

# Alabama Department of Environmental Management adem.alabama.gov

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

August 4, 2022

Bobby Ingram, Board Chairman Water Works & Sewer Board of the City of Aliceville 311 3rd Avenue NW Aliceville, AL 35442

RE: Draft Permit

NPDES Permit No. AL0056332 Aliceville West Lagoon Pickens County, Alabama

Dear Mr. Ingram:

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 (<a href="https://prd.adem.alabama.gov/awp">https://prd.adem.alabama.gov/awp</a>) under the same email address as their E2 account to have the same permissions in AEPACS as they did in E2. They will also automatically be linked to the same facilities they were in E2.

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

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

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

Sincerely,

Austin Dansby Municipal Section Water Division

Sustri Donasby

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:

WATER WORKS & SEWER BOARD OF THE CITY OF ALICEVILLE

311 3RD AVENUE NW ALICEVILLE, AL 35442

**FACILITY LOCATION:** 

ALICEVILLE WEST LAGOON

(0.995 MGD)

SW CORNER OF ALICEVILLE CITY LIMITS, NEAR MCCALL BOTTOM ROAD

ALICEVILLE, ALABAMA

PICKENS COUNTY

PERMIT NUMBER:

AL0056332

RECEIVING WATERS:

TOMBIGBEE RIVER (GAINESVILLE LAKE)

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, §§2-22A-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. Outfall 0012:

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

Parameter	Quantity or Loading		Units Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)	
pH (00400) Effluent Gross Value	****	****	****	6.0 Minimum Daily	****	9.0 Maximum Daily	S.U.	2X Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	746 Monthly Average	1120 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	166 Monthly Average	249 Weekly Average	lbs/day	****	20.0 Monthly Average	30.0 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	S
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	S
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	Grab	S
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	****	****	****	****	Daily	Continuous	Not Seasonal
Chlorine, Total Residual (50060) See note (3) Effluent Gross Value	****	****	****	****	****	1.0 Maximum Daily	mg/l	2X Monthly	Grab	Not Seasonal

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

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

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

(2) S = Summer (April - October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

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

#### Outfall 0012 (Continued):

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 o	or Loading	Units	Qua	lity or Concentrat	ion	Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
E. Coli (51040) Effluent Gross Value	****	****	****	***	126 Monthly Average	235 Maximum Daily	col/100mL	2X Monthly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	207 Monthly Average	311 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 Permit Requirements for Effluent Toxicity Testing in Part IV.B.

(2) S = Summer (April - October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

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

### B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

#### 1. Representative Sampling

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

#### 2. Measurement Frequency

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

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

#### 3. Test Procedures

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

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

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

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

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

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

#### 4. Recording of Results

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

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

#### 5. Records Retention and Production

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

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

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

#### 7. Monitoring Equipment and Instrumentation

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

# C. DISCHARGE REPORTING REQUIREMENTS

# 1. Reporting of Monitoring Requirements

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

- (3) SEMIANNUAL MONITORING shall be conducted at least once during the period of January through June and at least once during the period of July through December. The permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e., June and December DMRs).
- (4) ANNUAL MONITORING shall be conducted at least once during the period of January through December. The permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter. Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.
- b. The permittee shall submit discharge monitoring reports (DMRs) 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.
- 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:
  - If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to revoke and reissue this permit instead of terminating the permit;
  - (2) If a request to transfer this permit has been received, the Director may decide to revoke and reissue or to modify the permit; or
  - (3) If modification or revocation and reissuance is requested by the permittee and cause exists, the Director may grant the request.
- b. This permit may be modified during its term for cause, including but not limited to, the following:
  - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to modify this permit instead of terminating this permit;
  - (2) There are material and substantial alterations or additions to the facility or activity generating wastewater which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit;
  - (3) The Director has received new information that was not available at the time of permit issuance and that would have justified the application of different permit conditions at the time of issuance;
  - (4) A new or revised requirement(s) of any applicable standard or limitation is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA;
  - (5) Errors in calculation of discharge limitations or typographical or clerical errors were made;
  - (6) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, when the standards or regulations on which the permit was based have been changed by promulgation of amended standards or regulations or by judicial decision after the permit was issued;
  - (7) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, permits may be modified to change compliance schedules;
  - (8) To agree with a granted variance under 30l(c), 30l(g), 30l(h), 30l(k), or 3l6(a) of the FWPCA or for fundamentally different factors;
  - (9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;
  - (10) When required by the reopener conditions in this permit;
  - (11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);
  - (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
  - (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
  - (14) When requested by the permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules; or

# 5. Termination

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

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

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

## 6. Suspension

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

### 7. Stay

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

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

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

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

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

#### H. PROHIBITIONS

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

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

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

# PART III: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

# A. CIVIL AND CRIMINAL LIABILITY

### 1. Tampering

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

#### 2. False Statements

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

#### 3. Permit Enforcement

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

#### 4. Relief from Liability

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

#### B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

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

#### C. PROPERTY AND OTHER RIGHTS

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

#### D. AVAILABILITY OF REPORTS

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

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

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

# F. COMPLIANCE WITH WATER QUALITY STANDARDS

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

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

- 42. TSS means the pollutant parameter Total Suspended Solids.
- 43. 24HC means 24-hour composite sample, including any of the following:
  - a) The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
  - b) A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected;
  - c) A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
- 44. **Upset** means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
- 45. Waters means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership or corporation unless such waters are used in interstate commerce." 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 or non-agricultural land, and that is otherwise distributed, marketed, disposed in landfills, land applied to the ground surface, or incinerated.
- 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. 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 as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
- b. 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 in accordance with Provision IV.A.2. or, based upon the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate revised or additional requirements.
- b. If an improved "acceptable management practice" is identified 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, then this permit shall be modified or revoked and reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the revised limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

#### B. EFFLUENT TOXICITY TESTING REOPENER

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

# C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

- 1. If chlorine is not utilized for disinfection purposes, TRC monitoring under Part I of this Permit is not required. If TRC monitoring is not required (conditional monitoring), "\*9" or "NODI = 9" (if hard copy) 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", "NODI = B" (if hard copy), 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 preapprove 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)

#### 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: <a href="http://adem.alabama.gov/alEnviroRegLaws/files/Division6Vol1.pdf">http://adem.alabama.gov/alEnviroRegLaws/files/Division6Vol1.pdf</a> and <a href="http://adem.alabama.gov/wqmap">http://adem.alabama.gov/wqmap</a>.
- (4) Identification of surface waterbodies within the collection system area which are not classified as Swimming as indicated in paragraph c above, but are known locally as areas where swimming occurs or as areas that are heavily recreated

#### d. Public Reporting of SSOs

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

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

## 2. SSO Response Plan Implementation

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

# 3. Department Review of the SSO Response Plan

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

# 4. SSO Response Plan Administrative Procedures

- a. The Permittee shall maintain a copy of the SSO Response Plan at the permitted facility or an alternate location approved by the Department in writing and shall make it available for inspection by the Department.
- b. The Permittee shall make a copy of the SSO Response Plan available to the public upon written request within 30 days of such request. The Permittee may redact information which may present security issues, such as location of public water supplies, identification of specific details of vulnerabilities, employee information, etc.

- c. The Permittee shall provide training for any personnel required to implement the SSO Response Plan and shall retain at the facility documentation of such training. This documentation shall be available for inspection by the Department. Training shall be provided for existing personnel prior to the date by which implementation of the SSO Response Plan is required and for new personnel as soon as possible. Should significant revisions be made to the SSO Response Plan, training regarding the revisions shall be conducted as soon as possible.
- d. The Permittee shall complete a review and evaluation of the SSO Response Plan at least once every three years. Documentation of the SSO Response Plan review and evaluation shall be signed and dated by the responsible official or the appropriate designee as part of the SSO Response Plan.

# NPDES PERMIT RATIONALE

NPDES Permit No:

AL0056332

Date: May 12, 2022

Permit Applicant:

Water Works & Sewer Board of the City of Aliceville

311 3rd Avenue NW Aliceville, AL 35442

Location:

Aliceville West Lagoon

SW Corner of Aliceville City Limits,

Near McCall Bottom Road Aliceville, AL 35442

Draft Permit is:

Initial Issuance:

Reissuance due to expiration:

X

Modification of existing permit: Revocation and Reissuance:

Basis for Limitations:

Water Quality Model:

CBOD₅, NH₃-N

Reissuance with no modification:

pH, TSS, TSS Percent Removal,

CBOD5, NH3-N, CBOD5 Percent

Removal, E. Coli, TRC

Instream calculation at 7Q10:

Toxicity based:

~1% TRC

Secondary Treatment Levels:

CBOD<sub>5</sub> Percent Removal

Other (described below):

pH, TSS, TSS Percent Removal, E.

Coli

Design Flow in Million Gallons per Day:

0.995 MGD

Major:

No

# Description of Discharge:

Feature ID	Description	Receiving Water	WBC	303(d)	TMDL
001	Effluent Discharge	Tombigbee River	Swimming and Other Whole	No	No
		(Gainesville Lake)	Body Water-Contact Sports		,
			(S), Fish and Wildlife (F&W)		

# Discussion:

This is a permit reissuance due to expiration. Limits for Five Day Carbonaceous Biochemical Oxygen Demand (CBOD<sub>5</sub>) and Total Ammonia-Nitrogen (NH3-N) were developed based on a Waste Load Allocation (WLA) model that was completed by ADEM's Water Quality Branch (WQB) on March 15, 2017. The monthly average limits for CBOD<sub>5</sub> and NH3-N are 25.0 mg/L and 20.0 mg/L, respectively.

The pH daily minimum and daily maximum limits of 6.0 to 9.0 S.U, respectively, were developed to be supportive of the water-use classification of the receiving stream.

The daily maximum Total Residual Chlorine (TRC) limit of 1.0 mg/L is based on EPA's recommended water quality values and on the current Toxicity Rationale, which considers the available dilution in the receiving stream and should

be protective of both acute and chronic Water Quality Criteria. Monitoring for TRC is only applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter "NODI=9" on the monthly DMR.

The imposed E. coli limits were determined based on the water-use classification of the receiving streams. Since the Tombigbee River (Gainesville Lake) is classified as Swimming/Fish & Wildlife, the most stringent limits of 126 col/100mL (monthly average) and 235 col/100mL (daily maximum) for the swimming classification are applicable year round.

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<sub>5</sub> also in accordance with 40 CFR 133.102 regarding Secondary Treatment.

This permit requires the Permittee to monitor and report during the summer (April-October) the nutrient-related parameters of Total Kjeldahl Nitrogen (TKN), Nitrate plus Nitrite Nitrogen (NO<sub>2</sub>+NO<sub>3</sub>-N) and Total Phosphorus (TP). Monitoring for these nutrient related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge.

Monitoring for most parameters is two days per month. TKN, NO<sub>2</sub>+NO<sub>3</sub>-N, and TP monitoring shall be performed one day per month during the summer season (April – October). CBOD<sub>5</sub> Percent Removal and TSS Percent Removal shall be calculated once per month. Flow is to be monitored continuously seven days per week.

Because this is a minor facility (design capacity less than 1 MGD) treating only domestic wastewater with no industrial wastewater contributions, no potential toxicity concerns are anticipated and thus there is no need to impose chronic or acute bioassay testing under this permit.

The section of the Tombigbee River (Gainesville Lake) that contains this discharge is a Tier II stream and is not on the most recent 303 (d) list. There are no TMDLs affecting this discharge.

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

Prepared by: Austin Dansby

#### Waste Load Allocation Summary Request Number: 3376 REQUEST INFORMATION From: Donald Brown In Branch/Section Municipal **Date Submitted** Date Required **FUND Code** 11/8/2016 12/8/2016 605 Date Permit application 11/7/2016 Receiving Waterbody Tombigbee River received by NPDES program **Previous Stream Name Pond Creek** (Name of Discharger-WQ will use to file) **Facility Name** Aliceville West Lagoon Previous Discharger Name (decimal degrees) **Outfall Latitude** 33.07667 River Basin Tombigbee **Outfall Longitude** -88.19833 (decimal degrees) **Pickens** \*County Permit Reissuance Permit Number AL0056332 Permit Type **Permit Status** Active **MUNICIPAL** Type of Discharger Do other discharges exist that may impact the model? Yes ☐ No AL0029700 If yes, impacting Cochrane Park Campground Impacting dischargers Aliceville East Lagoon dischargers permit AL0020770 numbers. names. Existing Discharge Design Flow 0.995 MGD Note: The flow rates given should be those requested for modeling. Proposed Discharge Design Flow 0.995 MGD Comments included Year File Was Created Information BCH 1997 Verified By Yes V No Response ID Number 1584 Lat/Long Method Municipal/Industrial 031601060507 12 Digit HUC Code Use Classification S/F&W No 1/27/2017 Site Visit Completed? Yes Date of Site Visit Date of WLA Response 3/15/2017 Waterbody Impaired? No 1 Approved TMDL? Yes A NO Antidegradation. Yes V No Waterbody Tier Level Tier II Approval Date of TMDL 1 Use Support Category Waste Load Allocation Information Miles Date of Allocation 3/15/2017 72 Modeled Reach Length Allocation Type Annual QUAL2E Name of Model Used Type of Model Used Data-based Model Completed by Brian Haigler Allocation Developed by Water Quality Branch

Page 1

	Wa	ste Load A	llocati	on Sun	nmary		Page 2
List manufacture of the control of t		Conventional Param	eters		Other Pa	rameters	
Annual Effluent	Qw	∟ MGD Qw	MGD	Qw	MGD	Qw	MGD
Limits	Season	Season		Season		Season	
Qw 0.995 MGD	From	From		From	`	From	•
CBOD5 25	Through	Through!		Through		Through	
NH3-N 20	CBOD5	CBOD5		TP 1		TP	
TKN	NH3-N	NH3-N		TN		TNE	
D.O.,	TKN	TKN		TSS	A L	TSS	2.2.1
•	D.O.	D.O.					
"Monitor Only" Pa	arameters fo	r Effluent: Pa	rameter	Frequency	Parar	neter - F	requency
Makes and in advances and the reason of the Super-A complex production of the Super-Association		TP	Mo	onthly (Apr-Oct)	DO	Month	nly
		NO2+NO	D3-N Mc	onthly (Apr-Oct)			
		TKN	Mo	onthly (Apr-Oct)			

Water Quality Ch	aracteristics Immedia	tely Upstream of Discharge
Parameter	Summer	Wirter
CBODu.	2.66 mg/l	mg/l
NH3-N	0.02 mg/l	mg/L
Temperature	30 °C	*C
pH	7 50	ŝu

# Hydrology at Discharge Location

Drainage Area
Qualifier
Exact

Name of the last o		
Drainage Area	5943.77	sq mi
Stream 70110	441.05	cvs
Stream 1Q10	330.79	ាន
Stream 7'Q2	704.76	cfs
Annual Average	8815.02	cfs

# Method Used to Calculate

ADEM Estimate w/USGS Gage Data
75%of 7Q10
ADEM Estimate w/USGS Gage Data
ADEM Estimate w/USGS Gage Data

Comments and/or Notations

#### TOXICITY AND DISINFECTION RATIONALE

Facility Name: Aliceville West Lagoon NPDES Permit Number: AL0056332

Receiving Stream: Tombigbee River (Gainesville Lake)

Facility Design Flow  $(Q_w)$ :

Receiving Stream  $7Q_{10}$ :

Receiving Stream  $1Q_{10}$ :

Winter Headwater Flow (WHF):

Summer Temperature for CCC:

Winter Temperature for CCC:

Winter Temperature for CCC:

Winter Temperature for CCC: 30 deg. CelsiusHeadwater Background NH--N Level: 0.02 mg/l

Headwater Background NH<sub>3</sub>-N Level: 0.02 mg/l Receiving Stream pH: 7.0 s.u.

Headwater Background FC Level (summer): N./A. (Only applicable for facilities with diffusers.)

(winter) N./A.

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

Stream Dilution Ration (SDR) =  $\frac{Qw}{7010 + Qw}$  = 0.35%

# AMMONIA TOXICITY LIMITATIONS

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

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

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

$$Limiting Dilution = \frac{Q_w}{7Q_{10} + Q_w}$$

0.35%

Stream-Dominated, CMC Applies

Criterion Maximum Concentration (CMC):

 $CMC=0.411/(1+10^{(7.204-pH)})+58.4/(1+10^{(pH-7.204)})$ 

Criterion Continuous Concentration (CCC):

 $CCC = [0.0577/(1+10^{(7.688-pH)}) + 2.487/(1+10^{(pH-7.688)})] * Min[2.85,1.45*10^{(0.028*(25-T))}]$ 

Allowable Summer Instream NH<sub>3</sub>-N:  $\frac{CMC}{36.09 \text{ mg/l}}$   $\frac{CCC}{2.18 \text{ mg/l}}$ 

Allowable Winter Instream NH<sub>3</sub>-N: 36.09 mg/l 2.18 mg/l

Summer NH<sub>3</sub>-N Toxicity Limit =  $\frac{[(\text{Allowable Instream NH}_3-N) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3-N) * (7Q_{10})]}{Q_w}$ 

= 10370.6 mg/l NH3-N at 7Q10

Winter  $NH_3$ -N Toxicity Limit =  $\frac{[(Allowable\ Instream\ NH_3-N)*(WHF+Q_w)] - [(Headwater\ NH_3-N)*(WHF)]}{Q_w}$ 

= N./A.

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

 DO-based NH3-N limit
 Toxicity-based NH3-N limit

 Summer
 20.00 mg/l NH3-N
 10370.60 mg/l NH3-N

Winter N./A.

N./A.

Summer: The DO based limit of 20.00 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.

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

Instream Waste Concentration (IWC) =  $\frac{Qw}{1Q10 + Qw}$  = 0.46% 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: Swimming, Fish & Wildlife

Disinfection Type: Chlorination

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

	Stream Standard	Effluent Limit	
	(colonies/100ml)	(colonies/100ml)	
E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)			
Monthly limit as monthly average (November through April):	126	126	
Monthly limit as monthly average (May through October):	126	126	
Daily Max (November through April):	235	235	
Daily Max (May through October):	235	235	
Enterococci (applies to Coastal)			
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:

3.162 mg/l (chronic)

(0.011)/(SDR)

Maximum allowable TRC in effluent:

5.462 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:

5/12/2022

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

Digitally signed by: GlobalSign RSA OV SSL CA 2018 Date: 2022.03.22 08:49:48 -05:00 Reason: Submission Data Location: State of Alabama

Page 1 of 9

version 1.7

(Submission #: HPE-QTX9-D5DAT, version 2)

# **Details**

Submission ID HPE-QTX9-D5DAT

# Form Input

# General Instructions

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

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

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

- (1) Permit Transfers
- (2) Permittee/Facility Name Changes
- (3) Minor Modifications

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

- (4) Major Modifications (No Effluent Limit Change)
- (5) Major Modifications (Effluent Limit Change)
- (6) Reissuances

Reissuance of a permit due to approaching expiration

Revocation and Reissuance of permit prior to its scheduled expiration

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

Applicable Fees:

Permit Transfers and/or Permittee/Facility Name Changes

\$800

Minor Modifications

\$800

Major Modifications (No Effluent Limit Change)

\$3,140 (Major Sources)

\$2,250 (Minor Sources or Public Water Supply Treatment Plants)

Major Modifications (Effluent Limit Change)

\$7,060 (Major Sources)

\$4,290 (Minor Sources or Public Water Supply Treatment Plants)

Reissuances

\$7,060 (Major Sources)

\$4,290 (Minor Sources or Public Water Supply Treatment Plants)

For assistance, please click here to determine the permit engineer responsible for the site or call (334) 271-7810.

# **Processing Information**

# Purpose of Application

Reissuance of Permit Due to Approaching Expiration

3/22/2022 8:49:48 AM

Please indicate if the Permittee is applying for a permit transfer and/or name change in addition to permit modification or reissuance:

None

**Action Type** 

Reissuance

Briefly describe any planned changes at the facility that are included in this reissuance application:

None

Do you have additional contacts associated with this site?

No

# Permit Information

#### **Permit Number**

AL0056332

#### **Current Permittee Name**

Water Works & Sewer Board of the City of Aliceville

#### Permittee

#### **Permittee Name**

Water Works & Sewer Board of the City of Aliceville

### **Mailing Address**

311 3rd Avenue NW

Aliceville, AL 35442

### Is the Operator the same as the Permittee?

Yes

# Has the Operator♦s scope of responsibility changed?

No

#### Responsible Official

Prefix

Mr.

First Name

**Last Name** 

Bobby

Ingram

Title

Board Chairman

# **Organization Name**

Water Works & Sever Board of the City of Aliceville

Phone Type

Number

Extension -

Business

2053732365

Email

bobbyingramsr@gmail.com

# Mailing Address

311 3rd Avenue NW

Aliceville, AL 35442

# **Existing Permit Contacts**

Affiliation Type	ation Type Contact Information					
Notification Recipient, Responsible Official	Bobby Ingram, Water Works & Sewer Board of the City of Aliceville	NONE PROVIDED				
Environmental Contact, Emergency Contact, DMR Contact	Brian Pearson, Water Works & Sewer Board of the City of Aliceville	NONE PROVIDED				

3/22/2022 8:49:48 AM Page 2 of 9

Affiliation Type	Contact Information	Remove?

Permittee	,	Water Works & Sewer I	Board of the City o	of Aliceville	NONE PROVIDED

# Facility/Site Information

### Facility/Site Name

Aliceville West Lagoon

### Organization/Ownership Type

Water/Sewer/Utility District or Board

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

### Facility/Site Physical Location Address

SW Corner of Aliceville City Limits, Near McCall Bottom Road Aliceville, AL 35442

### Facility/Site County

Pickens

### Facility/Site Contact

Prefix

Mr.

**First Name** 

**Last Name** 

Larry

Hall

Title

Supervisor

### **Organization Name**

Water Works & Sever Board of the City of Aliceville

Phone Type

Number

Extension

Business

2053732365

Email

Alicevillewater@nctv.com

#### Note

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

### Detailed Directions to the Facility/Site

NONE PROVIDED

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

Map Instruction Help

### Facility/Site Front Gate Latitude and Longitude

33.097227,-88.178725

## **Primary SIC Code**

4952-Sewerage Systems

# **Primary NAICS Code**

NONE PROVIDED

3/22/2022 8:49:48 AM Page 3 of 9

## **Emergency Contact**

**Prefix** 

Mr.

First Name Last Name

Larry

Hall

Title

NONE PROVIDED

Phone Type Number

Extension

Business

2053732365

**Email** 

Alicevillewater@nctv.com

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

No

# **Enforcement History**

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

# Wastewater Treatment & Discharge Information

Please indicate which type of operations occur at this facility:

Treatment Works Treating Domestic Sewage

What treatment type is used at this facility:

Lagoon

What discharge options are used at this facility:

Surface Water

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

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

**Process Flow Schematic** 

Aliceville West Diagram[6808].pdf - 01/25/2022 02:41 PM

Comment

NONE PROVIDED

Do you share an outfall with another facility?

No

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

Cu	rrent		Yes/No
Continuous Wastewater Flow Metering Equipment		,	Yes
Automatic Sampling Equipment		-	No

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

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

	Planned	Yes/No
Automatic Sampling Equipment		N/A

### Schematic Diagram

Aliceville West Diagram[6808].pdf - 01/25/2022 02:44 PM

Comment

NONE PROVIDED

Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)?

No

# **Treatment Methods (TWTDS)**

#### Treatment Level

Other Wastewater Treatment (not otherwise identified, not disinfection)

Please provide more details regarding the other wastewater treatment:

Aerated Lagoon

**Wastewater Disinfection Technology Information** 

Chlorination

Dechlorination

Please select all POTW Treatment Categories that apply.

Lagoon/Pond

Please select all unit operations that apply for Lagoon/Pond:

Lagoon

Lagoon, Aerated

# Waste Storage & Disposal Information

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

# **Collection System Information**

**Collection Systems** 

Collection System ID Collection Syste		Owner Type of Collection System	Population of Collection System
Sanitary Sewer	City of Aliceville	NONE PROVIDED	2,000
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

# **Industrial Indirect Discharge Contributors**

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

### Coastal Zone Information

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County?

## Anti-Degradation Evaluation

3/22/2022 8:49:48 AM Page 5 of 9

Does this modification/reissuance include a new or increased discharge that began after April 3, 1991?

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

No

# **EPA Application Forms**

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a POTW or other TWTDS depending on the number and types of discharges or outfalls.

The EPA application forms must be submitted as follows:

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

The EPA application forms are found on the Department swebsite here.

#### **EPA Form 2A**

Aliceville Permit Renewal Form 2A 220125.pdf - 01/25/2022 03:07 PM Comment
NONE PROVIDED

#### EPA form 2S

Aliceville Permit Renewal Form 2S 220125.pdf - 01/25/2022 03:07 PM Comment
NONE PROVIDED

### Other attachments (as needed)

NONE PROVIDED
Comment
NONE PROVIDED

# Topographic Map

## Attach topographic map here.

Aliceville West Lagoon Topo.pdf - 01/25/2022 02:49 PM Comment
NONE PROVIDED

### Engineering Report/BMP Plan Requirements

#### Engineering Report/BMP Plan Requirements

NONE PROVIDED

Comment

NONE PROVIDED

# Outfalls (1 of 1)

Outfall: 001

Do you want to remove this outfall from the modified/reissued permit?

#### **Outfall Identifier**

001

Is this Outfall equipped with a diffuser?

No

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

0.379

**Receiving Water** 

Tombigbee River (Gainesville Lake)

Does the discharge enter the named receiving water via an unnamed tributary?

NONE PROVIDED

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

Map Instruction Help

Location of Outfall or Discharge Point/Receiving Water

33.07667000000000, -88.19833000000000

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

303(d) Segment?

No

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

**TMDL Segment?** 

No

# Fee

Fee

4290

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

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

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

# **Application Preparer**

**Application Preparer** 

Prefix

NONE PROVIDED

First Name

Last Name

Bobby

Ingram

Title

Board Chairman

**Organization Name** 

Water Works

Phone Type Number

Extension

Business

2053732365

Email

bobbyingramsr@gmail.com

Address

311 3rd Avenue NW

Aliceville, AL 35442

# Revisions

Revision	Revision Date	Revision By
Revision 1	1/14/2022 9:30 PM	William Parsons
Revision 2	3/21/2022 1:58 PM	William Parsons

3/22/2022 8:49:48 AM Page 8 of 9

# Agreements and Signature(s)

#### SUBMISSION AGREEMENTS

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

#### Responsible Official

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 signatories to permit applications and reports (see below). I certify under penalty of lawthat this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. 335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS. (1) The application for an NPDES permit shall be signed by a responsible official, as indicated below (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility; (b) In the case of a partnership, by a general partner; (c) In the case of a sole proprietorship, by the proprietor; or (d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.

Signed

By

brandon garrison on 03/22/2022 at 8:39 AM

3/22/2022 8:49:48 AM Page 9 of 9

EPA Identification Number				ermit Numbe	er	1 .	Facility Name ville West Lagoon		Form Approved 03/05/19 OMB No. 2040-0004				
	· .		- ALUU	)56332	·	<u> </u>							
Form	· _						ental Protection Ag						
2A NPDES	9	<b>EPA</b>	Application for NPDES Permit to Discharge Wastewater  NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS										
SECTIO		_		ON FOR A	ALL APP	LICANTS (40	) CFR 122.21(j)(1) a	and (9))					
	1.1	Facility name											
		Aliceville Wes							<u> </u>				
		Mailing address 311 3rd Aven	ess (street or P.O.	box)-									
			ue NW 				L <b>a</b> v 7:		Laun .				
_		City or town			,		State		ZIP code				
atio		Aliceville	*				AL		35442				
Ě		l	e (first and last)	Title			Phone number	,	Email address				
堇		Bobby Ingram	1 ·	Board Cl	naırman		(205) 373-2369		Alicevillewater@nctv.com				
Facility Information			iress (street, route Aliceville City Lim				ifier) 🔲 Same a	as maili	ng address				
-		City or town	٠.				State		ZIP code				
		Aliceville					AL		35442				
	1.2	Is this applic	ation for a facility t	that has y	et to con	mence discha	arge?						
		☐ Yes											
			requirements										
	1.3	Is applicant different from entity listed under Item 1.1 above?											
		☐ Yes				I	No → SKIP	to Item	1.4.				
		Applicant name											
<u></u>		Applicant ad	dress (street or P.	O. box)									
latio													
Ē		City or town	*				State		ZIP code				
두			•					٠.					
Applicant Information		Contact nam	ne (first and last)	Title			Phone number	` .	Email address				
Ap	4.4	la the englis	ant the facility's au	mar and	rotor or l	oth? (Chook	only one response.)	<del></del>					
	1.4	l	•	vner, oper	_	•	only one response.)	,,,					
		☑ Owne	<u> </u>			Operator			Both				
	1.5	To which ent	tity should the NPI	DES perm	nitting au	thority send c	оттеspondence? (Cl	neck on					
		☐ Facilit	у			Applicant	,	<b>₽</b>	Facility and applicant (they are one and the same)				
<u> </u>	1.6	Indicate held	w any existing en	vironmen	tal nermi	s. (Check all t	that apply and print	or type	the corresponding permit				
ıits	1.0	number for e			ear pornin		and apply and print						
Jem					Exis		nental Permits		<b>\(\frac{1}{2}\)</b>				
tal		_	S (discharges to s	surface		RCRA (haza	rdous waste)		UIC (underground injection control)				
mer		water)	, 56332 ,	ļ									
o.			(air emissions)	<del></del>		Nonattainme	nt program (CAA)		NESHAPs (CAA)				
Env								-					
ing			n dumning (MDDC	Δ)	<u> </u>	Dredge or fill	ICINA Section		Other (checify)				
Existing Environmental Permits		☐ Ocea	n dumping (MPRS	SA)		Dredge or fill 404)	(CWA Section		Other (specify)				

RECEIVED

JAN 3 1 2022

EPA Identification Number			NPDES Permit Number Facility Name AL0056332 Aliceville West Lagoon					Form Approved 03/05/19 OMB No. 2040-0004			
ļ	1.7	Provide the colle	ction system inform	ation room	ested below for the treatr	mont works			-		
	""	Municipality Served	Population Served	auon reque	Collection System Ty (indicate percentage)	pe		Ownersh	ip Sta	atus	
erved		City of Aliceville	2000	100	% separate sanitary sewe % combined storm and sa Unknown		wn wn wn		Maintain Maintain Maintain		
ulation S					% separate sanitary sewer % combined storm and sanitary sew Unknown			wn wn		Maintain Maintain Maintain	
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Collection System and Population Served					% separate sanitary sewe % combined storm and sa Unknown		□ 0 <sub>1</sub>	wn		Maintain Maintain Maintain	
Collectio		Total Population Served	2000				12. 00			Wallean	
				Sepa	arate Sanitary Sewer S	ystem	Combined Storm and Sanitary Sewer				
		Total percentage sewer line (in mile				100 %				%	
Indian Country	1.8	Is the treatment works located in Indian Country?  I No									
Indian (	1.9	Does the facility of	lischarge to a receiv	ving water	that flows through Indiar	Country?				_	
	1.10	Provide design a	nd actual flow rates	in the designated spaces.				Design Flow Rate			
<del>a</del>		, · · ·							٠ (	0.995 mgd	
ottn Sa	,			Annua	l Average Flow Rates (	Actual)				<del></del>	
St 로		I WO YE	ars Ago		Last Year			This \		. , ""	
Design and Actual Flow Rates		4	0.174 mgd			310 mgd				0.447 mgd	
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		:	0.978 mgd		<del></del>	013 mgd		11119		 1.467 mgd	
· ·	1.11	Provide the total r	number of effluent d	ischarge p	oints to waters of the Un	ited States i	ov type.	•	٠,,-	·	
ŧ .	1				of Effluent Discharge F						
Discharge Points by Type		Treated Efflue	nt Untreated I	Effluent	Combined Sewer Overflows	Вура	isses	1		ructed jency ilows	
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	· identificati	JOH HUMBER	ALC	0056332	Alice	eville West Lago	on	OMB No. 2040-0004				
<u> </u>	Outfall	s Other Than to	Waters of the	United State	es							
[	1.12	Does the POT	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	`,	SKIP to Item	1.14.	•						
	1.13	Provide the loc	Yes									
		Surface Impoundment Location and Discharge Data										
		Location			Average Dai Discharged Impound	to Surface	Contir	Continuous or Intermittent (check one)				
						gpd	☐ Contin					
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		,				gpd	☐ Contir☐ Interm					
s.						gpd	☐ Contin☐ Interm					
l tho	1.14	Is wastewater	applied to land?	)								
ge g		☐ Yes			☑ No	→ SKIP to Item	1.16.	•				
sal	1.15	Provide the land application site and discharge data requested below.										
ispo		Land Application Site and Discharge Data										
Outfalls and Other Discharge or Disposal Methods		Loca	tion		Size	Average Da Appl		Continuous or Intermittent (check one)				
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and (					acres		gpd	☐ Continuous ☐ Intermittent				
utfalls	1.16											
"	1.17	Describe the m	eans by which	the effluent is	s transported (e.g.,	tank truck, pipe)						
,			•									
	1.18	Is the effluent t	ransported by a	a party other t	than the applicant?	→ SKIP to Item	1.20.					
	1.19	Provide inform	ation on the tra	nsporter belo	W		•					
	,				Transport							
		Entity name				Mailing address	s (street or P.C	). box)				
		City or town				State		ZIP code				
		Contact name	(first and last)			Title						
		Phone number				Email address						

EPA Identification Number			NF	IPDES Permit Number AL0056332 Alie			Facility Name iceville West Lagoon				pproved 03/05/19 IB No. 2040-0004	
	1.20					act inform	ation, NPDES nur	mber, a	and a	verage daily flo	w rate of the	
i		receiving facili	ty		Rec	eiving Fa	cility Data					
ed		Facility name			ircio	civing 1 c	Mailing address	(stree	t or P	P.O. box)		
ontinu		City or town		τ			State			ZIP code		
Spor		Contact name	(first and la	ast)			Title					
ıl Meth		Phone number					Email address				,	
isposa		NPDES number					Average daily flo				mgd	
je or Di	1.21						eady mentioned percolation, unde				that do not	
charg		☐ Yes					⇒ SKIP to Item	1.23.				
r Dis	1.22	Provide inform	ation in the				methods.  Disposal Metho	do		<del> </del>		
Outfalls and Other Discharge or Disposal Methods Continued		Disposal Location Method Disposal S			Size	of	Annual Ave	rage arge	C	Continuous or l		
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en &	1.23						s authorized at 4 at information ne					
Variance Requests		Dischar	/ater quality related effluent limitation (CWA Section 02(b)(2))									
		☑ Not app	licable									
	1.24	the responsibil			spects (related	_	vater treatment a		uent (	quality) of the tre	eatment works	
	4.05								→ SKIP to Section 2.  addition to a description of the contractor's operational			
	1,25	and maintenar						сприо	n or u	ne contractor's d	pperational	
	,		<del>.</del>	Cor	Con ntractor 1	tractor in	formation Contractor	2		Contra	etor ?	
tion		Contractor nam		Brandon Gar			Contractor			Contra	Ctor 3	
Contractor Information		Mailing addres (street or P.O.	S	106 Circlewo	ood Drive			•				
actor li		City, state, and code		Aliceville, AL	Aliceville, AL 35442						· · · · · · · · · · · · · · · · · · ·	
Contr		Contact name last)	(first and	Brandon Gar	Brandon Garrison				-	•,		
	*	Phone number	•	(850) 549-66	557					,		
		Email address		garrison0707	7@yahoo.com	า	,					
	-	Operational an maintenance responsibilities		Operator of eDMRs	record; certif	y						

EPA	i idenulicai	ion Number				Alice			, ,	OMB No. 2040-0004			
SECTIO	N 2. AD	DITIONAL INFO	RMATIC	N (40 CFR 122	2.21(j)(1) and	(2))							
low	Outfall	s to Waters of t						J.,.					
gn F	2.1	Does the treatr	ment wo	ks have a desi	gn flow greate	er than or e	equal to (	).1 mgd?	·:	•			
Design Flow		☑ Yes				No → S	KIP to S	ection 3.		· ·			
,	2.2		atment v	ALOOS6332  Aliceville West Lagoon  N (40 CFR 122:21(j)(1) and (2))  d States  s have a design flow greater than or equal to 0.1 mgd?  No → SKIP to Section 3.  Orks' current average daily volume of inflow  Average Daily Volume of Inflow and infiltration.  In to identify areas for point repairs to alleviate inflow and infiltration  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram or schematic to this application that contains all the required information? (See insuring infiltration)  No  Decess flow diagram	w and Infiltration								
trati		and infiltration.				- 1	• .	-		200,000 gpd			
Infil		Indicate the ste	eps the fa	acility is taking t	to minimize in	flow and ir	ifiltration		* ;				
and		Inspect collection	on syste	m to identify ar	eas for point	repairs to	alleviate	inflow and i	infiltration				
Inflow and Infiltration				•						•			
	0.0				An Abin musik	_1;1		-0 46 i		in-tweeting for			
aphi	2.3	specific require		pograpnic map	to this applic	ation that c	contains	all the requi	red information? (S	ee instructions for			
ogra Maj	-	l <u></u>	,		_								
Тор		☑ Yes				No	<u> </u>						
v am	2.4					natic to this	s applica	tion that cor	tains all the require	ed information?			
Floviagn		l <u>`</u>	ns ioi sp	ecino requiremi		NI-		•					
<u> </u>		✓ Yes		-	<b>-</b>	- NO				* * *			
,	2.5		ents to th	e facility sched			olab.						
nents and Schedules of Implementation Diagram Map	,	☐ Yes				No →	SKIP to	Section 3.		<u> </u>			
		Briefly list and	describe	the scheduled	improvement	s.	,	, ``					
		1. ·											
men									· · · · · · · · · · · · · · · · · · ·				
mple		2.				٠.			•				
of							·/	-		. ,			
dules		3.		٠,					4				
chec		4.								,			
S pui	2.6												
nts a	2.0	Flovide Solled	uicu Oi a					on for Impre	ovements				
еше		Scheduled		Affected	`					Attainment of			
prov		Improvemen	ıt		Constru	ection	Cons	struction	Discharge	Operational Level			
토	,	(from above)	)		(MM/DD/	YYYY) ———	(MIM/I	טט/אָאַאָלטכ	(MM/DD/YYYY)	(MM/DD/YYYY)			
Scheduled Improven		1.						-					
Sche		2.		,				-		-			
,		3.		,	-								
			·		-	·							
		4.		, !(_ (_)	<u> </u>	h C 1 1	1-1-1-						
	2.7	Have appropriate response.	ate perm	its/ciearances (	concerning of	ner tederal	/state re	quirements l	been obtained? Brid	etiy expiain your			
,		☐ Yes			] No				None required	or applicable			
		Explanation:	-					·····					

Form Approved 03/05/19 Facility Name NPDES Permit Number **EPA Identification Number** OMB No. 2040-0004 Aliceville West Lagoon AL0056332 SECTION 3: INFORMATION ON EFFICIENT DISCHARGES (40 CFR-122.21(j)(3).to.(5)) Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.) Outfall Number \_\_0011 **Outfall Number Outfall Number** Alabama State Description of Outfalls **Pickens** County Aliceville City or town ft. ft. ft. Distance from shore ft. ft. ft. Depth below surface 0.447 mgd mgd mgd Average daily flow rate 33° 4 36" Ν Latitude 88° 11 54" Longitude Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? 3.2 Seasonal or Periodic Discharge Data 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 mgd mgd mgd discharge Months in which discharge occurs Are any of the outfalls listed under Item 3.1 equipped with a diffuser? 3.4 No → SKIP to Item 3.6. Briefly describe the diffuser type at each applicable outfall. Diffuser Type Outfall Number **Outfall Number** Outfall Number Waters of the U.S. Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more 3.6 discharge points?

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No →SKIP to Section 6.

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Yes

EPA	Identificat	ion Number	,	Permit -00563		Ali		cility Name e West Lagoon	'		Form Approve OMB No.	ed 03/05 . 2040-0	5/19 004
	3.7	Provide the re	ceiving water a	nd rela	ted information	(if known	) for e	each outfall.					
					ıtfall Number <u>0</u>			Outfall Number_		Oı	utfall Number	r	
		Receiving wat	er name		Tombigbee Riv	er			я		÷		
<b>6</b>		Name of water or stream syst			Tombigbee Riv	er							
Receiving Water Description		U.S. Soil Cons Service 14-dig code		: *	,						,		
Water		Name of state management/		,								-	
Receiving		U.S. Geologica 8-digit hydrolo cataloging unit	gic .							(		·	
		Critical low flo	w (acute)			cfs		·	cfs				cfs
		Critical low flo	w (chronic)			cfs			cfs				cfs
		Total hardnes	s at critical			mg/L of CaCO₃			mg/L of CaCO <sub>3</sub>		r	mg/l CaC	
	3.8	Provide the fo	llowing informa	tion de	scribing the trea	atment pr	ovide	d for discharges	from each	outfa	11.		
	, ,			O,	utfall Number <u>(</u>	0011	(	Outfall Number _		O	utfall Numbe	r	
<b>.</b>		Highest Leve Treatment (ci apply per outfa	heck all that		Primary Equivalent to secondary Secondary Advanced Other (specify)			Primary Equivalent to secondary Secondary Advanced Other (specify)	· 1.		Primary Equivalent to secondary Secondary Advanced Other (speci	•	
scription		Design Remo	oval Rates by					(					
Treatment Description	-	BOD₅ or CBO	D <sub>5</sub>		85.0	) %	·		%				%
Treatm		TSS .			85.			,	%				%
·  -  -  -		Phosphorus			✓ Not applicat	ble %		☐ Not applicat	ole %		☐ Not applic	cable	%
		Nitrogen			✓ Not applicat	ble %		☐ Not applicat	ble %		. □ Not applic	cable	% <sup>*</sup>
		Other (specify	<i>'</i> )		✓ Not applical	ble %		☐ Not applica			☐ Not applic	cable	0/
						<b>7</b> 0			70.				%

Form Approved 03/05/19 NPDES Permit Number Facility Name **EPA Identification Number** OMB No. 2040-0004 Aliceville West Lagoon AL0056332 Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by 3.9 season, describe below. Chlorination **Treatment Description Continued** Outfall Number 0011 **Outfall Number Outfall Number** Disinfection type Chlorination Seasons used Continuous Dechlorination used? Not applicable Not applicable Not applicable П П  $\square$ Yes Yes Yes П No No No Have you completed monitoring for all Table A parameters and attached the results to the application package? 3.10 Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's 3.11 discharges or on any receiving water near the discharge points? No → SKIP to Item 3.13. 7 Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's 3.12 discharges by outfall number or of the receiving water near the discharge points. **Outfall Number Outfall Number Outfall Number** Chronic Chronic **Acute** Chronic Acute Acute Number of tests of discharge Number of tests of receiving water 3.13 Does the treatment works have a design flow greater than or equal to 0.1 mgd? No → SKIP to Item 3.16. Effluent Testing Data Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have 3.14 reasonable potential to discharge chlorine in its effluent? Yes → Complete Table B, including chlorine. No → Complete Table B, omitting chlorine. Have you completed monitoring for all applicable Table B pollutants and attached the results to this application 3.15 package? No  $\square$ Yes Does one or more of the following conditions apply? 3.16 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). Yes → Complete Tables C. D. and E as 7 No → SKIP to Section 4. applicable. Have you completed monitoring for all applicable Table C pollutants and attached the results to this application 3.17 package? Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and 3.18 attached the results to this application package? No additional sampling required by NPDES permitting authority.

EPA	dentificati	on Number	NPDES Permit Number AL0056332		lity Name West Lagoon	Form Approved 03/05/19 OMB No. 2040-0004				
	3.19		V conducted either (1) minimum		T tests for one year	r preceding this permit application				
			four annual WET tests in the pas	t 4.5 years?	. No → Comple	ete tests and Table E and SKIP to				
		Yes		L	Item 3.	.26.				
	3.20	Have you pre	viously submitted the results of th	e above tests to you	ır NPDES permittin	g authority? e results in Table E and SKIP to				
:		☐ Yes			Item 3.	26.				
	3.21			o your NPDES permitting authority and provide a summary of the results.						
			Pate(s) Submitted (MM/DD/YYYY)		Summary o	f Results				
	,									
70		,			-					
tinue			-		•					
Effluent Testing Data Continued	0.00	Daniella and	Elementario de la como MICT de a	tion data to the NIDI	NEC normitting outh	arity did any of the tests recult in				
Jata	3.22	toxicity?	r now you provided your w⊨r tes	testing data to the NPDES permitting authority, did any of the tests re						
ing.		☐ Yes	1		No → SKIP to	o Item 3.26.				
Test	3.23	Describe the	cause(s) of the toxicity:							
rent	,		•			•				
		9								
					· · · · · · · · · · · · · · · · · · ·	·				
	3.24	l	ment works conducted a toxicity r	eduction evaluation	? No → SKIP to	1 Hom 2 26				
	3.25	Provide detail	s of any toxicity reduction evalua	tions conducted.	NO 7 SKIF II	J III 3.20.				
	0.20	T TO TIGO GOLGI	o of any toxions rounds on ovalua							
						*				
	3.26	Have you con	npleted Table E for all applicable	outfalls and attache						
	1	☐ Yes	, ·			e because previously submitted the NPDES permitting authority.				
SECTIO	N 4. INC	USTRIAL DIS	CHARGES AND HAZARDOUS	NASTES (40 CFR 1						
	4.1	i	TW receive discharges from SIUs	_						
10	4.0	Yes	number of CILID and NCCILID that	disabarga to the BC	No → SKIP to	Item 4.7.				
aste	4.2	indicate trie n	number of SIUs and NSCIUs that Number of SIUs	discharge to the FC	Nui	mber of NSCIUs				
Sr.		ল								
ardo	4.3	Does the PO	TW have an approved pretreatme	ent program?	· · · · · · · · · · · · · · · · · · ·	<del></del>				
Haze		☐ Yes			No					
Industrial Discharges and Hazardous Wastes	4.4	identical to th	omitted either of the following to to at required in Table F: (1) a pretr (2) a pretreatment program?							
scha		☐ Yes			No → SKIP to	Item 4.6.				
ustrial Di	4.5	Identify the tit	tle and date of the annual report	or pretreatment prog	ram referenced in I	tem 4.4. SKIP to Item 4.7.				
ם	4.6	Have you cor	mpleted and attached Table F to	this application pack	age?	<del></del>				
		Yes			No					

EP	A Identificat	ion Number	NP		ermit Number 056332				proved 03/05/19 3 No. 2040-0004	
	1 4 7	Dece the DO	DAI receive				- 1			
	4.7	regulated as f	rvv receive, RCRA hazar	or nas rdous	s it been notified that wastes pursuant to 4	it will receive, i 40 CFR 261?	by truck, rail, or dedic	cated pipe, any waste	es that are	
		☐ Yes			•	V	No → SKIP to Ite	m 4.9.		
	4.8	If yes, provide	the following	ng info	rmation:				.,	
		Hazardous Numbe	Waste		Waste	Transport Met ck all that apply		Annual Amount of Waste Received	Units	
_			[	$\exists$	Truck		Rail			
Continue				]	Dedicated pipe		Other (specify)	_		
stes Co			-	]	Truck		Rail			
us Wa			.   [	]	Dedicated pipe		Other (specify)	_		
zardo				<u> </u>	Truck		Rail	_		
Industrial Discharges and Hazardous Wastes Continued			1		Dedicated pipe		Other (specify)			
								_		
scharge	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?								
a Di		☐ Yes				V	No → SKIP to S	ection 5.		
ndustri	4.10				pect to receive) less and 261.33(e)?	than 15 kilogra	ms per month of non	-acute hazardous wa	stes as	
_		☐ Yes 🗝	SKIP to S	ection	.5.		<b>N</b> o			
	4.11	site(s) or facil	ity(ies) at wh	hich th	e wastewater origin	ates; the identiti		cation and description r's hazardous constitue POTW?		
		☐ Yes					No			
SECTION	ON 5. CO	MBINED SEW	ER OVEREL	_ÓWS	(40 GER 122.21(j)(	8))			Jan 18	
E	5.1	Does the trea	tment works	s have	a combined sewer	•				
lagra		☐ Yes				₽.	No → SKIP to S	ection 6.		
D D	5.2	Have you atta	ached a CSC	O syst	em map to this appli	cation? (See in	structions for map re	quirements.)		
CSO Map and Diagram		☐ Yes					No			
) S	5.3	Have you atta	ached a CSC	O syst	em diagram to this a	pplication? (Se	_	gram requirements.)		
္မ		☐ Yes					No			

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MUNICIPAL SECTION

EP/	A Identifica	tion Number		S Permit Number NL0056332		Alice	Facility Na ville Wes			, ,		roved 03/ No. 2040-	
-	5.4	For each CSC	outfall, provid	le the following	information.	(Attacl	addition	al sheets	as neces	sary.)			
				CSO Outfall	Number	_ C	O Outfa	ll Numbe	r	CSO Out	fall Nu	mber	
5		City or town											
CSO Outfall Description		State and ZIP	code							·			
all Des		County								.,			
Outt		Latitude		. ,	"		•	, 1	, .	•	, 	, "	, .
တ္သ		Longitude		,	" · .	<u> </u>	•	•	,		,	"	
		Distance from	shore		f	t.			ft.				ft.
	,	Depth below s				t			`ft.				ft.
	5.5	Did the POTV	V monitor any			一	ast year for its CSO outfalls?						
				CSO Outfall	Number	_   C	O Outfa	ll Numbe	r	CSO Out	fall Nu	mber_	
5		Rainfall	•	, 🗆 Yes	s □ No		ПΥ	es 🗆 N	o .		Yes I	□ No. ·	
litorin		CSO flow volu		☐ Yes	s □ No		ΠY	es 🗆 N	o		Yes I	□No	
CSO Monitoring		CSO pollutant concentration		☐ Yes	s □ No		ПΥ	es 🗆 N	o		Yes I	□No	,
ខ		Receiving wat	ter quality	☐ Yes	S 🗆 No		ПΥ	es 🗆 N	0		Yes I	□No	
	·.	CSO frequenc	су	□Yes	s □ No	$\perp$	ПΥ	es 🗆 N	0		Yes I	□No	
		Number of sto			s □ No			es 🗆 N	ó		Yes I	□ No	
	5.6	Provide the fo	llowing inform	ation for each	of your CSO o	outfalls				,			
ì				CSO Outfall	Number	_   C	SO Outfa	all Numb	er ;	CSO Ou	tfall Nu	ımber _	
CSO Events in Past Year		Number of CS the past year	SO events in		event	s			events			ev	ents
s in P		Average dura	tion per		hour	· .	,	. /	hours	,			ours
vent		- CVCIII		☐ Actual or	☐ Estimated		□ Actual			☐ Actu			
CSO E		Average volur	me per event	l □ Actual or	million gallon		□ Actual		gallons imated	. □ Actu		illion gal Estimat	
		Minimum rain			ches of rainfa				f rainfall			es of ra	
L	·	a CSO event	iii last year	☐ Actual or	□ Estimated		☐ Actual	or   Est	imated	☐ Actu	al or $\square$	Estima	ted

EP	A Identific	ation Number		ermit Numbe 056332	r		Aliceville West Lagoon		OMB No. 2040-0004	
	5.7	Provide the	e information in the ta	able below	for	each of you	CSO outfalls.			
				SO Outfal			CSO Outfall Number	er (	CSO Outfall Number	
		Receiving	water name			,			14 200	
		Name of w								
e		stream sys	stem							
Vater		U.S. Soil C Service 14	Conservationdigit	U	nkn	own	□ Unknown		Unknown	
CSO Receiving Waters		watershed (if known)	code						100000	
Rec		Name of si manageme	tate ent/river basin							
CSO			ogical Survey drologic Unit nown)	U	nkn	own	□ Unknown		□ Unknown	
		water qual	n of known ity impacts on stream by CSO actions for							
		examples)								
SECTIO			ND CERTIFICATION							
	6.1	each secti		2 any atta	ach	ments that y			g with your application. For ng authority. Note that not	
			Column 1				Colui	mn 2		
		☑ Se	ction 1: Basic Applica ormation for All Applic	tion [		w/ varianc	e request(s)		w/ additional attachments	
		Ser Ser	ction 2: Additional ormation	[	2	w/ topogra w/ addition	phic map al attachments		w/ process flow diagram	
					7	w/ Table A			w/ Table D	
+			ction 3: Information o luent Discharges	n E	w/ Table B			w/ Table E		
еше					☐ w/ Table C				w/ additional attachments	
Checklist and Certification Statement		☑ Dis	ction 4: Industrial scharges and Hazardo astes	ous			NSCIU attachments all attachments		w/ Table F	
icati		Co	ction 5: Combined Se	ewer [		w/ CSO m	ар		w/ additional attachments	
Certif			erflows			w/ CSO sy	stem diagram			
and (			ction 6: Checklist and rtification Statement			w/ attachm	ents			
klist	6.2		on Statement							
Chec		accordance submitted. for gatheri complete.	e with a system design. Based on my inquirying the information, the	gned to as of the per e informat e are signil	sure rsor ion	e that qualifie n or persons submitted is	ed personnel properly ga who manage the system , to the best of my know	ather and ev n, or those p ledge and b	direction or supervision in valuate the information versons directly responsible elief, true, accurate, and ading the possibility of fine	
		Name (pri	nt or type first and las	st name)				Official til	de	
		Bobby Ingr	am					Board Cha	irman	
		Signature Bobby A			a	ram		Date signed //25/22		

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

ABLE A. EFFLUENT PARAMET	Maximum	Daily Discharge	A	verage Daily Disch	Analysias	ML or MDL		
Pollutant	Value	Units Value		Units	Number of Samples	Analytical Method <sup>1</sup>	(include units)	
Biochemical oxygen demand  □ BOD₅ or □ CBOD₅  (report one)	12.0	mg/L	4.5	mg/L	24	SM 5210 B	0.25 mg/L 回 ML 回 MDL	
Fecal coliform	300	CFU/100 mL	78	CFU/100 mL	24	EPA 1603 mTEC	2 CFU/100 ☐ ML ☑ MDL	
Design flow rate	1.467	MGD	0.447	MGD	365			
pH (minimum)	6.7	su						
pH (maximum)	10.0	su						
Temperature (winter)	18.5	Degrees Celsius	16.1	Degrees Celsius	12			
Temperature (summer)	23.4	Degrees Celsius	18.9	Degrees Celsius	12		Alle Superior of Marie	
Total suspended solids (TSS)	45.0	mg/L	19.3	mg/L	24	SM 2540 D	0.5 mg/L ☐ ML ☑ MDL	

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

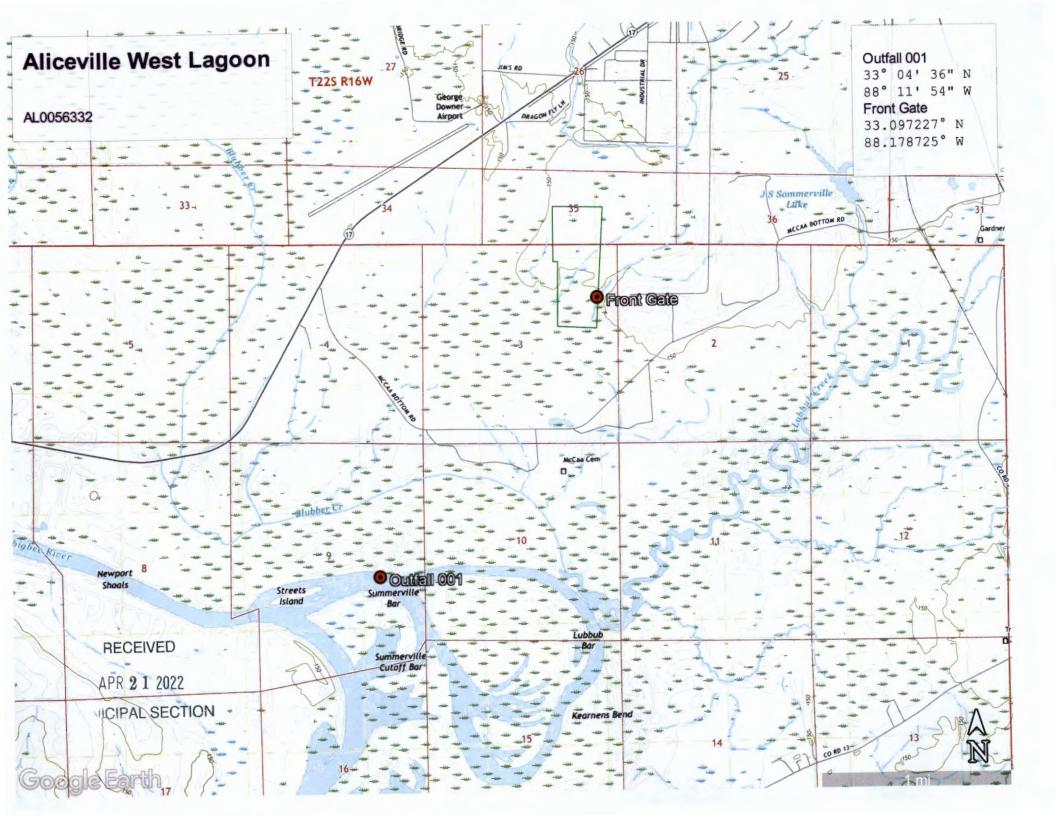
		· · · · · · · · · · · · · · · · · · ·		· .
EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number	Form Approved 03/05/19
	AL0056332	Aliceville West Lagoon	0012	OMB No. 2040-0004

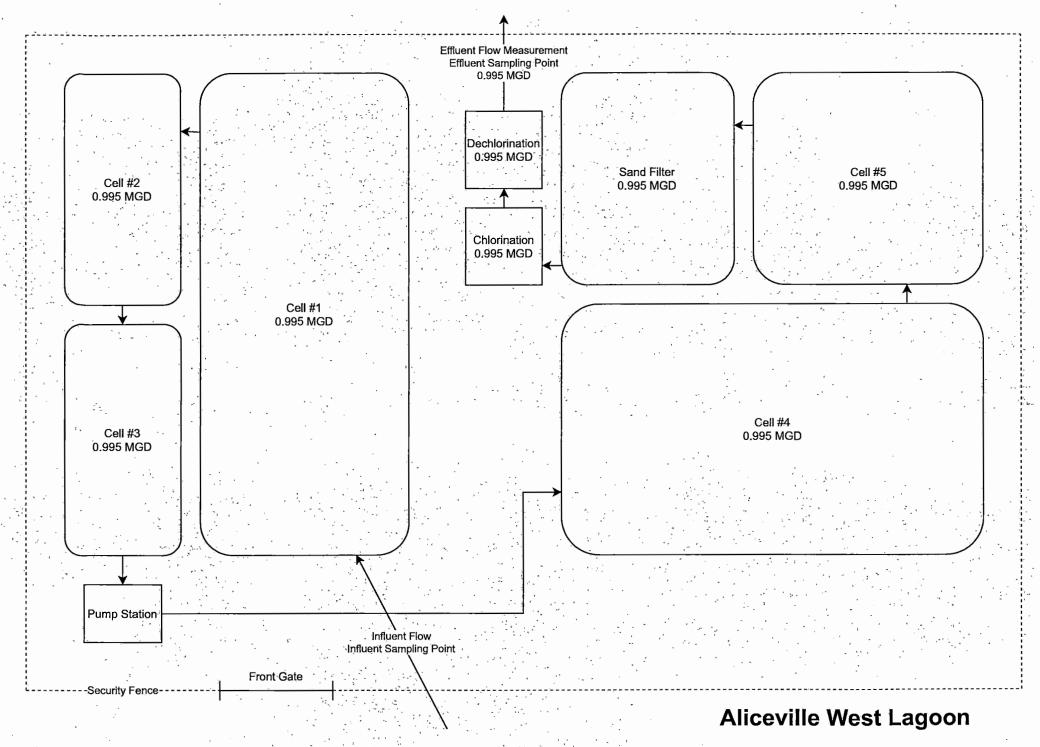
ABLE B. EFFLUENT PARAMET	ERS FOR ALL POTWS	WITH A FLOW EQU	JAL TO OR GREATE	R THAN 0.1 MGD			
	Maximum Da	ly Discharge	A	verage Daily Discha	Analytical	ML or MDL	
Pollutant	Value	Units	Value	Units	Units         Number of Samples           mg/L         24           mg/L         24	Method <sup>1</sup>	(include units)
Ammonia (as N)	2.83	mg/L	0.481	mg/L	24	SM 4500-NH3 D	0.01 mg/L ☐ ML
Chlorine (total residual, TRC) <sup>2</sup>	0.75	mg/L	0.19	mg/L	24	SM 4500-Cl G	0.05 mg/L ☐ ML ☑ MD
Dissolved oxygen	8.83	mg/L	7.11	mg/L	24	Hach 10360	0.1 mg/L ☐ ML
Nitrate/nitrite	3.23	mg/L	0.87	mg/L	7 ,	SM 4500-NO3 D	1.0 mg/L ☐ ML ☐ MD
Kjeldahl nitrogen	3.0	mg/L	1.6	mg/L	7	SM 4500-NORG C	0.1 mg/L ☐ ML
Oil and grease	<5.0	mg/L	<5.0	· mg/L	3	E1664A	1.4 mg/L ☐ ML
Phosphorus	0.96	mg/L	0.44	mg/L	7	SM 4500-P E	0.05 mg/L
Total dissolved solids	344	mg/L	285	mg/L	3	SM 2540 C	20.0 mg/L ☐ MI

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

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.





NPDES No. AL0056332

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19
	AL00256332	Aliceville West Lagoon	OMB No. 2040-0004

PART 2 PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))

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

PART 2,	, SECTIO	ON 1. GENERAL INFORMATION	(40 CFR 122.21	l(q)(1 7) AND (q)(	(13))						
-	All Par	t 2 applicants must complete this s	section.								
	Facilit	y Information									
	1.1	Facility name Aliceville West Lagoon									
		Mailing address (street or P.O. b Water Works and Sewer Board or	ox) f the City of Alic	eville, 311 3rd Ave	. NW						
		City or town Aliceville	State Alabama			ZIP code 35442	Phone number (205) 373-2365				
		Contact name (first and last) Bobby Ingram	Title Board Ch	airman	,	Email address Alicevillewater					
	,	Location address (street, route r SW Corner of Aliceville City Limit	umber, or other s, Near McCall B	specific identifier) ottom Road		· I	☐ Same as mailing address				
		City or town Aliceville	State Alabama			ZIP code 35442					
	1.2	Is this facility a Class I sludge management facility?  Yes  No									
General Information	1.3										
	1.4	Total Population Served			-		2000				
	1.5	Ownership Status		-							
ᄪ		Public—federal Public—state									
ēne	. ,	☐ Private	Other (sp	ecify)			·				
O	Applic	Applicant Information									
	1.6	.6 Is applicant different from entity listed under Item 1.1 above?									
		Yes		<u>.</u>	No -	SKIP to Item	1.8 (Part 2, Section 1).				
	1.7	Applicant name					1				
		Applicant mailing address (stree	t or P.O. box)								
	}	City or town		State		-	ZIP code				
-		Contact name (first and last)	Title	Phon	e numbe	er	Email address				
	1.8	Is the applicant the facility's own	er, operator, or	both? (Check only	one resp	onse.)					
		☐ Operator	✓ Owner			☐ Both					
	1.9	To which entity should the NPDI	ES permitting au	thority send corres	sponden	ce? (Check onl	y one response.)				
		Facility		Applicant			Facility and applicant				

JAN 3 1 2022
MUNICIPAL SECTION

LI A local	nication Number	AL002563			West Lagoon		OMB No. 2040-0004
1.10	Check he	permit number re if you do not have Part 2 of Form 2S.	e an NPDES per	mit but are o	otherwise requi	red	AL0056332
1.1	1 Indicate all other				approvals rece	eived or appl	lied for that regulate this
-	RCRA (haza	ardous wastes)	☐ Nonatta	ainment prog	gram (CAA)	☐ NESH	HAPs (CAA)
	☐ PSD (air em	nissions)	Dredge 404)	or fill (CWA	☐ Other	(specify)	
	☐ Ocean dum	ping (MPRSA)	UIC (ur fluids)	derground			
Indi	an Country						
1.12		ation, treatment, sto	rage, application	to land, or o			from this facility occur in
	│ □ Yes			V	No → SKIF below.	to Item 1.1	4 (Part 2, Section 1)
1.13							
Тор	ographic Map						
1.14	Have you attache specific requirem  Yes		ap containing all	required info	ormation to this	application	? (See instructions for
Line	Drawing						
1.15	Have you attache	the term of the peri					udge practices that will be ation? (See instructions for
	✓ Yes				No		
	tractor Information						
1.16	Do contractors have, or disposal	ave any operational at the facility?	or maintenance	responsibili			ge generation, treatment,  8 (Part 2, Section 1)
	✓ Yes				below.	to item 1, 1	o (Fait 2, Section 1)
1.17	1	wing information for					
	☐ Check he	re if you have attach	ned additional sh	eets to the	application pac	kage.	
			Contract	or 1	Contrac	tor 2	Contractor 3
	Contractor comp	any name	Brandon Ga	rrison			
	Mailing address P.O. box)	(street or	106 Circlewoo	od Drive			
	City, state, and Z	IP code	Aliceville, AL, 35442				
	Contact name (fi	et name (first and last) Brandon Garrison					
	Telephone number (850) 549-6657						
	Email address garrison0707@yahoocon						

1.17		Co	ntractor 1	Contracto	r2	Contractor			
cont.	Responsibilities of contract		of Record; sampling, and	Johnson					
Polluta	nt Concentrations								
sewage	ne table below or a separate sludge have been establishen three or more samples tak Check here if you have att	ed in 40 CFR 503 for en at least one mor	or this facility's ex onth apart and mus	pected use or disp t be no more than	osal practic	ces. All data mus			
1.18	Pollutant	Ave Co	rage Monthly oncentration g/kg dry weight)	Analytical I	Method	Detection L			
	Arsenic	(11)	N/A			W. F.			
	Cadmium								
	Chromium								
	Copper								
	Lead								
	Mercury								
	Molybdenum								
	Nickel		, , , , , , , , , , , , , , , , , , , ,						
	Selenium			1					
Zinc Checklist and Certification Statement									
	application. For each section applicants are required to		ns or provide attac						
	☐ Section 1 (General				☐ w/ at	ttachments			
	Section 2 (Generat Derived from Sewa		lge or Preparation	of a Material	☑ w/ at	ttachments			
	✓ Section 3 (Land Ap	plication of Bulk Se	ewage Sludge)		□ w/a	ttachments			
	✓ Section 4 (Surface	Disposal)				ttachments			
	Section 5 (Incinera	tion)	to a state of the		☐ w/ at	ttachments			
1.20	Certification Statement I certify under penalty of la supervision in accordance the information submitted. directly responsible for gat belief, true, accurate, and including the possibility of Name (print or type first ar Bobby Ingram  Signature	with a system desi Based on my inqui thering the informat complete. I am awa fine and imprisonm	igned to assure the ry of the person o ion, the information are that there are sent for knowing vi	at qualified person r persons who ma on submitted is, to significant penaltie	nnel properli inage the sy the best of es for submi e rman	ly gather and ever ystem, or those p my knowledge a			

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

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))  2.1 Does your facility generate sewage sludge or derive a material from sewage sludge?  2.1 Total dry metric tons per 385-day period generated at your facility:  2.2 Total dry metric tons per 385-day period generated at your facility:  2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?  2.4 Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal?  Provide the following information for each of the facilities from which you receive sewage sludge.  Check here 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  Contact name (first and last)  Title  Phone number  Email address  City or town  State  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 officies facility.  Alternative  County  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 officies facility.  Alternative 3  Class A, Alternative 4  Cloption 1  Class A, Alternative 5  Class B, Alternative 6  Class B, Alternative 6  Class B, Alternative 6  Class B, Alternative 6  Class B, Alternative 1  Coption 7  Preliminary operations (e.g., studge grinding and degritting)  Class B, Alternative 1  Coption 1  Composing  Disinfection (e.g., beta ray irradiation, gamma ray radiation, pasteurization)  Heat drying  Methane or blogas capture and recovery  Control (For the facility b)  Control (For the facility and facility)  Control (page 1)  Coption 1  Copti	EP/	\ Identificat	ion Number	NPDES Permit Nu AL0025633			Facility Na ville Wes	ame st Lagoon			roved 03/05/19 No. 2040-0004
2.1   Does your facility generate sewage sludge or derive a material from sewage sludge?   2.1   Does your facility generate sewage sludge or derive a material from sewage sludge?   2.2   Total dry metric tons per 365-day period generated at your facility:   153.3     Amount Received from Off Site Facility     2.3   Does your facility receive sewage sludge from another facility for treatment use or disposal?   2.4   Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposals:     Provide the following information for each of the facilities from which you receive sewage sludge for treatment, use, or disposals:     Provide the following information for each of the facilities from which you receive sewage sludge.     Check here if you have attached additional sheets to the application package.     Check here if you have attached additional sheets to the application package.     Check here if you have attached additional sheets to the application package.     City or town   State   ZiP code     County code   Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.     County code   Indicate the amount of sewage sludge received, the applicable pathogen class and reduction     Class A, Alternative   Indicate the amount of sewage sludge received, the applicable pathogen class and reduction     Class A, Alternative   Indicate the applicable pathogen of class A, Alternative   Indicate the applicable     Class A, Alternative   Indicate the applicable   Indicate the applicable     Class A, Alternative   Indicate the applicable   Indicate the applicable     Class A, Alternative   Indicate the applicable   Indicate the applicable     Class A, Alternative   Indicate	PART 2,	SECTIO	N 2. GENERATI	ON OF SEWAGE SI	UDGE OF	PREPARA	TION O	F A MATERI	AL DERI\	ED FROM S	EWAGE
Amount Generated Onetite  2.2 Total dry metric tons per 385-day period generated at your facility:	SLUDG	E (40 CF)	R 122.21(q)(8) TI	HROUGH (12))	· ·						
Amount Generated Onsite  2.2 Total dry metric lons per 385-day period generated at your facility:  2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?  2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?  2.4 Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:  Provide the following information for each of the facilities from which you receive sewage sludge.  Check here 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  Contact name (first and last)  Title  Phone number  Email address  City or town  State  ZiP code  County code  County code  County code  Not available  2.6 Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.  Amount  Pathogen Class and Reduction  Alternative  Class A, Alternative 1  Class A, Alternative 1  Class A, Alternative 3  Class B, Alternative 3  Coption 7  Class B, Alternative 3  Class B, Alternative 3  Coption 9  Composting Compost		2.1		y generate sewage s	luage or a	ive a male		Sewaye side	o Darf 2 G	Saction 3	
2.2   Total dry metric tons per 365-day period generated at your facility:   153.3							<u> </u>	NO TO SKIP I	U Fait 2, G	3601011 0.	, ,
2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?  Yes  Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:  Provide the following information for each of the facilities from which you receive sewage sludge.  Check here if you have attached additional sheets to the application package.  Name of facility  Mailing address (street or P.O. box)  City or town  Contact name (first and last)  Title  Phone number  Email address  City or town  County  Coun			Total dry metric	site tons per 365-day per	iod genera	ted at your	facility:			153.3	
Yes		Amour	t Received fron	Off Site Facility						10	
2.4 Indicate the total number of facilities from which you receive sewage studge for treatment, use, or disposal:  Provide the following information for each of the facilities from which you receive sewage studge.  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  Contact name (first and last)  Title  Phone number  Email address  Location address (street, route number, or other specific identifier)  County  County code  County  County code  Indicate the amount of sewage studge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.  Amount  Amount  Alternative  Anount  Class A, Alternative 1  Class A, Alternative 2  Class A, Alternative 2  Class A, Alternative 2  Class A, Alternative 3  Class A, Alternative 3  Class B, Alternative 3  Class B		2.3		y receive sewage slu	idge from a		ty for tre	atment use o	or disposa	ir 7 (Dart 2 Sai	rtion 2) helow
treatment, use, or disposal:    Provide the following information for each of the facilities from which you receive sewage studge.				· · · · · · · · · · · · · · · · · · ·	from which				to item 2.	7 (1 alt 2, 000	34011 27 5010111
Check here if you have attached additional sheets to the application package.   2.5			treatment, use,	or disposal:							
2.5   Name of facility   Mailing address (street or P.O. box)		Provide	e the following in	formation for each of	the facilitie	s from which	h you re	ceive sewage	e sludge.	,	
Class A, Alternative 6	96				itional she	ets to the ap	plication	package.	· · · · · · · · · · · · · · · · · · ·	<del></del>	
Class A, Alternative 6	Slud	2.5	Name of facility	,							
Class A, Alternative 6	wage		Mailing address	(street or P.O. box)							
Class A, Alternative 6	Se Se		City or town				State			ZIP code	
Class A, Alternative 6	ed fro		Contact riame (	first and last) Title	<b>9</b>		Phone	number		Email addre	ess
Class A, Alternative 6	Deriv		Location address	ss (street, route num	ber, or other	er specific id	entifier)		, ,	☐ Same as	mailing address
Class A, Alternative 6	aterial		City or town			· is the	State	· · · · · · · · · · · · · · · · · · ·		ZIP code	
Class A, Alternative 6	of a M		County				County	y code			☐ Not available
Class A, Alternative 6	ration	2.6						nogen class	and reduc	tion alternativ	e, and the
Class A, Alternative 6	eba	,	,	Amount		ogen Class	and Re	eduction	Vect		
Class A, Alternative 6	9 P		(dry	metric tons)	□ No		native		□ Not a		1
Class A, Alternative 6	ge			,			ative 1	l			
Class A, Alternative 6	Sinc					•					
Class A, Alternative 6	ge	1									
Class A, Alternative 6	e W		.,	·							
Domestic septage, pH adjustment   Option 11											•
Domestic septage, pH adjustment   Option 11		-	·						☐ Option	n 7	
Domestic septage, pH adjustment   Option 11	erat							,			
Domestic septage, pH adjustment   Option 11	je je										
2.7   Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)    Preliminary operations (e.g., sludge grinding and degritting)								adjustment			
Preliminary operations (e.g., sludge grinding and degritting)  Stabilization  Composting  Disinfection (e.g., beta ray irradiation, gamma ray Irradiation, pasteurization)  Heat drying  Thickening (concentration)  Anaerobic digestion  Conditioning  Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)  Thermal reduction		2.7	Identify the trea	itment process(es) th	at are kno	wn to occur	at the of	fsite facility, i	including t		ities and
degritting)  Stabilization  Composting  Disinfection (e.g., beta ray irradiation, gamma ray Irradiation, pasteurization)  Heat drying  Inickening (concentration)  Anaerobic digestion  Conditioning  Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)  Thermal reduction		1					es. (Che	ck all that ap	ply.)		
Composting  Disinfection (e.g., beta ray irradiation, gamma ray   Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)  Heat drying  Conditioning  Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)			degrittin	g)	sludge grir	iding and		Thickening	(concent	ration)	
Disinfection (e.g., beta ray irradiation, gamma ray Irradiation, pasteurization)  Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)  Heat drying  Thermal reduction		-	☐ Stabiliza	tion				Anaerobic	digestion	* , *.	
lrradiation, pasteurization)			☐ Compos	ting		,	П	Conditionir	ng ·		
☐ Heat drying ☐ Thermal reduction	, .				adiation, g	amma ray					ludge drying
			Heat dry	ing							
		-	-	-	nd recover	y.	<u></u>				

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EP	A Identific	cation Number	NPDES Permit Num			Facility		Form Approved 03/05/19
	T =		AL00256332		Alice	ville W	est Lagoon	OMB No. 2040-0004
		ment Provided at						
	2.8	and the applicab	le vector attraction red	uction opt	on provide	d at yo	our facility. Atta	en class and reduction alternative ach additional pages, as necessary.
		Use or Dis	posal Practice eck one)	Patho	gen Class Alterna	and R	eduction	Vector Attraction Reduction Option
		☐ Land applicat	on of bulk sewage	☑ Not a	pplicable			☑ Not applicable
		☐ Land applicat	ion of biosolids		A, Alternat			☐ Option 1
		(bulk)		☐ Class A, Alternative 2				Option 2
		☐ Land applicati (bags)	ion of diosolids	☐ Class A, Alternative 3 ☐ Class A, Alternative 4				Option 3
		☐ Surface dispo	sal in a landfill		A, Alternat			☐ Option 4 ☐ Option 5
_		☐ Other surface			A, Alternat			☐ Option 6
ned		☐ Incineration			B, Alternat			☐ Option 7
i <del>l</del> i					B, Alternat			☐ Option 8
3					B, Alternat			Option 9
ge					B, Alternat		a allocators and	☐ Option 10
3,	2.9	Identify the treat	ment process(es) used	Lat your fa	siliby to rod	e, pr		☐ Option 11 wage sludge or reduce the vector
ge	2,3	attraction proper	ties of sewage sludge	i at your ia 2 (Check a	ll that annly	uce pa	itnogens in se	wage sludge or reduce the vector
ewa		Drolimina	ry operations (e.g., slu			·/	<b>T</b> 1.1.1	( ( !! )
S Ho		degritting)						(concentration)
<u>1</u>	Stabilization  Composting						Anaerobic d	•
ri.			-	`		Ш	Conditioning	
rial De			on (e.g., beta ray irradi , pasteurization)	ation, gam	іта гау		Dewatering beds, sludg	(e.g., centrifugation, sludge drying e lagoons)
late		☐ Heat dryir	ng				Thermal red	luction
<u>a</u>		☐ Methane	or biogas capture and	recovery				
of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.10	Describe any oth 2) above.	er sewage sludge trea	atment or b	ending act	ivities	not identified i	in Items 2.8 and 2.9 (Part 2, Section
para		1 <u>-</u>	re if you have attached	d the desc	ription to th	e appl	ication packag	e.
Pre		None						
ge								
Sluč								
ge								
ewa								
of S								
	Drope	ration of Source	Sludge Meeting Coil	ing and D	allutant Co	ncon	rations Class	s A Pathogen Requirements, and
ati	One	f Vector Attractio	n Reduction Options	niy anu r i 1 to 8	Unutant Ge	niceill	itations, cias	S A Falliogen Requirements, and
Generation	2.11				ne ceiling co	oncent	rations in Tab	le 1 of 40 CFR 503.13, the pollutant
G		concentrations in	Table 3 of 40 CFR 50	3.13, Clas	s A pathog	en red	uction require	ments at 40 CFR 503.32(a), and one
		of the vector attra	action reduction require	ements at	40 CFR 50	3.33(b		
		☐ Yes			[	7	No → SKIP below.	to Item 2.14 (Part 2, Section 2)
	2.12	Total dry metric t	ons per 365-day period	d of sewar	e shiika si	ibject		
:	2.12	subsection that is	s applied to the land:					
	2.13	Is sewage sludge the land?	e subject to this subsec	ction place	d in bags o	r othe	r containers fo	r sale or give-away for application to
		Yes					No	
	□с	heck here once yo	u have completed Item	ns 2.11 to	2.13, then •	<b>≫</b> SKI	IP to Item 2.32	(Part 2, Section 2) below.

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EF	'A Identific	cation Number	NPDES Perr ALOO25		Alice	Facility Noville We	ame st Lagoon		Form Approved 03/05/19 OMB No. 2040-0004
	Sale	or Give-Away in a	Bag or Other Co	ontainer for A	polication	to the I			
	2.14	Do you place sev	wage sludge in a	bag or other co	ntainer for	sale or o	ive-away for lar	nd anni	ication?
		☐ Yes	rugo si <b>cug</b> o in c	aug or outor oc			-		17 (Part 2, Section 2)
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	container for app	lication to the lan	ıd.					n away in a bag or other
	Check here to indicate that you have attached							-	
nued		heck here once you			2.16, then	→ SKIF	to Part 2, Secti	on 2, It	em 2.32.
on t		nent Off Site for T			f	- 1124 - 1		/Th:	
ge	2.17	dewatered sludge				ce dispo	sal site.)	•	question does not pertain to
e Sluc		☐ Yes				V	No → SKIP to below.	Item 2.	32 (Part 2, Section 2)
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.18	Indicate the total sewage sludge. I for each facility.	Provide the inforr	nation in Items	2.19 to 2.26	6 (Part 2	, Section 2) bel	wo	
d fr			ere if you have at	tached addition	al sheets to	the app	olication packag	е.	
ive	2.19	Name of receivin	ig facility						
ial Der		Mailing address	(street or P.O. bo	x)					
Mater		City or town				State		7	ZIP code
n of a	ļ. 	Contact name (fi	rst and last)	Title		Phone r	umber ,	E	Email address
aratio		Location address	s (street, route nu	imber, or other	specific ide	ntifier)			☐ Same as mailing address
Prep		City or town	-			State		7	ZIP code
udge or	2.20	Total dry metric facility:	tons per 365-day	period of sewa	ge sludge p	orovided	to receiving		
ge SI	2.21	Does the receiving reduce the vector	ng facility provide	additional trea	tment to re	duce pa	thogens in sewa	age slu	dge from your facility or
ewa			i attraction prope	sides of sewage	s sludge 110	iii youi		o Item :	2.24 (Part 2, Section 2)
Š		☐ Yes				Ш	below.	, 11 <b>0</b> 111 1	
ation o	2.22	Indicate the path	nogen class and r	eduction altern	ative and th	e vecto	attraction redu	ction o	ption met for the sewage
je		Pathogen	Class and Red	uction Alterna	tive		Vector Attra	action	Reduction Option
Se l		☐ Not applicable		400001711101112		☐ Not	applicable		
		☐ Class A, Alter				□Ор			
		☐ Class A, Alter				□ Op			
		☐ Class A, Alte				□ Op			
		☐ Class A, Aite				□ Op			
		☐ Class A, Alter				□ Op			
1		☐ Class A, Alte				□ Op			
		☐ Class B, Alte				Op			
		☐ Class B, Alte							
		☐ Class B, Alte					tion 9 tion 10		
		☐ Class B, Alte		nent			tion 11		
1		I LI Domestic se	otage, pH adjustr	HELIL		1 11 00	uon n		

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	EPA Identification Number NPDES Permit Number AL00256332		١ .	y Name Vest Lagoon	Form Approved 03/05/19 OMB No. 2040-0004	
	2.23	vector attraction	process(es) are used at the rece properties of sewage sludge fron	n your facility? (C		
		Preliminar degritting)	y operations (e.g., sludge grindin	g and	Thickening (con	centration)
		☐ Stabilization	on		Anaerobic diges	etion
		☐ Compostin	-		Conditioning	
			n (e.g., beta ray irradiation, gamı pasteurization)	ma ray $\square$	Dewatering (e.g beds, sludge lag	., centrifugation, sludge drying goons)
		☐ Heat drying	•		Thermal reducti	on
			or biogas capture and recovery		Other (specify)	
inued	2.24	Attach a copy of information" requ	any information you provide the irement of 40 CFR 503.12(g).	receiving facility t	to comply with the	"notice and necessary
Cont	0.05		ere to indicate that you have atta			
ndge	2.25	application to the		om your facility is	-	container for sale or give-away for
ige S		☐ Yes			No → SKIP to below.	o Item 2.32 (Part 2, Section 2)
m Sewa	2.26		all labels or notices that accompandere to indicate that you have atta	•	peing sold or give	n away.
ived fro	be	low.		2.26 (Part 2, Sec	tion 2), then → S	KIP to Item 2.32 (Part 2, Section 2)
Der			Ilk Sewage Sludge	land?		
Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.27	Yes	e from your facility applied to the	iand?	No → SKIP to below.	o Item 2.32 (Part 2, Section 2)
on of a	2.28	Total dry metric t application sites:	ons per 365-day period of sewaç	ge sludge applied	I to all land	
aratik	2.29	Did you identify a	all land application sites in Part 2	, Section 3 of this		
Prep		Yes			No → Submi with your app	t a copy of the land application plan lication.
lo egpr	2.30	Are any land app material from ser	olication sites located in states ot wage sludge?	her than the state		
ge Slt		☐ Yes			No → SKIP t below.	o Item 2.32 (Part 2, Section 2)
	2.31	Describe how yo Attach a copy of	u notify the NPDES permitting at the notification.	uthority for the st	ates where the la	nd application sites are located.
Generation of		l <u> </u>	re if you have attached the expla			
erat	Courte		re if you have attached the notific	cation to the app	lication package.	
Ger	2.32	ce Disposal	e from your facility placed on a s	urface disposal s	ite?	
		☐ Yes	,	· •		o Item 2.39 (Part 2, Section 2)
	2.33		tons of sewage sludge from your r 365-day period:	facility placed or	n all surface	
	2.34	Do you own or o	perate all surface disposal sites	to which you sen	d sewage sludge	for disposal?
		☐ Yes → below.	SKIP to Item 2.39 (Part 2, Section	on 2)	No	
	2.35	Indicate the total sludge.	number of surface disposal site	s to which you se	end your sewage	
			ormation in Items 2.36 to 2.38 of	Part 2, Section 2	, for each facility.)	
		☐ Check here	if you have attached additional s	heets to the app	lication package.	

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

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EP	'A Identific	ation Number		Permit Number 10256332			Form Approved 03/05/19 OMB No. 2040-0004		
	2.36	Site name or num	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 (fi	rst and last)	Title		Phone	Number		Email Address
8	2.37	Site Contact (Che	eck all that ap	ply.)			Operator		
Continu	2.38	Total dry metric t disposal site per		e sludge from your	facility pla	aced on	this surface		
ge (	Incine	ration							
age Slud	2.39	Is sewage sludge	from your fac	cility fired in a sewa	age sludg	inciner			2.46 (Part 2, Section 2)
от Ѕем	2.40	Total dry metric t		e sludge from your y period;	facility fir	ed in all	sewage		
Derived fr	2.41 Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?  Yes → SKIP to Item 2.46 (Part 2, Section 2)  No							facility is fired?	
Owner									
ation	2.43	Incinerator name	or number						
repar		Mailing address	(street or P.O	. box)					
e or F		City or town				State	•		ZIP code
Sludg		Contact name (fi	-	Title			number		Email address
wage		Location address	s (street, route	e number, or other	specific id			.,	☐ Same as mailing address
of Se		City or town				State			ZIP code
ig	2.44	Contact (check a	all that apply)						
era			tor owner			_Ц_	Incinerator	operato	Γ
Gen	2.45	Total dry metric sludge incinerate	tons of sewag or per 365-day	ge sludge from you y period:	r facility fi	red in thi	s sewage		
	Disposal in a Municipal Solid Waste Landfill								
	2.46	ls sewage sludg	e from your fa	acility placed on a r	municipal	solid wa		IP to Pa	rt 2, Section 3.
	2.47	Indicate the total	I number of m	nunicipal solid was	te landfills	used. (F			-, 33
		information in It	ems 2.48 to 2	.52 directly below f	or each fa	icility.)			
		LI Check here	n you nave a	ttached additional	5116612 10	uie appi	loation		

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EP	A Identific	ation Number	NPDES Per ALOO2	mit Number 56332	Alice	Facility Name ville West Lago	oon	Form Approved 03/05/19, OMB No. 2040-0004	
ø	2.48	Name of landfill							
Sludg		Mailing address (	street or P.O. bo	ox)					
wage		City or town	*	•		State		ZIP code	
m Se		Contact name (fir	st and last)	Title	,	Phone num	ber	Email address	
ed fro		Location address	(street, route no	umber, or othe	r specific ide	ntifier)		☐ Same as mailing address	
Deriv		County			ounty code	,		☑ Not available	
iterial		City or town	-	S	tate			ZIP code	
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:							
aration of a Continued	2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.							
Jep.	ļ.	Permit Number	er		· ,	Type of Pe	ermit		
Je or I			-			1			
Slndc							· 		
маде			, , .						
of Se	2.51							licable requirements for uids test and TCLP test).	
ration			ere to indicate yo					,	
ene	2.52	Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258?							
		✓ Yes				□ No	•		

Form Approved 03/05/19 OMB No. 2040-0004 Facility Name Aliceville West Lagoon

EP	A Identific	ation Number	NPDES Permit Numb AL00256332	er		cility Na e Wes	ame st Lagoon		Form Approved 03/05/19 OMB No. 2040-0004		
PART 2	. SECTI	ON 3 LAND AP	PLICATION OF BULK	SEWAGE	SLUDGE (40	0 CFR	2 122.21(q)(9	))			
-	3.1		y apply sewage sludge t					<u>· ·                                    </u>	<del></del>		
		☐ Yes	, , , ,		<u> </u>	~	No → SKIP	to Part	2, Section 4.		
	3.2		lowing conditions apply	?				·			
		The sewage     Table 3 of 4     attraction res	e sludge meets the ceiling the ceiling the control of the ceiling	ng conce pathoge t 40 CFR	n reduction re 503.33(b)(1)-	quirer -(8);	ments at 40 C	FR 503.	e pollutant concentrations in 32(a), and one of the vector		
		_	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.								
		<ul> <li>You provide</li> </ul>	e the sewage sludge to	another f	acility for treat	ment	or blending.		•		
		Yes → SKIP to Part 2, Section 4. No									
	3.3	Complete Section	Complete Section 3 for every site on which the sewage sludge is applied.								
		☐ Check here	if you have attached sh	eets to th	e application j	packa	ige for one or	more la	nd application sites.		
	Identi	fication of Land	Application Site								
	3.4	Site name or nu	mber								
		Location addres	s (street, route number,	or other	specific identit	fier)			☐ Same as mailing address		
		County	· · · · · · · · · · · · · · · · · · ·			Co	ounty code		☐ Not available		
ndge	,	City or town		State				ZIP co	de		
Land Application of Bulk Sewage Sludge		Latitude/Longitude of Land Application Site (see instructions)									
			Latitude				<u>.</u>	Long	jitudë		
Se			0 1 . "				•	,	n		
훒		Method of Dete	ermination		I						
n of I		USGS map	· ·	☐ Field	survey		[	☐ Othe	r (specify)		
cati	3.5	Provide a topog	raphic map (or other ap	phic map (or other appropriate map if a topographic map is unavailable) that shows the site locatio							
pol		☐ Check	here to indicate you hav	e attache	ed a topograph	hic ma	ap for this site	Э.			
d A	Owne	r Information									
Lan	3.6	Are you the owr	ner of this land application	on site?					•		
	<u></u>	Yes →	SKIP to Item 3.8 (Part	2, Sectio	n 3) below.		. No				
	3.7	Owner name							·		
		Mailing address	(street or P.O. box)		<del></del>				*		
	ļ	Iviality address	(Succesof 1.0. DOX)	·							
		City or town					tate		ZIP code		
		Contact name (f	first and last)	Title	•	P	hone number	r 	Email address		
	Appli	er Information		•							
	3.8		son who applies, or who SKIP to Item 3.10 (Par			icatio	n of, sewage No	sludge t	o this land application site?		
	3.9	Applier's name	SINIF LO ILGIN J. TO (Fai		on o) below.	<u> </u>	140				
		Mailing address	(street or P.O. box)	<del></del>				•			
		City or town	•			S	tate		ZIP code		
		Contact name (	first and last)	Title	···	P	hone number	,	Email address		

A Identific	ation Number	NPDES Permit AL00256		ı	ny Name West Lagoon		OMB No. 2040-0004
Site T	vne		•	<u>L</u>			<u> </u>
3.10	Type of land app	lication:				_	
3.10		ural land		Г	] Forest		
	I -			<u></u>			
	│	ation site		<u>L</u>	] Public co	ontact site	
	☐ Other (	describe)					
Crop	or Other Vegetati	on Grown on Site	)	<del></del>			
3.11		p or other vegetati		n this site?			
3.12	What is the nitro	gen requirement fo	or this crop or	vegetation?	-	·	
Vecto	r Attraction Redu	ıction		_			
3.13		traction reduction nd application site		at 40 CFR 503.3			t when sewage sludge is
	☐ Yes				below.		m 3.16 (Part 2, Section 3)
3.14	Indicate which v	ector attraction red	luction option	is met. (Check o	only one resp	onse.)	•
	☐ Option	9 (injection below	and surface)		Option 1	10 (incorpo	oration into soil within 6 hou
3.15	sludge.	eatment processes					action properties of sewage
	i				ppiloation pac	mago.	15
		and Remaining A			h!		- Illusort landing petos
3.16		udge applied to the FR 503.13(b)(2)?	is site since J	uly 20, 1993, sul	oject to the cu _	ımulative f	oollutant loading rates
	☐ Yes ☐ No → SKIP to Part 2, Section 4.						2, Section 4.
3.17	be applied to as July 20, 1993?	cted the NPDES po certain whether bu	ermitting auth Ik sewage slu	ority in the state dge subject to C	CPLRs has be No → S	en applied Sewage slo	sludge subject to CPLRs was to this site on or since
	☐ Yes			<u>L</u>		not be app Section 4.	lied to this site. SKIP to Par
3.18	Provide the follo	wing information a	bout your NP	DES permitting	authority:		<u>,                                      </u>
	NPDES permitti	ng authority name					
1	Contact person						
,	Telephone num	hor					•
	<del></del>	DG1					
0.40	Email address			aubiactic OD! 5	) ha "	al to 11-!-	site since taly 00 40000
3.19	l	nquiry, nas buik se	wage sludge	Subject to CPLF			site since July 20, 1993?
	☐ Yes						rt 2, Section 4.
3.20	subject to CPLF attach additiona	Rs to this site since I pages as necess	July 20, 1993 ary.	3. If more than o	ne such facilit	ding, or ha y sends se	as sent, bulk sewage sludge ewage sludge to this site,
	☐ Check he	re to indicate that a	additional pag	es are attached.	•		•
	Facility name					•	
	Mailing address	(street or P.O. bo	k)		-		
	City or town				State		ZIP code
	Contact riame (	first and last)	Title		Phone numb	ber	Email address
	1 '		1				i

**EPA Identification Number** NPDES Permit Number Facility Name Form Approved 03/05/19 OMB No. 2040-0004 AL00256332 Aliceville West Lagoon PART 2, SECTION 4 SURFACE DISPOSAL (40 CFR 122.21(q)(10)) Do you own or operate a surface disposal site? ✓ No → SKIP to Part 2, Section 5. Yes 4.2 Complete all items in Section 4 for each active sewage sludge unit that you own or operate. 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 Unit name or number Mailing address (street or P.O. box) State ZIP code City or town Contact name (first and last) Title Phone number Email address Location address (street, route number, or other specific identifier) □ Same as mailing address County code □ Not available County State ZIP code City or town Latitude/Longitude of Active Sewage Sludge Unit (see instructions) Latitude Longitude Surface Disposal Method of Determination ☐ Field survey USGS map Other (specify) Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site 4.4 location. 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)? No → SKIP to Item 4.9 (Part 2, Section ☐ Yes 4.8 Describe the liner. 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? No → SKIP to Item 4.11 (Part 2, Section Yes 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. Check here to indicate that you have attached the description to the application package.

THE PART OF THE

EF	PA Identifica	ation Number	NPDES Permit Number AL00256332	Facility N Aliceville We		Form Approved 03/05/19 OMB No. 2040-0004
	4.11	Is the boundary of site?	of the active sewage sludge u	nit less than 150 meter	ers from the prope	erty line of the surface disposal
		☐ Yes				KIP to Item 4.13 (Part 2, 4) below.
	4.12	Provide the actua	al distance in meters:			meters
	4.13	Remaining capa	city of active sewage sludge (		dry metric tons	
	4.14	Anticipated closu	re date for active sewage slu	dge unit, if known (Mi	VI/DD/YYYY):	
	4.15	Attach a copy of	any closure plan that has bee	en developed for this a	active sewage slu	dge unit.
		☐ Check here	e to indicate that you have at	ached a copy of the c	losure plan to the	application package.
	Sewag	e Sludge from O	ther Facilities			
	4.16	Is sewage sludge	e sent to this active sewage s	ludge unit from any fa		
		☐ Yes		<u>.</u>	□ No → S 4) below	KIP to Item 4.21 (Part 2, Section
	4.17	sludge to this ac below for each s	• •	nplete Items 4.18 to 4	.20 directly	
		Check here the applica	each facility to			
78	4.18	Facility name	,	•		
ntinue		Mailing address	(street or P.O. box)			
Surface Disposal Continued		City or town			State	ZIP code
Oispo		Contact name (fi	irst and last) Ti	tle	Phone number	Email address
lace I	4.19		ogen class and reduction alto	emative and the vecto	r attraction reduct	tion option met for the sewage
as a	, '		gen Class and Reduction A	Alternative	Vector At	traction Reduction Option
1		☐ Not applicable			☐ Not applicab	
		☐ Class A, Alter			☐ Option 1	
		☐ Class A, Alter		-	☐ Option 2	
		☐ Class A, Alter			☐ Option 3	
	,	☐ Class A, Alter			☐ Option 4	
		Class A, Alter			Option 5	, .
	}	☐ Class A, Alter☐ Class B, Alter			☐ Option 6 ☐ Option 7	1
	,	☐ Class B, Alter			☐ Option 8	•
		☐ Class B, Alter			☐ Option 9	•
	ľ	☐ Class B, Alter			☐ Option 10	
	*		otage, pH adjustment		☐ Option 11	·
ļ	4.20					wage sludge or reduce the vector
1			ties of sewage sludge before	_	·	
		☐ Preliminar	y operations (e.g., sludge gni	nding and degritting)		ng (concentration)
		☐ Stabilization	on		☐ Anaerobi	ic digestion
		☐ Compostir	ng ·		☐ Condition	ning
			n (e.g., beta ray irradiation, g , pasteurization)	amma ray		ing (e.g., centrifugation, sludge eds, sludge lagoons)
		☐ Heat dryin	•			reduction
			ย or biogas capture and recover	ν	Other (sp	
1	1	, , ,		,		· · ···//

EF	'A Identific	ation Number	NPDES Permit Number ALO0256332	Facility Name Aliceville West La	goon	OMB No. 2040-0004
	Vector	r Attraction Redu	l			
	4.21		raction reduction option, if any, is	met when sewage slud	lge is plac	ed on this active sewage sludge
			(Injection below and surface)			n 11 (Covering active sewage e unit daily)
		☐ Option 10	0 (Incorporation into soil within 6	hours)	None	
	4.22	Describe any tre sewage sludge.	atment processes used at the ac	tive sewage sludge uni	to reduce	vector attraction properties of
		Check her	e if you have attached your desc	ription to the application	n package.	
	Groun	  dwater Monitorir				
	4.23	Is groundwater r			lge unit, o	r are groundwater monitoring data
	·	☐ Yes				SKIP to Item 4.26 (Part 2, on 4) below.
20	4.24	Provide a copy of	of available groundwater monitor	ing data.		
inue		☐ Check he	ere to indicate you have attached	the monitoring data.		
Surface Disposal Continued	4.25	Describe the we to obtain these of		th to groundwater, and	the ground	lwater monitoring procedures used
sods		Check h	ere if you have attached your de	scription to the applicati	on packag	e.
ace D						
Surf	4.26	Has a groundwa	ater monitoring program been pre	enared for this active se	wane slude	ne unit?
	4.20	Yes	tter monitoring program seem pre	pared for this active se	No 🗗	SKIP to Item 4.28 (Part 2, on 4) below.
	4.27	Submit a copy o	of the groundwater monitoring pro	gram with this permit a		
		☐ Check he	ere to indicate you have attached	I the monitoring prograr	n.	· •
	4.28		ned a certification from a qualified not been contaminated?	l groundwater scientist	hat the aq	uifer below the active sewage
		☐ Yes				SKIP to Item 4.30 (Part 2, on 4) below.
	4.29	Submit a copy o	of the certification with this permit	application.	· <del>-</del> ·	
		☐ Check he	ere to indicate you have attached	I the certification to the	applicatior	n package.
	Site-S	pecific Limits				
	4.30	I	site-specific pollutant limits for t	he sewage sludge place		
}	4 24	Cubmit informat	ion to cumpart the request for sit-	cooific pollutant limits		SKIP to Part 2, Section 5.
	4.31		ion to support the request for site	•		арунсацин.
		Check he	ere to indicate you have attached	i ine requested informa	uUII.	

Form Approved 03/05/19 EPA Identification Number NPDES Permit Number Facility Name OMB No. 2040-0004 AL00256332 Aliceville West Lagoon PART 2, SECTION 5 INCINERATION (40 CFR 122.21(q)(11)) Incinerator Information Do you fire sewage sludge in a sewage sludge incinerator? No → SKIP to END. ~ Indicate the total number of incinerators used at your facility. (Complete the remainder 5.2 of Section 5 for each such incinerator.) ☐ 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) □ Not available County code County ZIP code City or town State Latitude/Longitude of Incinerator (see instructions) Longitude Latitude **Method of Determination** ☐ Field survey Other (specify) ☐ USGS map **Amount Fired** Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: ncineration **Beryllium NESHAP** 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. Check here to indicate that you have attached this material to the application package. Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31? 5.6 No → SKIP to Item 5.8 (Part 2, Section 5) below. 5.7 Submit with this application a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met. Check here to indicate that you have attached this information. Mercury NESHAP Is compliance with the mercury NESHAP being demonstrated via stack testing? 5.8 No → SKIP to Item 5.11 (Part 2, Section 5) below. Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating 5.9 that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. Check here to indicate that you have attached this information. Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted. 5.10 Check here to indicate that you have attached this information. Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling? 5.11 No → SKIP to Item 5.13 (Part 2, Section 5) Yes below. Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters 5.12 indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. Check here to indicate that you have attached this information.

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EF	PA Identifica	ation Number	NPDES Permit Number AL00256332	1	y Name Vest Lagoon	.Form Approved 03/05/19 OMB No. 2040-0004						
	Dienor	sion Factor	<u>.</u>									
	5.13		r in micrograms/cubic meter pe	r gram/second:								
	5.14	Name and type	of dispersion model:									
	5.15	Submit a copy o	f the modeling results and supp	orting documenta	ation.							
		☐ Check he	Check here to indicate that you have attached this information.									
		ol Efficiency										
	5.16	Provide the conf	trol efficiency, in hundredths, for									
		A '-	Pollutant		Control Effic	iency, in Hundredths						
		Arsenic										
		Cadmium										
		Chromium		· · · · · · · · · · · · · · · · · · ·								
		Lead										
		Nickel			<del></del>							
	5.17	Attach a copy of	f the results or performance tes	ting and supportir	ig documental	tion (including testing dates).						
		☐ Check here to indicate that you have attached this information.										
	Risk-S	pecific Concentr	ation for Chromium									
	5.18	Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter:										
ned	5.19	Was the RSC de	etermined via Table 2 in 40 CFF	₹ 503.43?								
Incineration Continued		☐ Yes			No → SKIP	to Item 5.21 (Part 2, Section 5) below.						
, E	5.20	Identify the type	of incinerator used as the basis	S.								
rati		☐ Fluidized	bed with wet scrubber	Other types	with wet scrubber							
Incine			bed with wet scrubber and wet atic precipitator		Other types precipitator	with wet scrubber and wet electrostatic						
	5.21	Was the RSC d	etermined via Table 6 in 40 CFF	R 503.43 (site-spe	ecific determin	ation)?						
		☐ Yes			No → SKII below.	P to Item 5.23 (Part 2, Section 5)						
	5.22		imal fraction of hexavalent chro entration in stack exit gas:	mium concentrati	on to total							
	5.23		ts of incinerator stack tests for he this application.	nexavalent and to	tal chromium	concentrations, including the date(s) of						
		☐ Check he	ere to indicate that you have atta	ached this informa	ation.	☐ Not applicable						
	Incine	rator Parameters	· · · ·									
	5.24	Do you monitor	total hydrocarbons (THC) in the	e exit gas of the se	ewage sludge	incinerator?						
		☐ Yes			No							
	5.25	Do you monitor	carbon monoxide (CO) in the e	xit gas of the sew	age sludge in	cinerator?						
		☐ Yes			No							
	5.26	Indicate the type	e of sewage sludge incinerator.									
	5.27	Incinerator stac	k height in meters:									
	5.28	Indicate whethe	r the value submitted in Item 5.	27 is (check only	one response	):						
		Actual st	ack height		Creditable s	stack height						

EPA Identification Number			NPDES Permit Number AL00256332		Facility Name Aliceville West Lagoon		Form Approved 03/05/19 OMB No. 2040-0004		
	Performance Test Operating Parameters								
	5.29								
	5.30	Performance test sewage sludge feed rate, in dry metric tons/day							
	5.31	Indicate whether value submitted in Item 5.30 is (check only one response):							
Incineration Continued		Average use Maximum design							
	5.32	Attach supporting documents describing how the feed rate was calculated.  Check here to indicate that you have attached this information.							
	5.33	Submit information documenting the performance test operating parameters for the air pollution control device(s)							
	0.00	used for this sewage sludge incinerator.							
		Check here to indicate that you have attached this information.							
	Monitoring Equipment								
	5.34	List the equipment in place to monitor the listed parameters.							
			Parameter			Equipment	in Place for Monito	oring	
		Total hydrocarbo	ons or carbon monoxide						
		Percent oxygen					-	•	
		Percent moisture	e				. ,		
		Combustion tem	perature		<u> </u>		·		
	4	Other (describe)	<u> </u>						
Ē	Air Pollution Control Equipment								
	5.35	<ul> <li>5.35 List all air pollution control equipment used with this sewage sludge incinerator.</li> <li>Check here if you have attached the list to the application package for the noted incinerator.</li> </ul>							
		- CHOOK HOLD	in you mayo addenou are not to a	on paos	tage for the new	50 IIIOIIIGIA(OI,			
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			,		•				
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,				•					
	ſ								
				•					

# **END of PART 2**

Submit completed application package to your NPDES permitting authority.