosures

REPORT OF LABORATORY ANALYSIS

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Pace Analytical Services, LLC
3516 Greensboro Avenue
Tuscaloosa, AL 35401
(205)614-6630

CERTIFICATIONS

Project: Permit renewal NPDES AL0056022
Pace Project No.: 20212552

Pace Analytical Services New Orleans

California Env. Lab Accreditation Program Branch:
11277CA

Florida Department of Health (NELAC): E87595

Illinois Environmental Protection Agency: 0025721

Kansas Department of Health and Environment (NELAC):
E-10266

Louisiana Dept. of Environmental Quality (NELAC/LELAP):
02006

Texas Commission on Env. Quality (NELAC):
T104704405-09-TX

U.S. Dept. of Agriculture Foreign Soil Import: P330-10-
00119

Pace Analytical Services Tuscaloosa

3516 Greensboro Ave, Tuscaloosa, AL 35401

Alabama Certification #: 40170

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20212552

Sample: Effluent Composite Lab ID: 20212552001 Collected: 06/23/21 11:05

Parameters	Results	Units	Report Limit	DF	Qualifiers
Antimony	ND	mg/L	0.0010	1	
Arsenic	ND	mg/L	0.0010	1	
Beryllium	ND	mg/L	0.00050	1	
Cadmium	ND	mg/L	0.0010	1	
Chromium	ND	mg/L	0.0010	1	
Copper	ND	mg/L	0.0030	1	
Lead	ND	mg/L	0.0010	1	
Nickel	0.0011	mg/L	0.0010	1	
Selenium	ND	mg/L	0.0010	1	
Silver	ND	mg/L	0.00050	1	
Thallium	ND	mg/L	0.00050	1	
Total Hardness	41.4	mg/L	0.0050	1	
Zinc	0.0099	mg/L	0.0050	1	
1,2,4-Trichlorobenzene	ND	mg/L	0.0097	1	
1,2-Diphenylhydrazine	ND	mg/L	0.0097	1	
2,2'-Oxybis(1-chloropropane)	ND	mg/L	0.0097	1	
2,4,6-Trichlorophenol	ND	mg/L	0.0097	1	
2,4-Dichlorophenol	ND	mg/L	0.0097	1	
2,4-Dimethylphenol	ND	mg/L	0.0097	1	
2,4-Dinitrophenol	ND	mg/L	0.039	1	
2,4-Dinitrotoluene	ND	mg/L	0.0097	1	
2,6-Dinitrotoluene	ND	mg/L	0.0097	1	
2-Chloronaphthalene	ND	mg/L	0.0097	1	
2-Chlorophenol	ND	mg/L	0.0097	1	
2-Nitrophenol	ND	mg/L	0.0097	1	
3,3'-Dichlorobenzidine	ND	mg/L	0.019	1	
4,6-Dinitro-2-methylphenol	ND	mg/L	0.024	1	
4-Bromophenylphenyl ether	ND	mg/L	0.0097	1	
4-Chloro-3-methylphenol	ND	mg/L	0.0097	1	
4-Chlorophenylphenyl ether	ND	mg/L	0.0097	1	
4-Nitrophenol	ND	mg/L	0.039	1	
Acenaphthene	ND	mg/L	0.0097	1	
Acenaphthylene	ND	mg/L	0.0097	1	
Anthracene	ND	mg/L	0.0097	1	
Benzidine	ND	mg/L	0.029	1	
Benzo(a)anthracene	ND	mg/L	0.0097	1	
Benzo(a)pyrene	ND	mg/L	0.0097	1	
Benzo(b)fluoranthene	ND	mg/L	0.0097	1	
Benzo(g,h,i)perylene	ND	mg/L	0.0097	1	
Benzo(k)fluoranthene	ND	mg/L	0.0097	1	
Butylbenzylphthalate	ND	mg/L	0.0097	1	
Chrysene	ND	mg/L	0.0097	1	
Di-n-butylphthalate	ND	mg/L	0.0097	1	
Di-n-octylphthalate	ND	mg/L	0.0097	1	
Dibenz(a,h)anthracene	ND	mg/L	0.0097	1	
Diethylphthalate	ND	mg/L	0.0097	1	
Dimethylphthalate	ND	mg/L	0.0097	1	
Fluoranthene	ND	mg/L	0.0097	1	
Fluorene	ND	mg/L	0.0097	1	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20212552

Sample: Effluent Composite		Lab ID: 20212552001	Collected: 06/23/21 11:05		
Parameters	Results	Units	Report Limit	DF	Qualifiers
Hexachloro-1,3-butadiene	ND	mg/L	0.019	1	
Hexachlorobenzene	ND	mg/L	0.0097	1	
Hexachlorocyclopentadiene	ND	mg/L	0.039	1	
Hexachloroethane	ND	mg/L	0.0097	1	
Indeno(1,2,3-cd)pyrene	ND	mg/L	0.0097	1	
Isophorone	ND	mg/L	0.0097	1	
N-Nitroso-di-n-propylamine	ND	mg/L	0.0097	1	
N-Nitrosodimethylamine	ND	mg/L	0.0097	1	
N-Nitrosodiphenylamine	ND	mg/L	0.0097	1	
Naphthalene	ND	mg/L	0.0097	1	
Nitrobenzene	ND	mg/L	0.0097	1	
Pentachlorophenol	ND	mg/L	0.039	1	
Phenanthrene	ND	mg/L	0.0097	1	
Phenol	ND	mg/L	0.0097	1	
Pyrene	ND	mg/L	0.0097	1	
bis(2-Chloroethoxy)methane	ND	mg/L	0.0097	1	
bis(2-Chloroethyl) ether	ND	mg/L	0.0097	1	
bis(2-Ethylhexyl)phthalate	ND	mg/L	0.0097	1	
Nitrobenzene-d5 (S)	81	%	33-120	1	
2-Fluorobiphenyl (S)	76	%	34-117	1	
Terphenyl-d14 (S)	73	%	24-133	1	
Phenol-d6 (S)	22	%	10-120	1	
2-Fluorophenol (S)	33	%	10-118	1	
2,4,6-Tribromophenol (S)	75	%	25-145	1	
Total Dissolved Solids	120	mg/L	10.0	1	

Sample: Effluent Grab		Lab ID: 20212552002	Collected: 06/23/21 11:05		
Parameters	Results	Units	Report Limit	DF	Qualifiers
Acrolein	ND	ug/L	20.0	1	
Acrylonitrile	ND	ug/L	20.0	1	
Benzene	ND	ug/L	5.0	1	
Bromodichloromethane	ND	ug/L	5.0	1	
Bromoform	ND	ug/L	5.0	1	
Bromomethane	ND	ug/L	5.0	1	
Carbon tetrachloride	ND	ug/L	5.0	1	
Chlorobenzene	ND	ug/L	5.0	1	
Chloroethane	ND	ug/L	5.0	1	
2-Chloroethylvinyl ether	ND	ug/L	20.0	1	
Chloroform	ND	ug/L	5.0	1	
Chloromethane	ND	ug/L	5.0	1	
1,2-Dibromo-3-chloropropane	ND	ug/L	5.0	1	
Dibromochloromethane	ND	ug/L	5.0	1	
1,2-Dichlorobenzene	ND	ug/L	5.0	1	
1,3-Dichlorobenzene	ND	ug/L	5.0	1	
1,4-Dichlorobenzene	ND	ug/L	5.0	1	
Dichlorodifluoromethane	ND	ug/L	5.0	1	
1,1-Dichloroethane	ND	ug/L	5.0	1	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20212552

Sample: Effluent Grab		Lab ID: 20212552002		Collected: 06/23/21 11:05	
Parameters	Results	Units	Report Limit	DF	Qualifiers
1,2-Dichloroethane	ND	ug/L	5.0	1	
1,1-Dichloroethene	ND	ug/L	5.0	1	
cis-1,2-Dichloroethene	ND	ug/L	5.0	1	
trans-1,2-Dichloroethene	ND	ug/L	5.0	1	
1,2-Dichloropropane	ND	ug/L	5.0	1	
cis-1,3-Dichloropropene	ND	ug/L	5.0	1	
trans-1,3-Dichloropropene	ND	ug/L	5.0	1	
Ethylbenzene	ND	ug/L	5.0	1	L1
Methylene Chloride	ND	ug/L	5.0	1	
Methyl-tert-butyl ether	ND	ug/L	5.0	1	N2
Naphthalene	ND	ug/L	25.0	1	N2
1,1,1,2-Tetrachloroethane	ND	ug/L	5.0	1	
1,1,2,2-Tetrachloroethane	ND	ug/L	5.0	1	
Tetrachloroethene	ND	ug/L	5.0	1	
Toluene	ND	ug/L	5.0	1	
1,1,1-Trichloroethane	ND	ug/L	5.0	1	
1,1,2-Trichloroethane	ND	ug/L	5.0	1	
Trichloroethene	ND	ug/L	5.0	1	
Trichlorofluoromethane	ND	ug/L	5.0	1	
Vinyl chloride	ND	ug/L	5.0	1	
Xylene (Total)	ND	ug/L	15.0	1	
m&p-Xylene	ND	ug/L	10.0	1	
o-Xylene	ND	ug/L	5.0	1	
4-Bromofluorobenzene (S)	99	%	82-118	1	
Toluene-d8 (S)	95	%	81-120	1	
Dibromofluoromethane (S)	89	%	77-123	1	
Collected By	Client			1	N2
Collected Date	062321			1	N2
Collected Time	1105			1	N2
Field pH	8.51	Std. Units		1	N2
Field Temperature	29.6	deg C		1	N2
Oxygen, Dissolved	6.23	mg/L		1	N2
Field Residual Chlorine	0.02	mg/L		1	N2
Oil and Grease	ND	mg/L	5.0	1	
Phenolics, Total Recoverable	ND	mg/L	0.020	1	
Cyanide	ND	mg/L	0.020	1	

Sample: Trip Blank		Lab ID: 20212552003		Collected: 06/23/21 07:00	
Parameters	Results	Units	Report Limit	DF	Qualifiers
Benzene	ND	ug/L	5.0	1	
Bromodichloromethane	ND	ug/L	5.0	1	
Bromoform	ND	ug/L	5.0	1	
Bromomethane	ND	ug/L	5.0	1	
Carbon tetrachloride	ND	ug/L	5.0	1	
Chlorobenzene	ND	ug/L	5.0	1	
Chloroethane	ND	ug/L	5.0	1	
2-Chloroethylvinyl ether	ND	ug/L	20.0	1	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20212552

Sample: Trip Blank Lab ID: 20212552003 Collected: 06/23/21 07:00

Parameters	Results	Units	Report Limit	DF	Qualifiers
Chloroform	ND	ug/L	5.0	1	
Chloromethane	ND	ug/L	5.0	1	
Dibromochloromethane	ND	ug/L	5.0	1	
1,2-Dichlorobenzene	ND	ug/L	5.0	1	
1,3-Dichlorobenzene	ND	ug/L	5.0	1	
1,4-Dichlorobenzene	ND	ug/L	5.0	1	
1,1-Dichloroethane	ND	ug/L	5.0	1	
1,2-Dichloroethane	ND	ug/L	5.0	1	
1,1-Dichloroethene	ND	ug/L	5.0	1	
trans-1,2-Dichloroethene	ND	ug/L	5.0	1	
1,2-Dichloropropane	ND	ug/L	5.0	1	
cis-1,3-Dichloropropene	ND	ug/L	5.0	1	
trans-1,3-Dichloropropene	ND	ug/L	5.0	1	
Ethylbenzene	ND	ug/L	5.0	1	L1
Methylene Chloride	ND	ug/L	5.0	1	
1,1,2,2-Tetrachloroethane	ND	ug/L	5.0	1	
Tetrachloroethene	ND	ug/L	5.0	1	
Toluene	ND	ug/L	5.0	1	
1,1,1-Trichloroethane	ND	ug/L	5.0	1	
1,1,2-Trichloroethane	ND	ug/L	5.0	1	
Trichloroethene	ND	ug/L	5.0	1	
Trichlorofluoromethane	ND	ug/L	5.0	1	
Vinyl chloride	ND	ug/L	5.0	1	
4-Bromofluorobenzene (S)	102	%.	82-118	1	
Toluene-d8 (S)	97	%.	81-120	1	
Dibromofluoromethane (S)	88	%.	77-123	1	

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: Permit renewal NPDES AL0056022

Pace Project No.: 20212552

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.

BATCH QUALIFIERS

Batch: 229458

[M5] A matrix spike/matrix spike duplicate was not performed for this batch due to insufficient sample volume.

ANALYTE QUALIFIERS

L1 Analyte recovery in the laboratory control sample (LCS) was above QC limits. Results for this analyte in associated samples may be biased high.

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.

REPORT OF LABORATORY ANALYSIS

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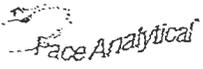
WO#: 20212552

PM: CRS

Due Date: 07/08/21

CLIENT: TU-Thmvi11WW

Sample Condition Upon Receipt



Pace Analytical Services, LLC - Tuscaloosa, AL
Pace Analytical Services, LLC - Montgomery, AL

Project #: 20

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

custody Seal on Cooler/Box Present: [see COC]

Custody Seals Intact: Yes No

Thermometer used: 81783496

Type of Ice: Wet Blue None

Samples on Ice: [see COC]

Cooler Temperature: [see COC]

Temp should be above freezing to 6°C

Date and Initials of person examining contents: 7/5/21 [Signature]

Temp must be measured from Temperature blank when present

Comments:

Temperature Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	1	
Main of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2	
Main of Custody Complete:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3	
Main of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4	
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5	
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6	
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7	
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8	
Filtered vol. Rec. for Diss. tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	9	
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10	
All containers received within manufacture's recommended and/or expiration dates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11	
All containers needing chemical preservation have been checked (except VOA, coliform, & O&G).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12	
All containers preservation checked found to be in compliance with EPA recommendation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13	If No, was preservative added? <input type="checkbox"/> Yes <input type="checkbox"/> No If added record lot no.: HNO3 _____ H2SO4 _____
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14	
Temp Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No	15	

Client Notification/ Resolution:

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____



Field Instrument Calibration Sheet

Analyst: Brett Green

Date: 6-23-2021

pH CALIBRATION - Initial

Time: 6:30 AM PM

Make: HACH Model: HQ11D Serial #: 140700107570

Probe Model #: PHC101 Serial #: 210922564949 Placed Into Service: 04/26/2021

4 Buffer: pH 4.00 MV 161.2 Lot #/expiration 202304-7/22
 7 Buffer: pH 7.01 MV -13.8 Lot #/expiration 2906F44-6/21
 10 Buffer: pH 10.04 MV -188.1 Lot #/expiration 201473-5/22

Slope: _____

NIST Temp, C: 21.9 Meter Temp, C: 21.6 Temperature Acceptance Criteria: +/- 4 C

pH 6 VERIFICATION Acceptance Criteria: +/- 0.10

Initial: pH 6.00 Time: 6:33 AM PM
 After 4 hrs: pH 6.00 Time: 10:00 AM PM
 End of Day: pH 6.00 Time: 12:52 AM PM

DO CALIBRATION

Time: 6:17 AM PM

Make: YSI Model: 550A Serial #: 10B101615

Probe Model #: _____ Serial #: _____ Placed Into Service: _____

DO of Saturation: 99% DO of Saturation Reading (%): 100 Acceptance Criteria: 97-101%

Cl₂ CALIBRATION

Time: _____ AM PM

Make: HACH Model: POCKET CL2 Serial #: 17110E344322

Standard Lot #: A0197 Standard Exp: Jul 2020

Standard 0 mg/L: _____
 Standard 0.25 mg/L: _____
 Standard 0.94 mg/L: _____
 Standard 1.72 mg/L: _____

Acceptance Criteria: +/- 0.09
 Acceptance Criteria: +/- 0.10
 Acceptance Criteria: +/- 0.14



November 17, 2021

Mr. Joey Foxhall
Thomasville Water and Sewer Board
PO Box 127
Thomasville, AL 36784

RE: Project: Permit renewal NPDES AL0056022
Pace Project No.: 20224059

Dear Mr. Foxhall:

Enclosed are the analytical results for sample(s) received by the laboratory on October 27, 2021. 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
- Pace Analytical Services - Allen

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

Sincerely,

Cindy Simpson
cindy.simpson@pacelabs.com
(205)614-6630
Project Manager

Enclosures

REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: Permit renewal NPDES AL0056022
Pace Project No.: 20224059

Pace Analytical Services New Orleans

Florida Department of Health (NELAC): E87595
Illinois Environmental Protection Agency: 0025721
Kansas Department of Health and Environment (NELAC):
E-10266
Louisiana Dept. of Environmental Quality (NELAC/LELAP):
02006

Texas Commission on Env. Quality (NELAC):
T104704405-09-TX
U.S. Dept. of Agriculture Foreign Soil Import: P330-10-
00119

Pace Analytical Services Dallas

400 West Bethany Dr Suite 190, Allen, TX 75013
Texas Certification T104704232-20-32
Florida Certification #: E871118
EPA# TX00074
Kansas Certification #: E-10388

Arkansas Certification #: 88-0647
Oklahoma Certification #: 8727
Louisiana Certification #: 30686
Iowa Certification #: 408

Pace Analytical Services Tuscaloosa

3516 Greensboro Ave, Tuscaloosa, AL 35401

Alabama Certification #: 40170

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20224059

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
20224059001	Effluent Composite	EPA 200.8	FC1	13	PASI-N
		EPA 625.1	XLY	72	PASL-AT
		SM 2540C 2011	KAC	1	PASI-N
20224059002	Effluent Grab	EPA 624.1	JRP	45	PASI-N
			RST	7	PASI-TU
		EPA 1664B	TMO	1	PASI-N
		EPA 420.1	AME	1	PASL-AT
		SM 4500-CN E-11	AME	1	PASL-AT
20224059003	Trip Blank	EPA 624.1	JRP	34	PASI-N

PASI-N = Pace Analytical Services - New Orleans
 PASI-TU = Pace Analytical Services - Tuscaloosa
 PASL-AT = Pace Analytical Services - Allen

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20224059

Sample: Effluent Composite Lab ID: 20224059001 Collected: 10/27/21 11:50

Parameters	Results	Units	Report Limit	DF	Qualifiers
Antimony	ND	mg/L	0.0010	1	
Arsenic	0.0010	mg/L	0.0010	1	
Beryllium	ND	mg/L	0.00050	1	
Cadmium	ND	mg/L	0.0010	1	
Chromium	ND	mg/L	0.0010	1	
Copper	0.0064	mg/L	0.0030	1	
Lead	0.0014	mg/L	0.0010	1	
Nickel	0.0021	mg/L	0.0010	1	
Selenium	ND	mg/L	0.0010	1	
Silver	ND	mg/L	0.00050	1	
Thallium	ND	mg/L	0.00050	1	
Total Hardness	49.3	mg/L	0.0050	1	
Zinc	0.035	mg/L	0.0050	1	
1,2,4,5-Tetrachlorobenzene	ND	mg/L	0.00250	1	
1,2,4-Trichlorobenzene	ND	mg/L	0.00250	1	
1,2-Dichlorobenzene	ND	mg/L	0.00250	1	
1,3-Dichlorobenzene	ND	mg/L	0.00250	1	
1,4-Dichlorobenzene	ND	mg/L	0.00250	1	
2,2'-Oxybis(1-chloropropane)	ND	mg/L	0.00250	1	
2,4,5-Trichlorophenol	ND	mg/L	0.00250	1	
2,4,6-Trichlorophenol	ND	mg/L	0.00250	1	
2,4-Dichlorophenol	ND	mg/L	0.00250	1	
2,4-Dimethylphenol	ND	mg/L	0.00500	1	
2,4-Dinitrophenol	ND	mg/L	0.00500	1	
2,4-Dinitrotoluene	ND	mg/L	0.00500	1	
2,6-Dinitrotoluene	ND	mg/L	0.00500	1	
2-Chloronaphthalene	ND	mg/L	0.00250	1	
2-Chlorophenol	ND	mg/L	0.00250	1	
2-Methylphenol(o-Cresol)	ND	mg/L	0.00500	1	
2-Nitrophenol	ND	mg/L	0.00250	1	
3&4-Methylphenol(m&p Cresol)	ND	mg/L	0.00250	1	
3,3'-Dichlorobenzidine	ND	mg/L	0.00500	1	
4,6-Dinitro-2-methylphenol	ND	mg/L	0.00500	1	
4-Bromophenylphenyl ether	ND	mg/L	0.00250	1	
4-Chloro-3-methylphenol	ND	mg/L	0.00250	1	
4-Chlorophenylphenyl ether	ND	mg/L	0.00250	1	
4-Nitrophenol	ND	mg/L	0.00500	1	
Acenaphthene	ND	mg/L	0.00250	1	
Acenaphthylene	ND	mg/L	0.00250	1	
Anthracene	ND	mg/L	0.00250	1	
Benzidine	ND	mg/L	0.0100	1	C5
Benzo(a)anthracene	ND	mg/L	0.00250	1	
Benzo(a)pyrene	ND	mg/L	0.00250	1	
Benzo(b)fluoranthene	ND	mg/L	0.00250	1	
Benzo(g,h,i)perylene	ND	mg/L	0.00250	1	
Benzo(k)fluoranthene	ND	mg/L	0.00250	1	
Butylbenzylphthalate	ND	mg/L	0.00250	1	
bis(2-Chloroethoxy)methane	ND	mg/L	0.00250	1	
bis(2-Chloroethyl) ether	ND	mg/L	0.00250	1	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20224059

Sample: Effluent Composite		Lab ID: 20224059001	Collected: 10/27/21 11:50		
Parameters	Results	Units	Report Limit	DF	Qualifiers
bis(2-Ethylhexyl)phthalate	ND	mg/L	0.00500	1	
Chrysene	ND	mg/L	0.00250	1	
Di-n-butylphthalate	ND	mg/L	0.00250	1	
Di-n-octylphthalate	ND	mg/L	0.00250	1	
Dibenz(a,h)anthracene	ND	mg/L	0.00250	1	
Diethylphthalate	ND	mg/L	0.00250	1	
Dimethylphthalate	ND	mg/L	0.00250	1	
Fluoranthene	ND	mg/L	0.00250	1	
Fluorene	ND	mg/L	0.00250	1	
Hexachloro-1,3-butadiene	ND	mg/L	0.00250	1	
Hexachlorobenzene	ND	mg/L	0.00250	1	
Hexachlorocyclopentadiene	ND	mg/L	0.0100	1	
Hexachloroethane	ND	mg/L	0.00250	1	
1,2-Diphenylhydrazine	ND	mg/L	0.00250	1	
Indeno(1,2,3-cd)pyrene	ND	mg/L	0.00250	1	
Isophorone	ND	mg/L	0.00250	1	
N-Nitroso-di-n-butylamine	ND	mg/L	0.00250	1	
N-Nitroso-di-n-propylamine	ND	mg/L	0.00250	1	
N-Nitrosodiethylamine	ND	mg/L	0.00250	1	
N-Nitrosodimethylamine	ND	mg/L	0.00250	1	
N-Nitrosodiphenylamine	ND	mg/L	0.00250	1	
Naphthalene	ND	mg/L	0.00250	1	
Nitrobenzene	ND	mg/L	0.00250	1	
Pentachlorobenzene	ND	mg/L	0.00250	1	
Pentachlorophenol	ND	mg/L	0.00500	1	
Phenanthrene	ND	mg/L	0.00250	1	
Phenol	ND	mg/L	0.00250	1	
Pyrene	ND	mg/L	0.00250	1	
Pyridine	ND	mg/L	0.00250	1	
Cresols (Total)	ND	mg/L	0.00750	1	
2,4,6-Tribromophenol (S)	50.8	%	29-132	1	
2-Fluorobiphenyl (S)	42.7	%	26-102	1	
2-Fluorophenol (S)	26.9	%	10-66	1	
Nitrobenzene-d5 (S)	46.5	%	15-106	1	
Terphenyl-d14 (S)	73.9	%	10-120	1	
Phenol-d6 (S)	19.3	%	10-54	1	
Total Dissolved Solids	235	mg/L	10.0	1	

Sample: Effluent Grab		Lab ID: 20224059002	Collected: 10/27/21 11:50		
Parameters	Results	Units	Report Limit	DF	Qualifiers
Acrolein	ND	ug/L	20.0	1	
Acrylonitrile	ND	ug/L	20.0	1	
Benzene	ND	ug/L	5.0	1	
Bromodichloromethane	ND	ug/L	5.0	1	
Bromoform	ND	ug/L	5.0	1	
Bromomethane	ND	ug/L	5.0	1	
Carbon tetrachloride	ND	ug/L	5.0	1	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20224059

Sample: Effluent Grab Lab ID: 20224059002 Collected: 10/27/21 11:50

Parameters	Results	Units	Report Limit	DF	Qualifiers
Chlorobenzene	ND	ug/L	5.0	1	
Chloroethane	ND	ug/L	5.0	1	
2-Chloroethylvinyl ether	ND	ug/L	20.0	1	
Chloroform	ND	ug/L	5.0	1	
Chloromethane	ND	ug/L	5.0	1	
1,2-Dibromo-3-chloropropane	ND	ug/L	5.0	1	
Dibromochloromethane	ND	ug/L	5.0	1	
1,2-Dichlorobenzene	ND	ug/L	5.0	1	
1,3-Dichlorobenzene	ND	ug/L	5.0	1	
1,4-Dichlorobenzene	ND	ug/L	5.0	1	
Dichlorodifluoromethane	ND	ug/L	5.0	1	
1,1-Dichloroethane	ND	ug/L	5.0	1	
1,2-Dichloroethane	ND	ug/L	5.0	1	
1,1-Dichloroethene	ND	ug/L	5.0	1	
cis-1,2-Dichloroethene	ND	ug/L	5.0	1	
trans-1,2-Dichloroethene	ND	ug/L	5.0	1	
1,2-Dichloropropane	ND	ug/L	5.0	1	
cis-1,3-Dichloropropene	ND	ug/L	5.0	1	
trans-1,3-Dichloropropene	ND	ug/L	5.0	1	
Ethylbenzene	ND	ug/L	5.0	1	
Methylene Chloride	ND	ug/L	5.0	1	
Methyl-tert-butyl ether	ND	ug/L	5.0	1	N2
Naphthalene	ND	ug/L	25.0	1	N2
1,1,1,2-Tetrachloroethane	ND	ug/L	5.0	1	
1,1,2,2-Tetrachloroethane	ND	ug/L	5.0	1	
Tetrachloroethene	ND	ug/L	5.0	1	
Toluene	ND	ug/L	5.0	1	
1,1,1-Trichloroethane	ND	ug/L	5.0	1	
1,1,2-Trichloroethane	ND	ug/L	5.0	1	
Trichloroethene	ND	ug/L	5.0	1	
Trichlorofluoromethane	ND	ug/L	5.0	1	
Vinyl chloride	ND	ug/L	5.0	1	
Xylene (Total)	ND	ug/L	15.0	1	
m&p-Xylene	ND	ug/L	10.0	1	
o-Xylene	ND	ug/L	5.0	1	
4-Bromofluorobenzene (S)	102	%	82-118	1	
Toluene-d8 (S)	105	%	81-120	1	
Dibromofluoromethane (S)	104	%	77-123	1	
Collected By	Client			1	N2
Collected Date	102721			1	N2
Collected Time	1150			1	N2
Field pH	9.05	Std. Units		1	N2
Field Temperature	22.4	deg C		1	N2
Oxygen, Dissolved	5.45	mg/L		1	N2
Field Residual Chlorine	0.06	mg/L		1	N2
Oil and Grease	ND	mg/L	5.0	1	
Phenolics, Total Recoverable	0.0264	mg/L	0.0100	1	
Cyanide	ND	mg/L	0.0100	1	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20224059

Sample: Trip Blank	Lab ID: 20224059003	Collected: 10/27/21 11:50			
Parameters	Results	Units	Report Limit	DF	Qualifiers
Benzene	ND	ug/L	5.0	1	
Bromodichloromethane	ND	ug/L	5.0	1	
Bromoform	ND	ug/L	5.0	1	
Bromomethane	ND	ug/L	5.0	1	
Carbon tetrachloride	ND	ug/L	5.0	1	
Chlorobenzene	ND	ug/L	5.0	1	
Chloroethane	ND	ug/L	5.0	1	
2-Chloroethylvinyl ether	ND	ug/L	20.0	1	
Chloroform	ND	ug/L	5.0	1	
Chloromethane	ND	ug/L	5.0	1	
Dibromochloromethane	ND	ug/L	5.0	1	
1,2-Dichlorobenzene	ND	ug/L	5.0	1	
1,3-Dichlorobenzene	ND	ug/L	5.0	1	
1,4-Dichlorobenzene	ND	ug/L	5.0	1	
1,1-Dichloroethane	ND	ug/L	5.0	1	
1,2-Dichloroethane	ND	ug/L	5.0	1	
1,1-Dichloroethene	ND	ug/L	5.0	1	
trans-1,2-Dichloroethene	ND	ug/L	5.0	1	
1,2-Dichloropropane	ND	ug/L	5.0	1	
cis-1,3-Dichloropropene	ND	ug/L	5.0	1	
trans-1,3-Dichloropropene	ND	ug/L	5.0	1	
Ethylbenzene	ND	ug/L	5.0	1	
Methylene Chloride	ND	ug/L	5.0	1	
1,1,2,2-Tetrachloroethane	ND	ug/L	5.0	1	
Tetrachloroethene	ND	ug/L	5.0	1	
Toluene	ND	ug/L	5.0	1	
1,1,1-Trichloroethane	ND	ug/L	5.0	1	
1,1,2-Trichloroethane	ND	ug/L	5.0	1	
Trichloroethene	ND	ug/L	5.0	1	
Trichlorofluoromethane	ND	ug/L	5.0	1	
Vinyl chloride	ND	ug/L	5.0	1	
4-Bromofluorobenzene (S)	102	%	82-118	1	
Toluene-d8 (S)	106	%	81-120	1	
Dibromofluoromethane (S)	103	%	77-123	1	

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: Permit renewal NPDES AL0056022

Pace Project No.: 20224059

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

- | | |
|----|---|
| C5 | The reported concentration is an estimate. The continuing calibration standard associated with this data responded high. Data is likely to show a high bias concerning the result. |
| 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. |

REPORT OF LABORATORY ANALYSIS

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WO#: 20224059

PM: CRS

Due Date: 11/10/21

Sample Condition Upon F

CLIENT: TU-Thmville



Face Analytical Services, LLC - Tuscaloosa, AL
Face Analytical Services, LLC - Montgomery, AL

Project #: 20

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

Custody Seal on Cooler/Box Present: [see COC]

Custody Seals intact: Yes No

Thermometer Used: TOTMI

Type of Ice: Wet Blue None

Samples on ice: [see COC]

Cooler Temperature: [see COC]

Temp should be above freezing to 6°C

Date and initials of person examining contents: BC 11-27-21

Temp must be measured from Temperature blank when present

Comments:

Temperature Blank Present?"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	1
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2
Chain of Custody Complete:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3
Chain of Custody Relinquished:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4
Sampler Name & Signature on COC:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8
Filtered vol. Rec. for Diss. tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	9
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10
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	11
All containers needing chemical preservation have been checked (except VOA, coliform, & O&G).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12
All containers preservation checked found to be in compliance with EPA recommendation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15

Client Notification/ Resolution:

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____



Field Instrument Calibration Sheet

Analyst: Chris Bates

Date: 10/27/21

pH CALIBRATION - Initial

Time: 6:55 AM PM

Make: HACH Model: HQ11D Serial #: 150600001931

Probe Model #: PHC101 Serial #: 202032561689 Placed Into Service: 08/28/2020

4 Buffer: pH 4.00 MV 139.7 Lot #/expiration 202304 7/22

7 Buffer: pH 7.01 MV 174 Lot #/expiration 28MS 5/22

10 Buffer: pH 10.07 MV -162 Lot #/expiration 201473 5/22

Slope: 100%

NIST Temp, C: 21.0

Meter Temp, C: 20.9

Temperature Acceptance Criteria: +/- 4 C

pH 6 VERIFICATION Acceptance Criteria: +/- 0.10

Initial: pH 6.01 Time: 6:57 AM PM

After 4 hrs: pH 6.10 Time: 11:55 AM PM

End of Day: pH 6.10 Time: 2:55 AM PM

DO CALIBRATION

Time: _____ AM PM

Make: YSI Model: Pro 1020 Serial #: 17B104343

Probe Model #: Pro 2003 Serial #: 16E100614 Placed Into Service: 04/04/2017

DO of Saturation: 99%

DO of Saturation Reading (%): _____

Acceptance Criteria: 97-101%

Cl₂ CALIBRATION

Time: 6:58 AM PM

Make: HACH Model: POCKET CL2 Serial #: 08090E108988

Standard Lot #: A0197 Standard Exp: Jul 2020

Standard 0 mg/L: 0

Standard 0.25 mg/L: 0.22

Standard 0.94 mg/L: .92

Standard 1.72 mg/L: 1.7

Acceptance Criteria: +/- 0.09

Acceptance Criteria: +/- 0.10

Acceptance Criteria: +/- 0.14



June 13, 2022

John Few
Thomasville Water and Sewer Board

RE: Project: Permit renewal NPDES AL0056022
Pace Project No.: 20245005

Dear John Few:

Enclosed are the analytical results for sample(s) received by the laboratory on May 26, 2022. 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 National - Mt. Juliet
- Pace Analytical Services - New Orleans
- Pace Analytical Services - Tuscaloosa

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

Sincerely,

Cindy Simpson
cindy.simpson@pacelabs.com
(205)614-6630
Project Manager

Enclosures

cc: Lindy Long, Thomasville Water and Sewer Board

REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: Permit renewal NPDES AL0056022
Pace Project No.: 20245005

Pace Analytical Services New Orleans

Florida Department of Health (NELAC): E87595
Illinois Environmental Protection Agency: 0025721
Kansas Department of Health and Environment (NELAC):
E-10266
Louisiana Dept. of Environmental Quality (NELAC/LELAP):
02006

Texas Commission on Env. Quality (NELAC):
T104704405-09-TX
U.S. Dept. of Agriculture Foreign Soil Import: P330-10-
00119

Pace Analytical Services National

12065 Lebanon Road, Mt. Juliet, TN 37122
Alabama Certification #: 40660
Alaska Certification 17-026
Arizona Certification #: AZ0612
Arkansas Certification #: 88-0469
California Certification #: 2932
Canada Certification #: 1461.01
Colorado Certification #: TN00003
Connecticut Certification #: PH-0197
DOD Certification: #1461.01
EPA# TN00003
Florida Certification #: E87487
Georgia DW Certification #: 923
Georgia Certification: NELAP
Idaho Certification #: TN00003
Illinois Certification #: 200008
Indiana Certification #: C-TN-01
Iowa Certification #: 364
Kansas Certification #: E-10277
Kentucky UST Certification #: 16
Kentucky Certification #: 90010
Louisiana Certification #: AI30792
Louisiana DW Certification #: LA180010
Maine Certification #: TN0002
Maryland Certification #: 324
Massachusetts Certification #: M-TN003
Michigan Certification #: 9958
Minnesota Certification #: 047-999-395
Mississippi Certification #: TN00003
Missouri Certification #: 340
Montana Certification #: CERT0086
Nebraska Certification #: NE-OS-15-05

Nevada Certification #: TN-03-2002-34
New Hampshire Certification #: 2975
New Jersey Certification #: TN002
New Mexico DW Certification
New York Certification #: 11742
North Carolina Aquatic Toxicity Certification #: 41
North Carolina Drinking Water Certification #: 21704
North Carolina Environmental Certificate #: 375
North Dakota Certification #: R-140
Ohio VAP Certification #: CL0069
Oklahoma Certification #: 9915
Oregon Certification #: TN200002
Pennsylvania Certification #: 68-02979
Rhode Island Certification #: LAO00356
South Carolina Certification #: 84004
South Dakota Certification
Tennessee DW/Chem/Micro Certification #: 2006
Texas Certification #: T 104704245-17-14
Texas Mold Certification #: LAB0152
USDA Soil Permit #: P330-15-00234
Utah Certification #: TN00003
Vermont Dept. of Health: ID# VT-2006
Virginia Certification #: VT2006
Virginia Certification #: 460132
Washington Certification #: C847
West Virginia Certification #: 233
Wisconsin Certification #: 998093910
Wyoming UST Certification #: via A2LA 2926.01
A2LA-ISO 17025 Certification #: 1461.01
A2LA-ISO 17025 Certification #: 1461.02
AIHA-LAP/LLC EMLAP Certification #:100789

Pace Analytical Services Tuscaloosa

3516 Greensboro Ave, Tuscaloosa, AL 35401

Alabama Certification #: 40170

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SAMPLE ANALYTE COUNT

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20245005

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
20245005001	Effluent Composite	EPA 200.8	FC1	13	PASI-N
		EPA 625.1	AGW	63	PAN
		SM 2540C 2011	TNW	1	PASI-N
20245005002	Effluent Grab	EPA 624.1	SLK	45	PASI-N
			RST	7	PASI-TU
		EPA 1664B, 2010	TMO	1	PASI-N
		EPA 420.1	DWR	1	PASI-N
		SM 4500-CN-E	DWR	1	PASI-N
20245005003	Trip Blank	EPA 624.1	SLK	34	PASI-N

PAN = Pace National - Mt. Juliet

PASI-N = Pace Analytical Services - New Orleans

PASI-TU = Pace Analytical Services - Tuscaloosa

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20245005

Sample: Effluent Composite Lab ID: 20245005001 Collected: 05/26/22 11:20

Parameters	Results	Units	Report Limit	DF	Qualifiers
Antimony	ND	mg/L	0.0010	1	
Arsenic	ND	mg/L	0.0010	1	
Beryllium	ND	mg/L	0.00050	1	
Cadmium	ND	mg/L	0.0010	1	
Chromium	ND	mg/L	0.0010	1	
Copper	ND	mg/L	0.0030	1	
Lead	ND	mg/L	0.0010	1	
Nickel	ND	mg/L	0.0010	1	
Selenium	ND	mg/L	0.0010	1	
Silver	ND	mg/L	0.00050	1	
Thallium	ND	mg/L	0.00050	1	
Total Hardness	43.7	mg/L	0.0050	1	
Zinc	0.0061	mg/L	0.0050	1	
Acenaphthene	ND	mg/L	0.00100	1	G6
Acenaphthylene	ND	mg/L	0.00100	1	G6
Anthracene	ND	mg/L	0.00100	1	G6
Benzidine	ND	mg/L	0.0100	1	G6
Benzo(a)anthracene	ND	mg/L	0.00100	1	G6
Benzo(b)fluoranthene	ND	mg/L	0.00100	1	G6
Benzo(k)fluoranthene	ND	mg/L	0.00100	1	G6
Benzo(g,h,i)perylene	ND	mg/L	0.00100	1	G6
Benzo(a)pyrene	ND	mg/L	0.00100	1	G6
bis(2-Chloroethoxy)methane	ND	mg/L	0.0100	1	G6
bis(2-Chloroethyl) ether	ND	mg/L	0.0100	1	G6
2,2'-Oxybis(1-chloropropane)	ND	mg/L	0.0100	1	G6
4-Bromophenylphenyl ether	ND	mg/L	0.0100	1	G6
2-Chloronaphthalene	ND	mg/L	0.00100	1	G6, ML
4-Chlorophenylphenyl ether	ND	mg/L	0.0100	1	G6
Chrysene	ND	mg/L	0.00100	1	G6
Dibenz(a,h)anthracene	ND	mg/L	0.00100	1	G6
1,2-Dichlorobenzene	ND	mg/L	0.0100	1	G6
1,3-Dichlorobenzene	ND	mg/L	0.0100	1	G6
1,4-Dichlorobenzene	ND	mg/L	0.0100	1	G6
3,3'-Dichlorobenzidine	ND	mg/L	0.0100	1	G6
2,4-Dinitrotoluene	ND	mg/L	0.0100	1	G6
2,6-Dinitrotoluene	ND	mg/L	0.0100	1	G6
1,2-Diphenylhydrazine	ND	mg/L	0.0100	1	G6
Fluoranthene	ND	mg/L	0.00100	1	G6
Fluorene	ND	mg/L	0.00100	1	G6
Hexachlorobenzene	ND	mg/L	0.00100	1	G6
Hexachloro-1,3-butadiene	ND	mg/L	0.0100	1	G6
Hexachlorocyclopentadiene	ND	mg/L	0.0100	1	G6, R1
Hexachloroethane	ND	mg/L	0.0100	1	G6
Indeno(1,2,3-cd)pyrene	ND	mg/L	0.00100	1	G6
Isophorone	ND	mg/L	0.0100	1	G6
Naphthalene	ND	mg/L	0.00100	1	G6
Nitrobenzene	ND	mg/L	0.0100	1	G6
N-Nitrosodimethylamine	ND	mg/L	0.0100	1	G6
N-Nitrosodiphenylamine	ND	mg/L	0.0100	1	G6

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20245005

Sample: Effluent Composite **Lab ID: 20245005001** Collected: 05/26/22 11:20

Parameters	Results	Units	Report Limit	DF	Qualifiers
N-Nitroso-di-n-propylamine	ND	mg/L	0.0100	1	G6
Phenanthrene	ND	mg/L	0.00100	1	G6
Butylbenzylphthalate	ND	mg/L	0.00300	1	G6
bis(2-Ethylhexyl)phthalate	ND	mg/L	0.00300	1	G6
Di-n-butylphthalate	ND	mg/L	0.00300	1	G6
Diethylphthalate	ND	mg/L	0.00300	1	G6
Dimethylphthalate	ND	mg/L	0.00300	1	G6
Di-n-octylphthalate	ND	mg/L	0.00300	1	G6
Pyrene	ND	mg/L	0.00100	1	G6
1,2,4-Trichlorobenzene	ND	mg/L	0.0100	1	G6
4-Chloro-3-methylphenol	ND	mg/L	0.0100	1	G6
2-Chlorophenol	ND	mg/L	0.0100	1	G6
2,4-Dichlorophenol	ND	mg/L	0.0100	1	G6
2,4-Dimethylphenol	ND	mg/L	0.0100	1	G6
4,6-Dinitro-2-methylphenol	ND	mg/L	0.0100	1	G6
2,4-Dinitrophenol	ND	mg/L	0.0100	1	G6
2-Nitrophenol	ND	mg/L	0.0100	1	G6
4-Nitrophenol	ND	mg/L	0.0100	1	G6
Pentachlorophenol	ND	mg/L	0.0100	1	G6
Phenol	ND	mg/L	0.0100	1	G6
2,4,6-Trichlorophenol	ND	mg/L	0.0100	1	G6
Nitrobenzene-d5 (S)	65.3	%	15.0-314	1	
2-Fluorobiphenyl (S)	70.6	%	22.0-127	1	
Terphenyl-d14 (S)	75.6	%	29.0-141	1	
Phenol-d5 (S)	32.3	%	8.00-424	1	
2-Fluorophenol (S)	45.3	%	10.0-120	1	
2,4,6-Tribromophenol (S)	75.0	%	10.0-153	1	
Total Dissolved Solids	145	mg/L	10.0	1	

Sample: Effluent Grab **Lab ID: 20245005002** Collected: 05/26/22 11:25

Parameters	Results	Units	Report Limit	DF	Qualifiers
Acrolein	ND	ug/L	20.0	1	Ac
Acrylonitrile	ND	ug/L	20.0	1	
Benzene	ND	ug/L	5.0	1	
Bromodichloromethane	ND	ug/L	5.0	1	
Bromoform	ND	ug/L	5.0	1	
Bromomethane	ND	ug/L	5.0	1	
Carbon tetrachloride	ND	ug/L	5.0	1	
Chlorobenzene	ND	ug/L	5.0	1	
Chloroethane	ND	ug/L	5.0	1	
2-Chloroethylvinyl ether	ND	ug/L	20.0	1	M1
Chloroform	ND	ug/L	5.0	1	
Chloromethane	ND	ug/L	5.0	1	
1,2-Dibromo-3-chloropropane	ND	ug/L	5.0	1	
Dibromochloromethane	ND	ug/L	5.0	1	
1,2-Dichlorobenzene	ND	ug/L	5.0	1	
1,3-Dichlorobenzene	ND	ug/L	5.0	1	

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20245005

Sample: Effluent Grab **Lab ID: 20245005002** Collected: 05/26/22 11:25

Parameters	Results	Units	Report Limit	DF	Qualifiers
1,4-Dichlorobenzene	ND	ug/L	5.0	1	
Dichlorodifluoromethane	ND	ug/L	5.0	1	
1,1-Dichloroethane	ND	ug/L	5.0	1	
1,2-Dichloroethane	ND	ug/L	5.0	1	
1,1-Dichloroethene	ND	ug/L	5.0	1	
cis-1,2-Dichloroethene	ND	ug/L	5.0	1	
trans-1,2-Dichloroethene	ND	ug/L	5.0	1	
1,2-Dichloropropane	ND	ug/L	5.0	1	
cis-1,3-Dichloropropene	ND	ug/L	5.0	1	
trans-1,3-Dichloropropene	ND	ug/L	5.0	1	
Ethylbenzene	ND	ug/L	5.0	1	L1
Methylene Chloride	ND	ug/L	5.0	1	
Methyl-tert-butyl ether	ND	ug/L	5.0	1	N2
Naphthalene	ND	ug/L	25.0	1	N2
1,1,1,2-Tetrachloroethane	ND	ug/L	5.0	1	
1,1,2,2-Tetrachloroethane	ND	ug/L	5.0	1	
Tetrachloroethene	ND	ug/L	5.0	1	
Toluene	ND	ug/L	5.0	1	
1,1,1-Trichloroethane	ND	ug/L	5.0	1	
1,1,2-Trichloroethane	ND	ug/L	5.0	1	
Trichloroethene	ND	ug/L	5.0	1	
Trichlorofluoromethane	ND	ug/L	5.0	1	
Vinyl chloride	ND	ug/L	5.0	1	
Xylene (Total)	ND	ug/L	15.0	1	
m&p-Xylene	ND	ug/L	10.0	1	
o-Xylene	ND	ug/L	5.0	1	
4-Bromofluorobenzene (S)	109	%	82-118	1	
Toluene-d8 (S)	106	%	81-120	1	
Dibromofluoromethane (S)	108	%	77-123	1	
Collected By	Linda Morton			1	N2
Collected Date	05262022			1	N2
Collected Time	1130			1	N2
Field pH	7.36	Std. Units		1	N2
Field Temperature	25.7	deg C		1	N2
Oxygen, Dissolved	2.81	mg/L		1	N2
Field Residual Chlorine	<0.01	mg/L		1	N2
Oil and Grease	ND	mg/L	5.0	1	
Phenolics, Total Recoverable	ND	mg/L	0.020	1	
Cyanide	ND	mg/L	0.020	1	

Sample: Trip Blank **Lab ID: 20245005003** Collected: 05/26/22 11:25

Parameters	Results	Units	Report Limit	DF	Qualifiers
Benzene	ND	ug/L	5.0	1	
Bromodichloromethane	ND	ug/L	5.0	1	
Bromoform	ND	ug/L	5.0	1	
Bromomethane	ND	ug/L	5.0	1	

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ANALYTICAL RESULTS

Project: Permit renewal NPDES AL0056022
 Pace Project No.: 20245005

Sample: Trip Blank		Lab ID: 20245005003	Collected: 05/26/22 11:25		
Parameters	Results	Units	Report Limit	DF	Qualifiers
Carbon tetrachloride	ND	ug/L	5.0	1	
Chlorobenzene	ND	ug/L	5.0	1	
Chloroethane	ND	ug/L	5.0	1	
2-Chloroethylvinyl ether	ND	ug/L	20.0	1	
Chloroform	ND	ug/L	5.0	1	
Chloromethane	ND	ug/L	5.0	1	
Dibromochloromethane	ND	ug/L	5.0	1	
1,2-Dichlorobenzene	ND	ug/L	5.0	1	
1,3-Dichlorobenzene	ND	ug/L	5.0	1	
1,4-Dichlorobenzene	ND	ug/L	5.0	1	
1,1-Dichloroethane	ND	ug/L	5.0	1	
1,2-Dichloroethane	ND	ug/L	5.0	1	
1,1-Dichloroethene	ND	ug/L	5.0	1	
trans-1,2-Dichloroethene	ND	ug/L	5.0	1	
1,2-Dichloropropane	ND	ug/L	5.0	1	
cis-1,3-Dichloropropene	ND	ug/L	5.0	1	
trans-1,3-Dichloropropene	ND	ug/L	5.0	1	
Ethylbenzene	ND	ug/L	5.0	1	L1
Methylene Chloride	ND	ug/L	5.0	1	
1,1,2,2-Tetrachloroethane	ND	ug/L	5.0	1	
Tetrachloroethene	ND	ug/L	5.0	1	
Toluene	ND	ug/L	5.0	1	
1,1,1-Trichloroethane	ND	ug/L	5.0	1	
1,1,2-Trichloroethane	ND	ug/L	5.0	1	
Trichloroethene	ND	ug/L	5.0	1	
Trichlorofluoromethane	ND	ug/L	5.0	1	
Vinyl chloride	ND	ug/L	5.0	1	
4-Bromofluorobenzene (S)	112	%.	82-118	1	
Toluene-d8 (S)	103	%.	81-120	1	
Dibromofluoromethane (S)	112	%.	77-123	1	

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: Permit renewal NPDES AL0056022
Pace Project No.: 20245005

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

Ac	Analysis of acrolein was performed from an unpreserved sample outside of the 3 day holding time required by the test method and for NPDES compliance per 40CFR Part 136 for unpreserved samples.
G6	An aliquot for analysis was taken from the original container received due to volume requirements of the laboratory's procedure. Rinsing of the original sample container for inclusion in the sample extraction was not performed.
L1	Analyte recovery in the laboratory control sample (LCS) was above QC limits. Results for this analyte in associated samples may be biased high.
M1	Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.
ML	Matrix spike recovery and/or matrix spike duplicate recovery was below laboratory control limits. Result may be biased low.
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.
R1	RPD value was outside control limits.

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Thomasville

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Section A Required Client Information:		Section B Required Project Information:		Section C Invoice Information:		Page : 1 Of 1	
Company: Thomasville Water and Sewer Board -WW		Report To: Joey Foxhall		Attention:		Regulatory Agency	
Address: PO Box 127		Copy To:		Company Name:		State / Location	
Thomasville, AL 36784		Purchase Order #:		Address:		AL	
Email: jfoxhall@thomasvilleal.com		Project Name: Permit renewal NPDES AL0056022		Pace Quote:			
Phone: 334-636-3901 Fax		Order #: 811183		Pace Project Manager: cindy.simpson@pacelabs.com,			
Requested Due Date:				Pace Profile #: 16799			

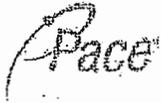
ITEM #	SAMPLE ID One Character per box. (A-Z, 0-9, -,) Sample IDs must be unique	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED				SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives										Y/N	Requested Analysis Filtered (Y/N)	Residual Chlorine (Y/N)											
				START		END				Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Analytes Test	625				200.7 Metals	TDS	Total Cyanide	1664 Oil and Grease	Phenol Total	624.1	Field Data				
				DATE	TIME	DATE	TIME																										
1	DSN001-1/DSN001-2 Composite 24	WT	C	5/26/14	1420			4	3		1								X	X	X												
2	DSN001-1/DSN001-2 Grab	WT	G		1125			7	4	1		1	1								X	X	X	X									
3	Trip Blank	WT						4	4															X									
4	Cl2: C12 0.00	WT			1130																				X								
5	DO: DO 2.81	WT			1155																				X								
6	pH: pH 7.36	WT			1144																				X								
7	Temp C: Temp 25.7	WT																							X								
8																																	
9																																	
10																																	
11																																	
12																																	
ADDITIONAL COMMENTS				RELINQUISHED BY / AFFILIATION				DATE		TIME		ACCEPTED BY / AFFILIATION				DATE		TIME		SAMPLE CONDITIONS													
				Chris Malo the doctor				1440		1440		1440				5-26		1440		6.3 Y N Y													

Barcode: 20245005
MO#: 20245005

SAMPLER NAME AND SIGNATURE		TEMP In C	Received on Ice (Y/N)	Custody Sealed (Y/N)	Cooler (Y/N)	Samples Intact (Y/N)
PRINT Name of SAMPLER	SIGNATURE of SAMPLER					
Chris Malo	<i>Chris Malo</i>					

WO#: 20245005

PM: CRS Due Date: 06/10/22
 CLIENT: TU-Thmville



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: Wet Blue None

Date and Initials of person examining contents: MS 5-26

Temp should be ≤6°C *Temp must be measured from Temperature blank when present

Cooler #1 Thermometer Used: MM40 Cooler Temp °C: (Observed) 6.3 (CF) 0.2 (Actual) 6.5
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If added record lot #.: HNO3 _____ H2SO4 _____ Date: _____ Time: _____
Headspace in VOA Vials (>6mm):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Client Notification/ Resolution:

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____

