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Alabama Department of Environmental Management
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(334) 271-7700 ▪ FAX (334) 271-7950

July 15, 2022

Tony Schachle, Chief Engineer
The Utilities Board of the City of Foley
Post Office Box 2050
Foley, AL 36535

RE: Draft Permit
NPDES Permit No. AL0049042
Foley WWTP
Baldwin County, Alabama

Dear Mr. Schachle:

Transmitted herein is a draft of the referenced permit.

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

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

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

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

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

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

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

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

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

Sincerely,

Stephanie Ammons

Stephanie Ammons
Municipal Section
Water Division

Enclosure

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

ADEM
Alabama Department of Environmental Management

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: THE UTILITIES BOARD OF THE CITY OF FOLEY
POST OFFICE BOX 2050
FOLEY, AL 36535

FACILITY LOCATION: FOLEY WWTP (3.5 MGD)
1000 GREENTREE LANE
FOLEY, ALABAMA
BALDWIN COUNTY

PERMIT NUMBER: AL0049042

RECEIVING WATERS: WOLF CREEK

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

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

Draft

Alabama Department of Environmental Management

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PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. DSN 001-3: Effluent

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

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Oxygen, Dissolved (DO) (00300) Effluent Gross Value	*****	*****	*****	7.0 Minimum Daily	*****	*****	mg/l	3X Weekly test	Grab	Not Seasonal
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	8.5 Maximum Daily	S.U.	3X Weekly test	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	875 Monthly Average	1313 Weekly Average	lbs/day	*****	30 Monthly Average	45 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
Solids, Total Suspended (00530) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	58.3 Monthly Average	87 Weekly Average	lbs/day	*****	2.0 Monthly Average	3.0 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	S
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	87.5 Monthly Average	131 Weekly Average	lbs/day	*****	3.0 Monthly Average	4.5 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	W
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	175 Monthly Average	262 Weekly Average	lbs/day	*****	6.0 Monthly Average	9.0 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	W
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	116 Monthly Average	175 Weekly Average	lbs/day	*****	4.0 Monthly Average	6.0 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	S
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.G.

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

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

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

DSN 001-3 (Continued): Effluent

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)
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Zinc Total Recoverable (01094) Effluent Gross Value	*****	*****	*****	*****	214 Monthly Average	214 Maximum Daily	ug/l	Monthly	Grab	Not Seasonal
Bis (2-Ethylhexyl) Phthalate (39100) Effluent Gross Value	*****	*****	*****	*****	2.4 Monthly Average	*****	ug/l	Monthly	Grab	Not Seasonal
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 notes (3, 4) Effluent Gross Value	*****	*****	*****	*****	0.012 Monthly Average	0.021 Maximum Daily	mg/l	3X Weekly test	Grab	Not Seasonal
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	126 Monthly Average	298 Maximum Daily	col/100mL	3X Weekly test	Grab	ECS
E. Coli (51040) Effluent Gross Value	*****	*****	*****	*****	548 Monthly Average	2507 Maximum Daily	col/100mL	3X Weekly test	Grab	ECW
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	291 Monthly Average	437 Weekly Average	lbs/day	*****	10 Monthly Average	15 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	W

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

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

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

See Permit Requirements for Stormwater in Part IV.G.

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

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

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

DSN 001-3 (Continued): Effluent

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)
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	204 Monthly Average	306 Weekly Average	lbs/day	*****	7.0 Monthly Average	10.5 Weekly Average	mg/l	3X Weekly test	24-Hr Composite	S
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	3X Weekly test	24-Hr Composite	Not Seasonal
BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091) Percent Removal	*****	*****	*****	85 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal
Solids, Suspended Percent Removal (81011) Percent Removal	*****	*****	*****	85 Monthly Average Minimum	*****	*****	%	Monthly	Calculated	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.G.

(2) S = Summer (May – November)
W = Winter (December – April)

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

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

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

2. DSN 001-A: Effluent

This is an administrative outfall designation. Outfall 001A is the same physical outfall as Outfall 0013. Discharge from this outfall shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Mercury Total Recoverable (71901) See note (3) Effluent Gross Value	*****	*****	*****	*****	(Report) Monthly Average	(Report) Maximum Daily	ug/l	Annually	Grab	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.G.

(2) S = Summer (May – November)
W = Winter (December – April)

ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

(3) Mercury monitoring is required annually using EPA approved methods 1631E/1669 or an alternative method specifically approved by the Department.

3. DSN 001-T: Effluent

This is an administrative outfall designation. Outfall 001T is the same physical outfall as Outfall 0013. Discharge from this outfall shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Toxicity, Ceriodaphnia Chronic (61426) Effluent Gross Value	*****	0 Single Sample	pass=0;fail=1	*****	*****	*****	*****	See Permit Requirements	24-Hr Composite	Nov
Toxicity, Pimephales Chronic (61428) Effluent Gross Value	*****	0 Single Sample	pass=0;fail=1	*****	*****	*****	*****	See Permit Requirements	24-Hr Composite	Nov

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

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

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

See Permit Requirements for Stormwater in Part IV.G.

(2) S = Summer (May – November)
W = Winter (December – April)

ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

4. DSN 002-S: Storm Water

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 002, which is described more fully in the Permittee's application as storm water Outfall 001. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
pH (00400) Storm Water	*****	*****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Annually	Grab	Not Seasonal
Solids, Total Suspended (00530) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Oil & Grease (00556) Storm Water	*****	*****	*****	*****	*****	15 Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Storm Water	*****	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Annually	Grab	Not Seasonal
E. Coli (51040) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	Annually	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.G.

(2) S = Summer (May – November)
W = Winter (December – April)

ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

5. DSN 003-S: Storm Water

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

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
pH (00400) Storm Water	*****	*****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Annually	Grab	Not Seasonal
Solids, Total Suspended (00530) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Oil & Grease (00556) Storm Water	*****	*****	*****	*****	*****	15 Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Storm Water	*****	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Annually	Grab	Not Seasonal
E. Coli (51040) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	Annually	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.G.

(2) S = Summer (May – November)
W = Winter (December – April)

ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

6. DSN 004-S: Storm Water

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 004, which is described more fully in the Permittee's application as storm water Outfall 003. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
pH (00400) Storm Water	*****	*****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Annually	Grab	Not Seasonal
Solids, Total Suspended (00530) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Oil & Grease (00556) Storm Water	*****	*****	*****	*****	*****	15 Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Storm Water	*****	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Annually	Grab	Not Seasonal
E. Coli (51040) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	Annually	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.G.

(2) S = Summer (May – November)
W = Winter (December – April)

ECS = E. coli Summer (May – October)
ECW = E. coli Winter (November – April)

B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

1. Representative Sampling

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

2. Measurement Frequency

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

a. Seven days per week shall mean daily.

b. Five days per week shall mean any five days of discharge during a calendar weekly period of Sunday through Saturday.

c. Three days per week shall mean any three days of discharge during a calendar week.

d. Two days per week shall mean any two days of discharge during a calendar week

e. One day per week shall mean any day of discharge during a calendar week.

f. Two days per month shall mean any two days of discharge during the month that are no less than seven days apart. However, if discharges occur only during one seven-day period in a month, then two days per month shall mean any two days of discharge during that seven day period.

g. One day per month shall mean any day of discharge during the calendar month.

h. Quarterly shall mean any day of discharge during each calendar quarter.

i. The Permittee may increase the frequency of sampling, listed in Provisions I.B.2.a through I.B.2.h; however, all sampling results are to be reported to the Department.

3. **Test Procedures**

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

a. For parameters with an EPA established Minimum Level (ML), report the measured value if the analytical result is at or above the ML and report "0" for values below the ML. Test procedures for the analysis of pollutants shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). If more than one method for analysis of a substance is approved for use, a method having a minimum level lower than the permit limit shall be used. If the minimum level of all methods is higher than the permit limit, the method having the lowest minimum level shall be used and a report of less than the minimum level shall be reported as zero and will constitute compliance, however should EPA approve a method with a lower minimum level during the term of this permit the permittee shall use the newly approved method.

b. For pollutants parameters without an established ML, an interim ML may be utilized. The interim ML shall be calculated as 3.18 times the Method Detection Level (MDL) calculated pursuant to 40 CFR Part 136, Appendix B.

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

In either case the measured value should be reported if the analytical result is at or above the ML and "0" 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
Environmental Data Section, Permits & Services 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
Environmental Data Section, Permits & Services 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
Environmental Data Section, Permits & Services Division
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400

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

2. **Noncompliance Notifications and Reports**

a. The Permittee shall notify the Department if, for any reason, the Permittee's discharge:

(1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I.A. of this permit which is denoted by an "(X)";

(2) Potentially threatens human health or welfare;

(3) Threatens fish or aquatic life;

(4) Causes an in-stream water quality criterion to be exceeded;

(5) Does not comply with an applicable toxic pollutant effluent standard or prohibition established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a);

(6) Contains a quantity of a hazardous substance that may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);

(7) Exceeds any discharge limitation for an effluent parameter listed in Part I.A. as a result of an unanticipated bypass or upset; or

(8) Is an unpermitted direct or indirect discharge of a pollutant to a water of the state. (Note that unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision.)

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

b. If, for any reason, the Permittee's discharge does not comply with any limitation of this permit, then the Permittee shall submit a written report to the Director or Designee, as provided in Provision I.C.2.c below. This report must be submitted with the next Discharge Monitoring Report required to be submitted by Provision I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.

c. Except for notifications and reports of notifiable SSOs which shall be submitted in accordance with the applicable Provisions of this permit, the Permittee shall submit the reports required under Provisions I.C.2.a. and b. to the Director or Designee on ADEM Form 421, available on the Department's website (http://www.adem.state.al.us/DeptForms/Form421.pdf). The completed Form must document the following information:

(1) A description of the discharge and cause of noncompliance;

(2) The period of noncompliance, including exact dates, times, and duration of the noncompliance. If the noncompliance is not corrected by the due date of the written report, then the Permittee shall provide an estimated date by which the noncompliance will be corrected; and

(3) A description of the steps taken by the Permittee and the steps planned to be taken by the Permittee to reduce or eliminate the noncompliant discharge and to prevent its recurrence.

d. Immediate notification

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

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

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

f. The Permittee shall maintain a record of all known wastewater discharge points that are not authorized as permitted outfalls, including but not limited to SSOs. The Permittee shall include this record in its **Municipal Water Pollution Prevention (MWPP) Annual Reports**, which shall be submitted to the Department each year by May 31st for the prior calendar year period beginning January 1st and ending December 31st. The MWPP Annual Reports shall contain a list of all known wastewater discharge points that are not authorized as permitted outfalls and any discharges that occur prior to the headworks of the wastewater treatment plant covered by this permit. The Permittee shall also provide in the MWPP Annual Reports a list of any discharges reported during the applicable time period in accordance with Provision I.C.2.a. The Permittee shall include in its MWPP Annual Reports the following information for each known unpermitted discharge that occurred:

(1) The cause of the discharge;

(2) Date, duration and volume of discharge (estimate if unknown);

(3) Description of the source (e.g., manhole, lift station);

(4) Location of the discharge, by latitude and longitude (or other appropriate method as approved by the Department);

(5) The ultimate destination of the flow (e.g., surface waterbody, municipal separate storm sewer to surface waterbody). Location should be shown on a USGS quad sheet or copy thereof; and

(6) Corrective actions taken and/or planned to eliminate future discharges.

D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

1. **Anticipated Noncompliance**

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

2. **Termination of Discharge**

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

3. **Updating Information**

a. The permittee shall inform the Director of any change in the permittee's mailing address or telephone number or in the permittee's designation of a facility contact or office having the authority and responsibility to prevent and abate violations of the AWPCA, the Department's Rules and the terms and conditions of this permit, in writing, no later than ten (10) days after such change. Upon request of the Director or his designee, the permittee shall furnish the Director with an update of any information provided in the permit application.

b. If the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information with a written explanation for the mistake and/or omission.

4. **Duty to Provide Information**

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

E. SCHEDULE OF COMPLIANCE

1. **Compliance with discharge limits**

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

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. **Schedule**

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

PART II: OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES

A. OPERATIONAL AND MANAGEMENT REQUIREMENTS

1. **Facilities Operation and Maintenance**

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

2. **Best Management Practices**

a. Dilution water shall not be added to achieve compliance with discharge limitations except when the Director or his designee has granted prior written authorization for dilution to meet water quality requirements.

b. The permittee shall prepare, implement, and maintain a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 C.F.R. Section 112 if required thereby.

c. The permittee shall prepare, submit for approval and implement a Best Management Practices (BMP) Plan for containment of any or all process liquids or solids, in a manner such that these materials do not present a significant potential for discharge, if so required by the Director or his designee. When submitted and approved, the BMP Plan shall become a part of this permit and all requirements of the BMP Plan shall become requirements of this permit.

3. **Certified Operator**

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

B. OTHER RESPONSIBILITIES

1. **Duty to Mitigate Adverse Impacts**

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

2. **Right of Entry and Inspection**

a. The permittee shall allow the Director, or an authorized representative, upon the presentation of proper credentials and other documents as may be required by law to:

(1) Enter upon the permittee's premises where a regulated facility or activity or point source is located or conducted, or where records must be kept under the conditions of the permit;

(2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of the permits;

(3) Inspect any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under the permit; and

(4) Sample or monitor, for the purposes of assuring permit compliance or as otherwise authorized by the AWPCA, any substances or parameters at any location.

C. BYPASS AND UPSET

1. **Bypass**

a. Any bypass is prohibited except as provided in b. and c. below:

b. A bypass is not prohibited if:

(1) It does not cause any discharge limitation specified in Provision I. A. of this permit to be exceeded;

(2) It enters the same receiving stream as the permitted outfall; and

(3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.

c. A bypass is not prohibited and need not meet the discharge limitations specified in Provision I. A. of this permit if:

(1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;

(2) There are no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime (this condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance); and

(3) The permittee submits a written request for authorization to bypass to the Director at least ten (10) days prior to the anticipated bypass (if possible), the permittee is granted such authorization, and the permittee complies with any conditions imposed by the Director to minimize any adverse impact on human health or the environment resulting from the bypass.

d. The permittee has the burden of establishing that each of the conditions of Provision II. C. 1. b. or c. have been met to qualify for an exception to the general prohibition against bypassing contained in a. and an exemption, where applicable, from the discharge limitations specified in Provision I. A. of this permit.

2. **Upset**

a. A discharge which results from an upset need not meet the discharge limitations specified in Provision I. A. of this permit if:

(1) No later than 24-hours after becoming aware of the occurrence of the upset, the Permittee orally reports the occurrence and circumstances of the upset to the Director or his designee; and

(2) No later than five (5) days after becoming aware of the occurrence of the upset, the Permittee furnishes the Director with evidence, including properly signed, contemporaneous operating logs, or other relevant evidence, demonstrating that:

(i) An upset occurred;

(ii) The Permittee can identify the specific cause(s) of the upset;

(iii) The Permittee's facility was being properly operated at the time of the upset; and

(iv) The Permittee promptly took all reasonable steps to minimize any adverse impact on human health or the environment resulting from the upset.

b. The permittee has the burden of establishing that each of the conditions of Provision II. C. 2. a. of this permit have been met to qualify for an exemption from the discharge limitations specified in Provision I. A. of this permit.

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

1. **Duty to Comply**

a. The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the AWPCA and the FWPCA and is grounds for enforcement action, permit termination, revocation and reissuance, suspension, modification, or denial of a permit renewal application.

b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a permittee in an enforcement action.

c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.

d. The permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.

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

2. **Removed Substances**

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

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

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

4. **Compliance with Statutes and Rules**

a. This permit has been issued under ADEM Administrative Code, Chapter 335-6-6. All provisions of this chapter, that are applicable to this permit, are hereby made a part of this permit. A copy of this chapter may be obtained for a small charge from the Office of General Counsel, Alabama Department of Environmental Management, 1400 Coliseum Boulevard Montgomery, Alabama 36110-2059.

b. This permit does not authorize the noncompliance with or violation of any Laws of the State of Alabama or the United States of America or any regulations or rules implementing such laws. FWPCA, 33 U.S.C. Section 1319, and Code of Alabama 1975, Section 22-22-14.

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

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

a. If the permittee intends to continue to discharge beyond the expiration date of this permit, the permittee shall file a complete permit application for reissuance of this permit at least 180 days prior to its expiration. If the permittee does not intend to continue discharge beyond the expiration of this permit, the permittee shall submit written notification of this intent which shall be signed by an individual meeting the signatory requirements for a permit application as set forth in ADEM Administrative Code Rule 335-6-6-.09.

b. Failure of the permittee to apply for reissuance at least 180 days prior to permit expiration will void the automatic continuation of the expiring permit provided by ADEM Administrative Code Rule 335-6-6-.06 and should the permit not be reissued for any reason any discharge after expiration of this permit will be an unpermitted discharge.

2. **Change in Discharge**

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

3. **Transfer of Permit**

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

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

4. **Permit Modification and Revocation**

   a. This permit may be modified or revoked and reissued, in whole or in part, during its term for cause, including but not limited to, the following:

      (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to revoke and reissue this permit instead of terminating the permit;

      (2) If a request to transfer this permit has been received, the Director may decide to revoke and reissue or to modify the permit; or

      (3) If modification or revocation and reissuance is requested by the permittee and cause exists, the Director may grant the request.

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

      (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to modify this permit instead of terminating this permit;

      (2) There are material and substantial alterations or additions to the facility or activity generating wastewater which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit;

      (3) The Director has received new information that was not available at the time of permit issuance and that would have justified the application of different permit conditions at the time of issuance;

      (4) A new or revised requirement(s) of any applicable standard or limitation is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA;

      (5) Errors in calculation of discharge limitations or typographical or clerical errors were made;

      (6) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, when the standards or regulations on which the permit was based have been changed by promulgation of amended standards or regulations or by judicial decision after the permit was issued;

      (7) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, permits may be modified to change compliance schedules;

      (8) To agree with a granted variance under 30l(c), 30l(g), 30l(h), 30l(k), or 3l6(a) of the FWPCA or for fundamentally different factors;

      (9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;

      (10) When required by the reopener conditions in this permit;

      (11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);

      (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;

      (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or

      (14) When requested by the permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules; or

5. **Termination**

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

   a. Violation of any term or condition of this permit;

   b. The permittee's misrepresentation or failure to disclose fully all relevant facts in the permit application or during the permit issuance process or the permittee's misrepresentation of any relevant facts at any time;

   c. Materially false or inaccurate statements or information in the permit application or the permit;

d. A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;

e. The permittee's discharge threatens human life or welfare or the maintenance of water quality standards;

f. Permanent closure of the facility generating the wastewater permitted to be discharged by this permit or permanent cessation of wastewater discharge;

g. New or revised requirements of any applicable standard or limitation that is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA that the Director determines cannot be complied with by the permittee.

h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

6. **Suspension**

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

7. **Stay**

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

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

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

G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

1. The permittee shall not allow the introduction of wastewater, other than domestic wastewater, from a new direct discharger prior to approval and permitting, if applicable, of the discharge by the Department.

2. The permittee shall not allow an existing indirect discharger to increase the quantity or change the character of its wastewater, other than domestic wastewater, prior to approval and permitting, if applicable, of the increased discharge by the Department.

3. The permittee shall report to the Department any adverse impact caused or believed to be caused by an indirect discharger on the treatment process, quality of discharged water or quality of sludge. Such report shall be submitted within seven days of the permittee becoming aware of the adverse impacts.

H. PROHIBITIONS

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

1. Pollutants which create a fire or explosion hazard in the treatment works;

2. Pollutants which will cause corrosive structural damage to the treatment works, or dischargers with a pH lower than 5.0 s.u., unless the works are specifically designed to accommodate such discharges;

3. Solid or viscous pollutants in amounts which will cause obstruction of flow in sewers, or other interference with the treatment works;

4. Pollutants, including oxygen demanding pollutants, released in a discharge of such volume or strength as to cause interference in the treatment works;

5. Heat in amounts which will inhibit biological activity in the treatment plant resulting in interference or in such quantities that the temperature of the treatment plant influent exceeds 40 °C (104 °F) unless the treatment plant is designed to accommodate such heat;

6. Pollutants in amounts which exceed any applicable pretreatment standard under Section 307 of FWPCA or any approved revisions thereof.

PART III: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. CIVIL AND CRIMINAL LIABILITY

1. **Tampering**

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

2. **False Statements**

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

3. **Permit Enforcement**

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

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

      (1) An administrative order requiring abatement, compliance, mitigation, cessation, clean-up, and/or penalties;

      (2) An action for damages;

      (3) An action for injunctive relief; or

      (4) An action for penalties.

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

      (1) Initiate enforcement action based upon the permit which has been continued;

      (2) Issue a notice of intent to deny the permit reissuance. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;

      (3) Reissue the new permit with appropriate conditions; or

      (4) Take other actions authorized by these rules and AWPCA.

4. **Relief from Liability**

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

B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

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

C. PROPERTY AND OTHER RIGHTS

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

D. AVAILABILITY OF REPORTS

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

E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES

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

F. COMPLIANCE WITH WATER QUALITY STANDARDS

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

G. GROUNDWATER

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

H. DEFINITIONS

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

23. **Grab Sample** – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.

24. **Indirect Discharger** – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.

25. **Industrial User** – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category "Division D – Manufacturing" and such other classes of significant waste producers as, by regulation, the Director deems appropriate.

26. **MGD** – means million gallons per day.

27. **Monthly Average** – means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.

28. **New Discharger** – means a person, owning or operating any building, structure, facility, or installation:

    a) From which there is or may be a discharge of pollutants;

    b) That did not commence the discharge of pollutants prior to August 13, 1979, and which is not a new source; and

    c) Which has never received a final effective NPDES permit for dischargers at that site.

29. **NH3-N** – means the pollutant parameter ammonia, measured as nitrogen.

30. **Notifiable sanitary sewer overflow** - means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:

    a) Reaches a surface water of the State; or

    b) May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.

31. **Permit application** - means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.

32. **Point source** - means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).

33. **Pollutant** - includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.

34. **Privately Owned Treatment Works** – means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a "POTW".

35. **Publicly Owned Treatment Works (POTW)** – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.

36. **Receiving Stream** – means the "waters" receiving a "discharge" from a "point source".

37. **Severe property damage** - means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

38. **Significant Source** – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work's capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.

39. **TKN** – means the pollutant parameter Total Kjeldahl Nitrogen.

40. **TON** – means the pollutant parameter Total Organic Nitrogen.

41. **TRC** – means Total Residual Chlorine.

42. **TSS** – means the pollutant parameter Total Suspended Solids.

43. **24HC** – means 24-hour composite sample, including any of the following:

    a) The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;

    b) A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected;

    c) A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.

44. **Upset** - means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

45. **Waters** - means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 22 U.S.C. Section 1362(7), which are within the State of Alabama.

46. **Week** - means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.

47. **Weekly (7-day and calendar week) Average** – is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

I. SEVERABILITY

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

PART IV: SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. SLUDGE MANAGEMENT PRACTICES

1. **Applicability**

   a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural 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 LIMITATIONS AND BIOMONITORING REQUIREMENTS FOR CHRONIC TOXICITY

1. **Chronic Toxicity Test**

   a. The permittee shall perform short-term chronic toxicity tests on the wastewater at **Outfall 001.**

   b. The samples shall be diluted using appropriate control water to the Instream Waste Concentration (IWC) which is **90** percent effluent. The IWC is the actual concentration of effluent, after mixing, in the receiving stream during a 7-day, 10-year low flow period.

   c. Any test result that shows a statistically significant reduction in survival, growth, or reproduction between the control and test samples at the 95% confidence level indicates chronic toxicity and shall constitute noncompliance with this permit.

2. **General Test Requirements**

   a. A minimum of three (3) 24-hour composite samples shall be obtained for use in the above biomonitoring tests. Samples shall be collected every other day so that the laboratory receives water samples on the first, third, and fifth day of the seven-day test period. The holding time for each composite sample shall not exceed 36 hours. The control water shall be a water prepared in the laboratory in accordance with the EPA procedure described in EPA 821-R-02-013 (most current edition) or another control water selected by the Permittee and approved by the Department.

   b. Test results shall be deemed unacceptable and the Permittee shall rerun the tests as soon as practical within the monitoring period for the following:

(1) For testing with P. promelas: effluent toxicity tests with control survival of less than 80% or if dry weight per surviving control organism is less than 0.25 mg;

(2) For testing with C. dubia: if the number of young per surviving control organism is less than 15 or if less than 60% of surviving control females produce three broods; or

(3) If the other requirements of the EPA Test Procedure are not met.

c. In the event of an invalid test, upon subsequent completion of a valid test, the results of all tests, valid and invalid, are to be reported to the Department along with an explanation of the tests performed and the test results.

d. Toxicity tests shall be conducted for the duration of this permit in the month of NOVEMBER. Should results from the Annual Toxicity test indicate that **Outfall 001** exhibits chronic toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. In addition, the Permittee may then also be required to conduct toxicity testing in the months of FEBRUARY, MAY, AUGUST, and NOVEMBER.

3. **Reporting Requirements**

a. The Permittee shall notify the Department in writing within 48 hours after toxicity has been demonstrated by the scheduled test(s).

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

4. **Additional Testing Requirements**

a. If chronic toxicity is indicated (i.e., noncompliance with permit limit), then the Permittee must perform two additional valid chronic toxicity tests in accordance with these procedures to determine the extent and duration of the toxic condition. The toxicity tests shall run consecutively beginning on the first calendar week following the date that the Permittee became aware of the permit noncompliance. The results of these follow-up tests shall be submitted to the Department no later than 28 days following the month the tests were performed.

b. After evaluation of the results of the follow-up tests, the Department will determine if additional action is appropriate and may require additional testing and/or toxicity reduction measures. The permittee may be required to perform a Toxicity Identification Evaluation (TIE) and/or a Toxicity Reduction Evaluation (TRE). The TIE/TRE shall be performed in accordance with the most recent protocols and guidance outlined by EPA (e.g., EPA/600/2-88/062, EPA/600/R-92/080, EPA/600/R-91-003, EPA/600/R-92/081, EPA/833/B-99/022, and/or EPA/600/6-91/005F)

5. **Test Methods**

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

6. **Effluent Toxicity Testing Reports**

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

a. Introduction

(1) Facility name, location and county

(2) Permit number

(3) Toxicity testing requirements of permit

(4) Name of receiving water body

(5) Contract laboratory information (if tests are performed under contract)

(i) Name of firm

(ii) Telephone number

(iii) Address

(6) Objective of test

b. Plant Operations

(1) Discharge Operating schedule (if other than continuous)

(2) Volume of discharge during sample collection to include Mean daily discharge on sample collection dates (MGD, CFS, GPM)

(3) Design flow of treatment facility at time of sampling

c. Source of Effluent and Dilution Water

(1) Effluent samples

(2) Sampling point

(3) Sample collection dates and times (to include composite sample start and finish times)

(4) Sample collection method

(5) Physical and chemical data of undiluted effluent samples (water temperature, pH, alkalinity, hardness, specific conductance, total residual chlorine (if applicable), etc.)

(6) Lapsed time from sample collection to delivery

(7) Lapsed time from sample collection to test initiation

(8) Sample temperature when received at the laboratory

(9) Dilution Water

(10) Source

(11) Collection/preparation date(s) and time(s)

(12) Pretreatment (if applicable)

(13) Physical and chemical characteristics (water temperature, pH, alkalinity, hardness, specific conductance, etc.)

d. Test Conditions

(1) Toxicity test method utilized

(2) End point(s) of test

(3) Deviations from referenced method, if any, and reason(s)

(4) Date and time test started

(5) Date and time test terminated

(6) Type and volume of test chambers

(7) Volume of solution per chamber

(8) Number of organisms per test chamber

(9) Number of replicate test chambers per treatment

(10) Test temperature, pH, and dissolved oxygen as recommended by the method (to include ranges)

(11) Specify if aeration was needed

(12) Feeding frequency, amount, and type of food

(13) Specify if (and how) pH control measures were implemented

(14) Light intensity (mean)

e. Test Organisms

(1) Scientific name

(2) Life stage and age

(3) Source

(4) Disease(s) treatment (if applicable)

f. Quality Assurance

(1) Reference toxicant utilized and source

(2) Date and time of most recent chronic reference toxicant test(s), raw data, and current control chart(s). (The most recent chronic reference toxicant test shall be conducted within 30 days of the routine.)

(3) Dilution water utilized in reference toxicant test

(4) Results of reference toxicant test(s) (NOEC, IC25, etc.); report concentration-response relationship and evaluate test sensitivity

(5) Physical and chemical methods utilized

g. Results

(1) Provide raw toxicity data in tabular form, including daily records of affected organisms in each concentration (including controls) and replicate

(2) Provide table of endpoints: NOECs, IC25s, PASS/FAIL, etc. (as required in the applicable NPDES permit)

(3) Indicate statistical methods used to calculate endpoints

(4) Provide all physical and chemical data required by method

(5) Results of test(s) (NOEC, IC25, PASS/FAIL, etc.), report concentration-response relationship (definitive test only), report percent minimum significant difference (PMSD) calculated for sublethal endpoints determined by hypothesis testing.

h. Conclusions and Recommendations

(1) Relationship between test endpoints and permit limits

(2) Actions to be taken

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

C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

1. If chlorine is not utilized for disinfection purposes, TRC monitoring under Part I of this Permit is not required. If TRC monitoring is not required (conditional monitoring), "*9" 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 pre-approve written procedures. Routine SSOs are those for which the corrective action procedures are generally consistent.

(2) The title(s), and contact information of key position(s) who will respond to SSOs, including information for backup responder(s) in the event the primary responder(s) are unavailable (i.e., position(s) who provide notification to the Department, the public, the county health department, and other affected entities such as public water systems; position(s) responsible for organizing crews for response; position(s) responsible for addressing public inquiries)

c. SSO and Surface Water Assessment

(1) Identification of locations within the collection system at which an SSO is likely to occur (e.g., based upon historical SSOs, lift stations where electricity may be lost, etc.)

(2) A map of the general collection system area, including identification of surface waterbodies and the location(s) of public drinking water source(s). Mapping of all collection system piping, pump stations, etc. is not required; however, if this information is already available, it should be included.

(3) Identification of surface waterbodies within the collection system area which are classified as Swimming according to ADEM Admin. Code chap. 335-6-11. References available to assist in this requirement include the following: http://adem.alabama.gov/alEnviroRegLaws/files/Division6Vol1.pdf and http://adem.alabama.gov/wqmap.

(4) Identification of surface waterbodies within the collection system area which are not classified as Swimming as indicated in paragraph c above, but are known locally as areas where swimming occurs or as areas that are heavily recreated

d. Public Reporting of SSOs

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

(2) Information requested from the person reporting an SSO to assist the Permittee in identifying the SSO (e.g., date, time, location, contact information)

(3) Procedures for communication of the SSO report to the appropriate positions for follow-up investigation and response, if necessary

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

f. Public Notification Methods for SSOs

(1) A listing of methods that are feasible, as determined by the Permittee, for public notifications (e.g., flyers distributed to nearby residents; signs posted at the location of the SSO, where the SSO enters a water of the state, and/or at a central public location; signs posted at fishing piers, boat launches, parks, swimming waterbodies, etc.; website and/or social media notifications; local print or radio and broadcast media notifications; "opt in" email, text message, or automated phone message notifications)

(i) If signage is a feasible method for public notification, procedures for use and removal of signage (e.g., availability and maintenance of signs, appropriate duration of postings)

(2) Minimum information to be included in public notifications (e.g., identification that an SSO has occurred, date, duration if known, estimated volume if known, location of the SSO by street address or other appropriate method, initial destination of the SSO)

(3) Procedures developed by the Permittee for determining the appropriate public notification method(s) based upon the potential for public exposure to health risks associated with the SSO

g. Standard Procedures shall be developed by the Permittee and shall include, at a minimum

(1) General SSO Response Procedures (e.g., procedures for dispatching staff to assess/correct an SSO; procedures for routine SSO corrective actions such as those for sewer blockages, overflowing manholes, line breakages, pump station power failure, etc.; procedures for disinfection of affected area, if applicable);

(2) Procedures for collection and proper disposal of the SSO, if feasible.

(3) General procedures for coordinating instream water quality monitoring, including, but not limited to, procedures for mobilizing staff, collecting samples, and typical test methods should the Department or the Permittee determine monitoring is appropriate following an SSO. Identification of a contractor who will collect and analyze the sample(s) may be listed in lieu of the procedures.

(4) References to other documents (such as Standard Operating Procedures for SSO Responses) may be acceptable for this section; however, the referenced document shall be identified and shall be reviewed at a frequency of at least that required by the Administrative Procedures Section.

h. Date of the SSO Response Plan, dates of all modifications and/or reviews, the title and signature of the reviewer(s) for each date and the signature of the responsible official or the appropriate designee.

2. SSO Response Plan Implementation

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

3. Department Review of the SSO Response Plan

a. When requested by the Director or his designee, the Permittee shall make the SSO Response Plan available for review by the Department.

b. Upon review, the Director or his designee may notify the Permittee that the SSO Response Plan is deficient and require modification of the Plan.

c. Within thirty days of receipt of notification, or an alternate timeframe as approved by the Department, the Permittee shall modify any SSO Response Plan deficiency identified by the Director or his designee and shall certify to the Department that the modification has been made.

4. SSO Response Plan Administrative Procedures

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

b. The Permittee shall make a copy of the SSO Response Plan available to the public upon written request within 30 days of such request. The Permittee may redact information which may present security issues, such as location of public water supplies, identification of specific details of vulnerabilities, employee information, etc.

c. The Permittee shall provide training for any personnel required to implement the SSO Response Plan and shall retain at the facility documentation of such training. This documentation shall be available for inspection by the Department. Training shall be provided for existing personnel prior to the date by which implementation of the SSO Response Plan is required and for new personnel as soon as possible. Should significant revisions be made to the SSO Response Plan, training regarding the revisions shall be conducted as soon as possible.

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

F. POLLUTANT SCANS

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

G. MAJOR SOURCE STORMWATER REQUIREMENTS

1. Prohibitions

a. The Permittee shall not allow the discharge of non-storm water into permitted storm water outfall(s) unless said discharge is already subject to an NPDES permit.

b. Pollutants removed in the course of treatment or control shall be disposed in a manner that complies with all applicable Department rules and regulations.

2. Operational and Management Practices

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

a. In the SWPP Plan, the Permittee shall:

(1) Assess the treatment plant site by developing and presenting site drainage maps, materials inventory, and best management operational practices. The plan shall also include a description of all spill or leak sources;

(2) Describe mechanisms and procedures to prevent the contact of sewage sludge, screenings, raw or partially treated wastewater, or any other waste product or pollutant with storm water discharged from the facility;

(3) Provide for daily inspection on workdays of any structures that function to prevent storm water pollution or that remove pollutants from storm water;

(4) Provide for daily inspection of the facility in general to ensure that the SWPP Plan is continually implemented and effective;

(5) Include a Best Management Practices (BMP) Plan that, as a minimum, addresses housekeeping, preventative maintenance, spill prevention and response, and non-storm water discharges;

(6) Describe mechanisms and procedures to provide sediment control sufficient to prevent or control storm water pollution storm water by particles resulting from soil or sediment migration from the site due to significant clearing, grading, or excavation activities;

(7) Designate by position or name the person or persons responsible for the day to day implementation of the SWPP Plan; and

(8) Bear the signature of an individual meeting signatory requirements as defined in ADEM Administrative Code, Rule 335-6-6-.09.

b. The Director or his designee may notify the permittee at any time that the SWPP Plan is deficient and will require correction of the deficiency. The permittee shall correct any SWPP Plan deficiency identified by the Director or his designee within 30 days of receipt of notification and shall certify to the Department that the correction has been made and implemented.

c. Administrative Procedures

(1) A copy of the SWPP Plan shall be maintained at the facility and shall be available for inspection by the Department.

(2) A log of daily inspections required by Provision IV.G.2.a.(3.) of the permit shall be maintained at the facility and shall be made available for inspection by the Department upon request. The log shall contain records of all inspections performed and each daily entry shall be signed by the person performing the inspection.

(3) The Permittee shall provide training for any personnel required to implement the SWPP Plan and shall retain documentation of such training at the facility. Training records for all personnel shall be available for inspection by the Department. Training shall be performed prior to the date implementation is required.

3. Monitoring Requirements

a. Storm water discharged through each storm water outfall shall be sampled once per calendar year, using first flush grab samples (FFGS) collected during the first 30 minutes of discharge.

b. The total volume of storm water discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for the storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded as part of the sampling procedure and records retained in accordance with Provision I.B.5. of this permit. The volume may be measured using flow measurement devices or may be estimated using any method approved in writing by the Department.

FACT SHEET

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

Date Prepared: June 10, 2022 **By:** Stephanie Ammons

NPDES Permit No. AL0049042

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

   The Utilities Board of the City of Foley
   Post Office Box 2050
   Foley, AL 36535

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

   Foley WWTP
   1000 Greentree Lane
   Foley, AL 36535

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

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

4. **Applicant's Receiving Waters**

Feature ID	Receiving Water	Classification
001	Wolf Creek	Fish and Wildlife (F&W)
002	Wolf Creek	Fish and Wildlife (F&W)
003	Wolf Creek	Fish and Wildlife (F&W)
004	Wolf Creek	Fish and Wildlife (F&W)

   For the Outfall latitude and longitude see the permit application.

5. **Permit Conditions:**

   See attached Rationale and Draft Permit.

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

   a. **Comment Period**

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

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

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

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

b. Public Hearing

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

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

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

c. Issuance of the Permit

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

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

d. Appeal Procedures

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

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

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

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0049042** Date: May 11, 2022

Permit Applicant: The Utilities Board of the City of Foley
Post Office Box 2050
Foley, AL 36535

Location: **Foley WWTP**
1000 Greentree Lane
Foley, AL 36535

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, TKN, DO
Reissuance with no modification (Outfall 0013):	DO, pH, TSS, NH3-N, TKN, CBOD5, CBOD5 Percent Removal, TSS Percent Removal
Instream calculation at 7Q10:	90%
Toxicity based:	TRC
Secondary Treatment Levels:	TSS, TSS Percent Removal, CBOD5 Percent Removal
Other (described below):	pH, E. coli, Zinc, Bis (2-ethylhexyl) phthalate

Design Flow in Million Gallons per Day: 3.5 MGD

Major: Yes

Description of Discharge:

Feature ID	Description	Receiving Water	WBC	303(d)	TMDL
001	Effluent Discharge	Wolf Creek	Fish and Wildlife (F&W)	Yes	No
002	Stormwater Discharge	Wolf Creek	Fish and Wildlife (F&W)	Yes	No
003	Stormwater Discharge	Wolf Creek	Fish and Wildlife (F&W)	Yes	No
004	Stormwater Discharge	Wolf Creek	Fish and Wildlife (F&W)	Yes	No

Discussion: This is a permit reissuance due to expiration. The permittee has indicated that the expansion of the plant design capacity from 2.0 MGD to 3.5 MGD has been completed. Therefore, monitoring at Outfall 0012 which corresponds to the 2.0 MGD facility has not been included in this permit reissuance. Effluent monitoring at Outfall 0013 which corresponds to the 3.5 MGD design capacity is continued with this permit reissuance.

The permit regulates the discharges of treated domestic wastewater and storm water to Wolf Creek, a Tier I water body classified as Fish and Wildlife in the Perdido River Basin. Wolf Creek is listed

on the most recent 303(d) list of impaired waters for mercury. There currently is no Total Maximum Daily Load (TMDL) established for this waterbody.

The Department completed a reasonable potential analysis (RPA) of the discharge based on the receiving stream's historical low flows and data provided in the permittee's application and discharge monitoring reports (DMRs). The Department also considers background data upstream of the point of discharge; however, there was no upstream data available for this discharge. The RPA indicates whether pollutants in treated effluent have the potential to contribute to excursions of Alabama's instream water quality standards. Based on the RPA, it was determined that there is a reasonable potential for instream water quality standards to be exceeded for zinc and bis (2-ethylhexyl) phthalate. This permit imposes Total Recoverable Zinc limits of 214 ug/L (monthly average) and 214 ug/L (daily maximum) and a Bis (2-ethylhexyl) phthalate limit of 2.4 ug/L (monthly average). It was determined that there is no reasonable potential for in-stream water quality standards for mercury to be exceeded. The frequency of mercury monitoring is being reduced from quarterly to annual monitoring with this permit reissuance which is consistent with other permits of this type. Annual mercury monitoring is being imposed so that sufficient information will be available for TMDL development which is consistent with other permits of this type. The reduced monitoring is not considered backsliding because it is consistent with the Department's antidegardation policy, and water quality standards are being attained for this pollutant.

The Department has revised bacteriological criteria in ADEM Administrative Code R.335-6-10-.09. As a result, this draft permit includes E. coli limits and seasons that are consistent with the revised regulations. The E. coli limits were determined based on the water-use classification of the receiving stream. Since Wolf Creek is classified as Fish and Wildlife, the limits for May – October are 126 col/100mL (monthly average) and 298 col/100mL (daily maximum), while the limits for November – April are 548 col/100mL (monthly average) and 2507 col/100mL (daily maximum).

Limits for Dissolved Oxygen (DO), Five Day Carbonaceous Biochemical Oxygen Demand (CBOD5), Total Ammonia as Nitrogen (NH3-N), and Total Kjeldahl Nitrogen (TKN), were developed based on a Waste Load Allocation (WLA) model completed by ADEM's Water Quality Branch on March 9, 2022. The monthly average CBOD5 limit is 7.0 mg/L in the summer season (May – November) and 10.0 mg/L in the winter season (December – April). The monthly average NH3-N limit is 2.0 mg/L in the summer season and 3.0 mg/L in the winter season. The monthly average TKN limit is 4.0 mg/L in the summer season and 6.0 mg/L in the winter season. The daily minimum DO limit is 7.0 mg/L year round.

The Permittee is required to monitor and report effluent test results for Total Phosphorus (TP) and Nitrite plus Nitrate-Nitrogen (NO2+NO3-N). 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.

The pH limits were developed in accordance with the water-use classification of the receiving stream. The pH limits are 6.0 s.u. (daily minimum) and 8.5 s.u. (daily maximum).

The Total Residual Chlorine (TRC) limits are based on calculations to ensure that the acute and chronic toxic concentrations of TRC in the receiving stream are not exceeded. The TRC limits are 0.012 mg/L (monthly average) and 0.021 mg/L (daily maximum). In accordance with a letter dated August 11, 1998 from EPA Headquarters and a 1991 memorandum from EPA Region 4's Environmental Services Division (ESD), due to testing and method detection limitations, a TRC measurement below 0.05 mg/L shall be considered below detection for compliance purposes. The TRC limit is provisional. If chlorine disinfection is utilized then the imposed TRC limit will apply.

The monthly average Total Suspended Solids (TSS) limit is established at 30.0 mg/L in accordance with 40 CFR 133.102. A minimum percent removal limit of 85.0 percent is imposed for TSS in accordance with 40 CFR 133.102. A minimum percent removal limit of 85.0 percent is imposed for CBOD5 in accordance with 40 CFR 133.102.

Chronic toxicity with two species (*Ceriodaphnia* and *Pimephales*) is being imposed in this permit. Toxicity testing is imposed for both survival and life-cyle impairment (i.e., growth and reproduction). Chronic toxicity testing is required on an annual basis at the calculated Instream Waste Concentration (IWC) of 90 percent. The IWC which was reevaluated with the March 9, 2022 WLA model has decreased since the previous permit issuance. Toxicity testing at the decreased IWC is not considered backsliding because it is consistent with the Department's antidegardation policy, and water quality standards are being attained for this pollutant.

In the permit application, the Permittee reported three storm water outfalls from the treatment plant. Outfalls 001S, 002S and 003S as reported in the application, will correspond to Outfalls 002S, 003S and 004S, respectively, in the permit. To address the mercury impairment in the receiving stream, this permit requires the preparation and implementation of a Storm Water Pollution Prevention (SWPP) Plan. Storm water monitoring will be required on an annual basis.

The frequency of monitoring for most parameters is three days per week. Monitoring for NO2+NO3-N and TP is to be conducted monthly. Monitoring for zinc, and bis (2-ethylhexyl) phthalate is to be conducted monthy. Monitoring for mercury is to be conducted annually. Percent removals are to be calculated monthly. Flow is to be monitored continuously, seven days per week. Toxicity testing is to be conducted during the month of November. Storm water is to be monitored annually.

This permit imposes Sewer Overflow Response Plan (SORP) requirements. SORP requirements are described more fully in Part IV. of the permit.

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

Prepared by: Stephanie Ammons

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	**Foley WWTP**	
NPDES Permit Number:	**AL0049042**	
Receiving Stream:	**Wolf Creek**	
Facility Design Flow (Q_w):	**3.500 MGD**	
Receiving Stream $7Q_{10}$:	**0.630 cfs**	
Receiving Stream $1Q_{10}$:	**0.470 cfs**	
Winter Headwater Flow (WHF):	**1.38 cfs**	
Summer Temperature for CCC:	**30 deg. Celsius**	
Winter Temperature for CCC:	**20 deg. Celsius**	
Headwater Background NH_3-N Level:	**0.03 mg/l**	
Receiving Stream pH:	**6.3 s.u.**	
Headwater Background FC Level (summer):	**N./A.**	**(Only applicable for facilities with diffusers.)**
(winter)	**N./A.**	

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

$$\text{Stream Dilution Ration (SDR)} = \frac{Qw}{7Q10 + Qw} = \textbf{89.58\%}$$

AMMONIA TOXICITY LIMITATIONS

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

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

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

= **89.58%** **Effluent-Dominated, CCC Applies**

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

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

	CMC	CCC
Allowable Summer Instream NH_3-N:	**52.48 mg/l**	**2.52 mg/l**
Allowable Winter Instream NH_3-N:	**52.48 mg/l**	**4.80 mg/l**

$$\text{Summer } NH_3\text{-N Toxicity Limit} = \frac{[(\text{Allowable Instream } NH_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater } NH_3\text{-N}) * (7Q_{10})]}{Q_w}$$

= **2.9 mg/l NH3-N at 7Q10**

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

= **6.1 mg/l NH3-N at Winter Flow**

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	**2.00 mg/l NH3-N**	**2.90 mg/l NH3-N**
Winter	**3.00 mg/l NH3-N**	**6.10 mg/l NH3-N**

Summer: The DO based limit of 2.00 mg/l NH3-N applies.
Winter: The DO based limit of 3.00 mg/l NH3-N applies.

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.

Chronic toxicity testing is required

Instream Waste Concentration (IWC) = $\frac{Qw}{7Q10 + Qw}$ = **89.58%** Note: This number will be rounded up for toxicity testing purposes.

DISINFECTION REQUIREMENTS

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

See the attached Disinfection Guidance for applicable stream standards.

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

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

MAXIMUM ALLOWABLE CHLORINATION LIMITS

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

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

Maximum allowable TRC in effluent:	0.012	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.021	(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: Stephanie Ammons Date: 6/10/2022

Facility Name: **Foley WWTP**

NPDES No.: **AL0049042**

6/13/2017

$Q_d * C_d + Q_{d2} * C_{d2} + Q_s * C_s = Q_r * C_r$

ID	Pollutant	Carcinogen "yes"	Type	Background from upstream source (C_{d2}) Daily Max ug/l	Background from upstream source (C_{d2}) Monthly Ave ug/l	Background Instream (C_s) Daily Max ug/l	Background Instream (C_s) Monthly Ave ug/l	Enter Max Daily Discharge as reported by Applicant (C_d) Max ug/l	Enter Avg Daily Discharge as reported by Applicant (C_d) Ave ug/l	Partition Coefficient (Stream / Lake)
1	Antimony		Metals	0	0	0	0	0	0	-
2	**Arsenic*,****	YES	Metals	0	0	0	0	0	0	0.574
3	Beryllium		Metals	0	0	0	0	0	0	-
4	Cadmium**		Metals	0	0	0	0	0	0	0.236
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0	0.210
6	Chromium / Chromium VI**		Metals	0	0	0	0	0	0	
7	Copper**		Metals	0	0	0	0	0	0	0.388
8	Lead**		Metals	0	0	0	0	0	0	0.206
9	Mercury**		Metals	0	0	0	0	0.00427	0.001217	0.302
10	Nickel**		Metals	0	0	0	0	0	0	0.505
11	Selenium		Metals	0	0	0	0	0	0	-
12	Silver		Metals	0	0	0	0	0	0	-
13	Thallium		Metals	0	0	0	0	0	0	-
14	Zinc**		Metals	0	0	0	0	161	80.1	0.330
15	Cyanide		Metals	0	0	0	0	0	0	-
16	Total Phenolic Compounds		Metals	0	0	0	0	0	0	-
17	Hardness (As CaCO3)		Metals	0	0	0	0	118000	90000	-
18	Acrolein		VOC	0	0	0	0	0	0	-
19	**Acrylonitrile***	YES	VOC	0	0	0	0	0	0	-
20	**Aldrin**	YES	VOC	0	0	0	0	0	0	-
21	**Benzene***	YES	VOC	0	0	0	0	0	0	-
22	**Bromoform***	YES	VOC	0	0	0	0	0	0	-
23	**Carbon Tetrachloride***	YES	VOC	0	0	0	0	0	0	-
24	**Chlordane**	YES	VOC	0	0	0	0	0	0	-
25	Clorobenzene		VOC	0	0	0	0	0	0	-
26	**Chlorodibromo-Methane***	YES	VOC	0	0	0	0	0	0	-
27	Chloroethane		VOC	0	0	0	0	0	0	-
28	2-Chloro-Ethylvinyl Ether		VOC	0	0	0	0	0	0	-
29	**ChloroForm***	YES	VOC	0	0	0	0	0	0	-
30	**4,4'-DDD**	YES	VOC	0	0	0	0	0	0	-
31	**4,4'-DDE**	YES	VOC	0	0	0	0	0	0	-
32	**4.4'-DDT**	YES	VOC	0	0	0	0	0	0	-
33	**Dichlorobromo-Methane***	YES	VOC	0	0	0	0	0	0	-
34	1, 1-Dichloroethane		VOC	0	0	0	0	0	0	-
35	**1, 2-Dichloroethane***	YES	VOC	0	0	0	0	0	0	-
36	Trans-1, 2-Dichloro-Ethylene		VOC	0	0	0	0	0	0	-
37	**1, 1-Dichloroethylene***	YES	VOC	0	0	0	0	0	0	-
38	1, 2-Dichloropropane		VOC	0	0	0	0	0	0	-
39	1, 3-Dichloro-Propylene		VOC	0	0	0	0	0	0	-
40	**Dieldrin**	YES	VOC	0	0	0	0	0	0	-
41	Ethylbenzene		VOC	0	0	0	0	0	0	-
42	Methyl Bromide		VOC	0	0	0	0	0	0	-
43	Methyl Chloride		VOC	0	0	0	0	0	0	-
44	**Methylene Chloride***	YES	VOC	0	0	0	0	0	0	-
45	**1, 1, 2, 2-Tetrachloro-Ethane***	YES	VOC	0	0	0	0	0	0	-
46	**Tetrachloro-Ethylene***	YES	VOC	0	0	0	0	0	0	-
47	Toluene		VOC	0	0	0	0	0	0	-
48	**Toxaphene**	YES	VOC	0	0	0	0	0	0	-
49	**Tributyltine (TBT)**	YES	VOC	0	0	0	0	0	0	-
50	1, 1, 1-Trichloroethane		VOC	0	0	0	0	0	0	-
51	**1, 1, 2-Trichloroethane***	YES	VOC	0	0	0	0	0	0	-
52	**Trichlorethylene***	YES	VOC	0	0	0	0	0	0	-
53	**Vinyl Chloride***	YES	VOC	0	0	0	0	0	0	-
54	P-Chloro-M-Cresol		Acids	0	0	0	0	0	0	-
55	**2-Chlorophenol**		Acids	0	0	0	0	0	0	-
56	2, 4-Dichlorophenol		Acids	0	0	0	0	0	0	-
57	2, 4-Dimethylphenol		Acids	0	0	0	0	0	0	-
58	4, 6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	-
59	2, 4-Dinitrophenol		Acids	0	0	0	0	0	0	-
60	**4,6-Dintro-2-methylophenol**	YES	Acids	0	0	0	0	0	0	-
61	**Dioxin (2,3,7,8-TCDD)**	YES	Acids	0	0	0	0	0	0	-
62	2-Nitrophenol		Acids	0	0	0	0	0	0	-
63	4-Nitrophenol		Acids	0	0	0	0	0	0	-
64	**Pentachlorophenol***	YES	Acids	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	-
66	**2, 4, 6-Trichlorophenol***	YES	Acids	0	0	0	0	0	0	-
67	Acenaphthene		Bases	0	0	0	0	0	0	-
68	Acenaphthylene		Bases	0	0	0	0	0	0	-
69	Anthracene		Bases	0	0	0	0	0	0	-
70	Benzidine		Bases	0	0	0	0	0	0	-
71	**Benzo(A)Anthracene***	YES	Bases	0	0	0	0	0	0	-
72	**Benzo(A)Pyrene***	YES	Bases	0	0	0	0	0	0	-
73	3, 4 Benzo-Fluoranthene		Bases	0	0	0	0	0	0	-
74	Benzo(GHI)Perylene		Bases	0	0	0	0	0	0	-
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	-
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	-
77	**Bis (2-Chloroethyl)-Ether***	YES	Bases	0	0	0	0	0	0	-
78	Bis (2-Chloroiso-Propyl) Ether		Bases	0	0	0	0	0	0	-
79	**Bis (2-Ethylhexyl) Phthalate***	YES	Bases	0	0	0	0	37.5	12.5	-
80	4-Bromophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
81	Butyl Benzyl Phthalate		Bases	0	0	0	0	0	0	-
82	2-Chloronaphthalene		Bases	0	0	0	0	0	0	-
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
84	**Chrysene***	YES	Bases	0	0	0	0	0	0	-
85	Di-N-Butyl Phthalate		Bases	0	0	0	0	0	0	-
86	Di-N-Octyl Phthalate		Bases	0	0	0	0	0	0	-
87	**Dibenzo(A,H)Anthracene***	YES	Bases	0	0	0	0	0	0	-
88	1, 2-Dichlorobenzene		Bases	0	0	0	0	0	0	-
89	1, 3-Dichlorobenzene		Bases	0	0	0	0	0	0	-
90	1, 4-Dichlorobenzene		Bases	0	0	0	0	0	0	-
91	**3, 3-Dichlorobenzidine***	YES	Bases	0	0	0	0	0	0	-
92	Diethyl Phthalate		Bases	0	0	0	0	0	0	-
93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	-
94	**2, 4-Dinitrotoluene***	YES	Bases	0	0	0	0	0	0	-
95	2, 6-Dinitrotoluene		Bases	0	0	0	0	0	0	-
96	1,2-Diphenylhydrazine		Bases	0	0	0	0	0	0	-
97	**Endosulfan (alpha)**	YES	Bases	0	0	0	0	0	0	-
98	**Endosulfan (beta)**	YES	Bases	0	0	0	0	0	0	-
99	**Endosulfan sulfate**	YES	Bases	0	0	0	0	0	0	-
100	**Endrin**	YES	Bases	0	0	0	0	0	0	-
101	**Endrin Aldeyhide**	YES	Bases	0	0	0	0	0	0	-
102	Fluoranthene		Bases	0	0	0	0	0	0	-
103	Fluorene		Bases	0	0	0	0	0	0	-
104	Heptochlor	YES	Bases	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	-
106	**Hexachlorobenzene***	YES	Bases	0	0	0	0	0	0	-
107	**Hexachlorobutadiene***	YES	Bases	0	0	0	0	0	0	-
108	**Hexachlorocyclohexan (alpa)**	YES	Bases	0	0	0	0	0	0	-
109	**Hexachlorocyclohexan (beta)**	YES	Bases	0	0	0	0	0	0	-
110	**Hexachlorocyclohexan (gamma)**	YES	Bases	0	0	0	0	0	0	-
111	HexachlorocycloPentadiene		Bases	0	0	0	0	0	0	-
112	Hexachloroethane		Bases	0	0	0	0	0	0	-
113	**Indeno(1, 2, 3-CK)Pyrene***	YES	Bases	0	0	0	0	0	0	-
114	Isophorone		Bases	0	0	0	0	0	0	-
115	Naphthalene		Bases	0	0	0	0	0	0	-
116	Nitrobenzene		Bases	0	0	0	0	0	0	-
117	**N-Nitrosodi-N-Propylamine***	YES	Bases	0	0	0	0	0	0	-
118	**N-Nitrosodi-N-Methylamine***	YES	Bases	0	0	0	0	0	0	-
119	**N-Nitrosodi-N-Phenylamine***	YES	Bases	0	0	0	0	0	0	-
120	**PCB-1016**	YES	Bases	0	0	0	0	0	0	-
121	**PCB-1221**	YES	Bases	0	0	0	0	0	0	-
122	**PCB-1232**	YES	Bases	0	0	0	0	0	0	-
123	**PCB-1242**	YES	Bases	0	0	0	0	0	0	-
124	**PCB-1248**	YES	Bases	0	0	0	0	0	0	-
125	**PCB-1254**	YES	Bases	0	0	0	0	0	0	-
126	**PCB-1260**	YES	Bases	0	0	0	0	0	0	-
127	Phenanthrene		Bases	0	0	0	0	0	0	-
128	Pyrene		Bases	0	0	0	0	0	0	-
129	1, 2, 4-Trichlorobenzene		Bases	0	0	0	0	0	0	-

3.5	Enter Q_d = wastewater discharge flow from facility (MGD)
5.4153015	Q_d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Qd2 = background stream flow in MGD above point of discharge
0	Qd2 = background stream flow from upstream source (cfs)
0.63	Enter 7Q10, Q_s = background stream flow in cfs above point of discharge
0.47	Enter or estimated, 1Q10, Q_s = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
4.72	Enter Mean Annual Flow, Q_s = background stream flow in cfs above point of discharge
1.38	Enter 7Q2, Q_s = background stream flow in cfs above point of discharge (For LWF class streams)
Enter to Left	Enter C_s = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
$Q_d+Qd2=Q_s$	Q_r = resultant in-stream flow, after discharge
Calculated on other	C_r = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
50	Enter, Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of
7.00 s.u.	Enter, Background pH above point of discharge
YES	Enter, Is discharge to a stream? "YES" Other option would be to a Lake. (This changes the partition coefficients for the metals)

** Using Partition Coefficients

June 29, 2022

Facility Name: Foley WWTP

NPDES No.: AL0049042

						Freshwater F&W classification							Freshwater Acute (µg/l) Q_s =1Q10					Freshwater Chronic (µg/l) Q_s = 7Q10					Human Health Consumption Fish only (ug/l) Carcinogen Q_s = Annual Average Non-Carcinogen Q_s = 7Q10				
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (Cd2) Daily Max	Max Daily Discharge as reported by Applicant (C_{max})	Water Quality Criteria (C_t)	Draft Permit Limit (C_{max})	20% of Draft Permit Limit	RP?	Background from upstream source (Cd2) Monthly Ave	Avg Daily Discharge as reported by Applicant (C_{avg})	Water Quality Criteria (C_t)	Draft Permit Limit (C_{max})	20% of Draft Permit Limit	RP?	Water Quality Criteria (C_t)	Draft Permit Limit (C_{max})	20% of Draft Permit Limit	RP?
1	Antimony			0	0	-	-	-	-	0	0	-	-	-	-	3.73E+02	4.17E+02	8.34E+01	No
2	Arsenic		YES	0	0	592.334	643.744	128.749	No	0	0	261.324	291.726	58.345	No	3.03E-01	5.67E-01	1.13E-01	No
3	Beryllium			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
4	Cadmium			0	0	4.347	4.724	0.945	No	0	0	0.644	0.718	0.144	No	-	-	-	-
5	Chromium/ Chromium III			0	0	1637.913	1671.390	334.278	No	0	0	200.051	223.324	44.665	No	-	-	-	-
6	Chromium/ Chromium VI			0	0	16.000	17.369	3.478	No	0	0	11.000	12.280	2.456	No	-	-	-	-
7	Copper			0	0	18.026	19.591	3.918	No	0	0	12.766	14.251	2.850	No	-	-	-	-
8	Lead			0	0	146.291	158.988	31.798	No	0	0	5.701	6.364	1.273	No	-	-	-	-
9	Mercury			0	0.00427	2.400	2.608	0.522	No	0	0.001217	0.012	0.013	0.003	No	4.24E-02	4.74E-02	9.47E-03	No
10	Nickel			0	0	515.824	560.593	112.119	No	0	0	57.282	63.957	12.791	No	9.93E+02	1.11E+03	2.22E+02	No
11	Selenium			0	0	20.000	21.736	4.347	No	0	0	5.000	5.582	1.116	No	2.43E+03	2.71E+03	5.43E+02	No
12	Silver			0	0	0.976	1.061	0.212	No	0	0	-	-	-	-	-	-	-	-
13	Thallium			0	0	-	-	-	-	0	0	-	-	-	-	2.74E-01	3.05E-01	6.11E-02	No
14	Zinc	YES		0	161	197.369	214.489	42.900	Yes	0	80.1	199.983	222.132	44.426	Yes	1.49E+04	1.66E+04	3.33E+03	No
15	Cyanide			0	0	22.000	23.909	4.782	No	0	0	5.200	5.805	1.161	No	9.33E+03	1.04E+04	2.08E+03	No
16	Total Phenolic Compounds			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
17	Hardness (As CaCO3)			0	118000	-	-	-	-	0	90000	-	-	-	-	-	-	-	-
18	Acrolein			0	0	-	-	-	-	0	0	-	-	-	-	5.43E+00	6.06E+00	1.21E+00	No
19	Acrylonitrile		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.44E-01	2.70E-01	5.39E-02	No
20	Aldrin		YES	0	0	3.000	3.260	0.652	No	0	0	-	-	-	-	2.84E-05	5.50E-05	1.10E-05	No
21	Benzene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.55E+01	2.90E+01	5.79E+00	No
22	Bromoform		YES	0	0	-	-	-	-	0	0	-	-	-	-	7.66E+01	1.47E+02	2.95E+01	No
23	Carbon Tetrachloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	9.57E-01	1.79E+00	3.58E-01	No
24	Chlordane		YES	0	0	2.400	2.608	0.522	No	0	0	0.0043	0.005	0.001	No	4.73E-04	8.85E-04	1.77E-04	No
25	Clorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	9.06E+02	1.01E+03	2.02E+02	No
26	Chlorodibromo-Methane		YES	0	0	-	-	-	-	0	0	-	-	-	-	7.41E+00	1.39E+01	2.77E+00	No
27	Chloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
28	2-Chloro-Ethylvinyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
29	Chloroform		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.02E+02	1.91E+02	3.82E+01	No
30	4,4' - DDD		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.81E-04	3.39E-04	6.79E-05	No
31	4,4' - DDE		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.28E-04	2.40E-04	4.79E-05	No
32	4,4' - DDT		YES	0	0	1.100	1.195	0.239	No	0	0	0.001	0.001	0.000	No	1.28E-04	2.40E-04	4.79E-05	No
33	Dichlorobromo-Methane		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.00E+01	1.88E+01	3.76E+00	No
34	1, 1-Dichloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
35	1, 2-Dichloroethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.14E+01	4.00E+01	8.00E+00	No
36	Trans-1, 2-Dichloro-Ethylene			0	0	-	-	-	-	0	0	-	-	-	-	5.91E+03	6.59E+03	1.32E+03	No
37	1, 1-Dichloroethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	4.17E+03	7.80E+03	1.56E+03	No
38	1, 2-Dichloropropane			0	0	-	-	-	-	0	0	-	-	-	-	8.49E+00	9.48E+00	1.90E+00	No
39	1, 3-Dichloro-Propylene			0	0	-	-	-	-	0	0	-	-	-	-	1.23E+01	1.37E+01	2.74E+00	No
40	Dieldrin		YES	0	0	0.240	0.261	0.052	No	0	0	0.056	0.063	0.013	No	3.12E-05	5.84E-05	1.17E-05	No
41	Ethylbenzene			0	0	-	-	-	-	0	0	-	-	-	-	1.24E+03	1.39E+03	2.78E+02	No
42	Methyl Bromide			0	0	-	-	-	-	0	0	-	-	-	-	8.71E+02	9.72E+02	1.94E+02	No
43	Methyl Chloride			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
44	Methylene Chloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	3.46E+02	6.47E+02	1.29E+02	No
45	1, 1, 2, 2-Tetrachloro-Ethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.33E+00	4.37E+00	8.73E-01	No
46	Tetrachloro-Ethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.92E+00	3.59E+00	7.18E-01	No
47	Toluene			0	0	-	-	-	-	0	0	-	-	-	-	8.72E+03	9.74E+03	1.95E+03	No
48	Toxaphene		YES	0	0	0.730	0.793	0.159	No	0	0	0.0002	0.000	0.000	No	1.62E-04	3.03E-04	6.06E-05	No
49	Tributyltin (TBT)		YES	0	0	0.460	0.500	0.100	No	0	0	0.072	0.080	0.016	No	-	-	-	-
50	1, 1, 1-Trichloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
51	1, 1, 2-Trichloroethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	9.10E+00	1.70E+01	3.41E+00	No
52	Trichloroethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.75E+01	3.27E+01	6.54E+00	No
53	Vinyl Chloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.42E+00	2.67E+00	5.33E-01	No
54	P-Chloro-M-Cresol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
55	2-Chlorophenol			0	0	-	-	-	-	0	0	-	-	-	-	8.71E+01	9.72E+01	1.94E+01	No
56	2, 4-Dichlorophenol			0	0	-	-	-	-	0	0	-	-	-	-	1.72E+02	1.92E+02	3.84E+01	No
57	2, 4-Dimethylphenol			0	0	-	-	-	-	0	0	-	-	-	-	4.98E+02	5.55E+02	1.11E+02	No
58	4, 6-Dinitro-O-Cresol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
59	2, 4-Dinitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	3.11E+03	3.47E+03	6.95E+02	No
60	4,6-Dinitro-2-methylphenol		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.65E+02	3.10E+02	6.19E+01	No
61	Dioxin (2,3,7,8-TCDD)		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.67E-08	4.99E-08	9.98E-09	No
62	2-Nitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
63	4-Nitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
64	Pentachlorophenol		YES	0	0	6.723	9.480	1.896	No	0	0	5.693	7.471	1.494	No	1.77E+00	3.31E+00	6.62E-01	No
65	Phenol			0	0	-	-	-	-	0	0	-	-	-	-	5.00E+05	5.58E+05	1.12E+05	No
66	2, 4, 6-Trichlorophenol		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.41E+00	2.65E+00	5.29E-01	No
67	Acenaphthene			0	0	-	-	-	-	0	0	-	-	-	-	5.79E+02	6.46E+02	1.29E+02	No
68	Acenaphthylene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
69	Anthracene			0	0	-	-	-	-	0	0	-	-	-	-	2.33E+04	2.60E+04	5.21E+03	No
70	Benzidine			0	0	-	-	-	-	0	0	-	-	-	-	1.16E-04	1.29E-04	2.59E-05	No
71	Benzo(A)Anthracene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.99E-02	3.99E-03	No
72	Benzo(A)Pyrene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.99E-02	3.99E-03	No
73	Benzo(b)fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.19E-02	2.38E-03	No
74	Benzo(GHI)Perylene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
75	Benzo(K)Fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.19E-02	2.38E-03	No
76	Bis (2-Chloroethoxy) Methane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
77	Bis (2-Chloroethyl)-Ether		YES	0	0	-	-	-	-	0	0	-	-	-	-	3.07E-01	5.75E-01	1.15E-01	No
78	Bis (2-Chloroiso-Propyl) Ether			0	0	-	-	-	-	0	0	-	-	-	-	3.78E+04	4.22E+04	8.44E+03	No
79	Bis (2-Ethylhexyl) Phthalate	YES	YES	0	37.5	-	-	-	-	0	12.5	-	-	-	-	1.28E+00	2.40E+00	4.80E-01	Yes
80	4-Bromophenyl Phenyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
81	Butyl Benzyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	1.13E+03	1.26E+03	2.52E+02	No
82	2-Chloronaphthalene			0	0	-	-	-	-	0	0	-	-	-	-	9.24E+02	1.03E+03	2.06E+02	No
83	4-Chlorophenyl Phenyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
84	Chrysene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.99E-02	3.99E-03	No
85	Di-N-Butyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	2.62E+03	2.93E+03	5.85E+02	No
86	Di-N-Octyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
87	Dibenzo(A,H)Anthracene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.99E-02	3.99E-03	No
88	1, 2-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	7.55E+02	8.43E+02	1.69E+02	No
89	1, 3-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	5.62E+02	6.28E+02	1.26E+02	No
90	1, 4-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	1.12E+02	1.26E+02	2.51E+01	No
91	3, 3-Dichlorobenzidine		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.95E-02	3.11E-02	6.22E-03	No
92	Diethyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	2.56E+04	2.85E+04	5.71E+03	No
93	Dimethyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	6.48E+05	7.24E+05	1.45E+05	No
94	2, 4-Dinitrotoluene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.68E+00	3.71E+00	7.41E-01	No
95	2, 6-Dinitrotoluene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
96	1,2-Diphenylhydrazine			0	0	-	-	-	-	0	0	-	-	-	-	1.17E-01	1.31E-01	2.62E-02	No
97	Endosulfan (alpha)		YES	0	0	0.22	0.239	0.048	No	0	0	0.056	0.063	0.013	No	5.19E+01	9.70E+01	1.94E+01	No
98	Endosulfan (beta)		YES	0	0	0.22	0.239	0.048	No	0	0	0.056	0.063	0.013	No	5.19E+01	9.70E+01	1.94E+01	No
99	Endosulfan sulfate		YES	0	0	-	-	-	-	0	0	-	-	-	-	5.19E+01	9.70E+01	1.94E+01	No
100	Endrin		YES	0	0	0.086	0.093	0.019	No	0	0	0.036	0.040	0.008	No	3.83E-02	6.60E-02	1.32E-02	No
101	Endrin Aldeyhde		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.76E-01	3.30E-01	6.60E-02	No
102	Fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	6.12E+01	9.06E+01	1.81E+01	No
103	Fluorene			0	0	-	-	-	-	0	0	-	-	-	-	3.11E+03	3.47E+03	6.95E+02	No
104	Heptochlor		YES	0	0	0.52	0.565	0.113	No	0	0	0.0036	0.004	0.001	No	4.63E-05	8.66E-05	1.73E-05	No
105	Heptachlor Epoxide		YES	0	0	0.52	0.565	0.113	No	0	0	0.0036	0.004	0.001	No	2.29E-05	4.28E-05	8.57E-06	No
106	Hexachlorobenzene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.68E-04	3.14E-04	6.28E-05	No
107	Hexachlorobutadiene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.08E+01	2.01E+01	4.03E+00	No
108	Hexachlorocyclohexan (alpha)		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.85E-03	5.33E-03	1.07E-03	No
109	Hexachlorocyclohexan (beta)		YES	0	0	-	-	-	-	0	0	-	-	-	-	9.97E-03	1.87E-02	3.73E-03	No
110	Hexachlorocyclohexan (gamma)		YES	0	0	0.95	1.032	0.206	No	0	0	-	-	-	-	1.08E+00	2.02E+00	4.03E-01	No
111	HexachlorocyclоPentadiene			0	0	-	-	-	-	0	0	-	-	-	-	6.45E+02	7.20E+02	1.44E+02	No
112	Hexachloroethane			0	0	-	-	-	-	0	0	-	-	-	-	1.92E+00	2.14E+00	4.28E-01	No
113	Indeno(1, 2, 3-CK)Pyrene		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.07E-02	1.99E-02	3.99E-03	No
114	Isophorone			0	0	-	-	-	-	0	0	-	-	-	-	5.61E+02	6.26E+02	1.25E+02	No
115	Naphthalene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
116	Nitrobenzene			0	0	-	-	-	-	0	0	-	-	-	-	4.04E+02	4.51E+02	9.01E+01	No
117	N-Nitrosodi-N-Propylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	2.95E-01	5.52E-01	1.10E-01	No
118	N-Nitrosodimethylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	1.76E+00	3.29E+00	6.59E-01	No
119	N-Nitrosodiphenylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	3.50E+00	6.55E+00	1.31E+00	No
120	PCB-1016		YES	0	0	-	-	-	-	0	0	0.014	0.016	0.003	No	3.74E-05	7.00E-05	1.40E-05	No
121	PCB-1221		YES	0	0	-	-	-	-	0	0	0.014	0.016	0.003	No	3.74E-05	7.00E-05	1.40E-05	No
122	PCB-1232		YES	0	0	-	-	-	-	0	0	0.014	0.016	0.003	No	3.74E-05	7.00E-05	1.40E-05	No
123	PCB-1242		YES	0	0	-	-	-	-	0	0	0.014	0.016	0.003	No	3.74E-05	7.00E-05	1.40E-05	No
124	PCB-1248		YES	0	0	-	-	-	-	0	0	0.014	0.016	0.003	No	3.74E-05	7.00E-05	1.40E-05	No
125	PCB-1254		YES	0	0	-	-	-	-	0	0	0.014	0.016	0.003	No	3.74E-05	7.00E-05	1.40E-05	No
126	PCB-1260		YES	0	0	-	-	-	-	0	0	0.014	0.016	0.003	No	3.74E-05	7.00E-05	1.40E-05	No
127	Phenanthrene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
128	Pyrene			0	0	-	-	-	-	0	0	-	-	-	-	2.33E+03	2.60E+03	5.21E+02	No
129	1, 2, 4-Trichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	4.09E+01	4.57E+01	9.14E+00	No

Foley WWTP
Permit No. AL0049042
Total Recoverable Zinc DMR and Permit Application Data

Monitoring Period End Date	Monthly Average (ug/L)	Daily Maximum (ug/L)
9/30/17	48	48
10/31/17	88.6	88.6
11/30/17	46	46
12/31/17	95	95
1/31/18	85	85
2/28/18	65	65
3/31/18	81	81
4/30/18	77	77
5/31/18	58	58
6/30/18	62	62
7/31/18	57	57
8/31/18	64	64
9/30/18	50.0	50.0
10/31/18	52	52
11/30/18	*B	*B
12/31/18	32.9	32.9
1/31/19	48	48
2/28/19	74	74
3/31/19	70	70
4/30/19	88	88
5/31/19	161	161
6/30/19	68	68
7/31/19	98	98
8/31/19	77	77
9/30/19	82	82
10/31/19	109	109
11/30/19	85	85
12/31/19	96	96
1/31/20	85	85
2/29/20	103	103
3/31/20	97	97
4/30/20	112	112
5/31/20	94	94
6/30/20	111	111
7/31/20	98	98
8/31/20	95	95
9/30/20	66	66
10/31/20	94	94
11/30/20	109	109
12/31/20	76	76
1/31/21	96	96
2/28/21	96.1	96.1
3/31/21	78	78
4/30/21	84	81
5/31/21	47	47
6/30/21	100	100
7/31/21	41	41
8/31/21	91	91
9/30/21	51	51
10/31/21	44	44
11/30/21	109	109
12/31/21	102	102
1/31/22	109	109
2/28/22	99.3	99.3
3/31/22	85	85
1/9/2019	48.8	48.8
8/14/2019	89.9	89.9
1/8/2020	115	115

Monthly Avg: 80.1 ug/L
Daily Max: 161 ug/L

Foley WWTP
Permit No. AL0049042
Total Recoverable Mercury DMR Data

Monitorng Period End Date	Monthly Average (ug/L)	Daily Maximum (ug/L)
9/30/17	0.0016	0.0016
12/31/17	0.00247	0.00247
3/31/18	0.0016	0.0016
6/30/18	*B	*B
9/30/18	0.00111	0.00111
12/31/18	0.000837	0.000837
3/31/19	0.00198	0.00198
6/30/19	0.00126	0.00126
9/30/19	0.000649	0.000649
12/31/19	0.00078	0.00078
3/31/20	0.000705	0.000705
6/30/20	0.00169	0.00169
9/30/20	0.00124	0.00124
12/31/20	0.000539	0.000539
3/31/21	*B	*B
6/30/21	0.00169	0.00169
9/30/21	0.00427	0.00427
12/31/21	*B	*B
3/31/22	0.000703	0.000703

*B = below detection limit

Monthly Avg: 0.001217 ug/L
Daily Max: 0.00427 ug/L

Foley WWTP
Permit No. AL0049042
Summary of Permit Application Data

Below is a summary of data provided in the permit application. The summary below does not include parameters not required by Table C of EPA Form 2A. The summary below does not include parameters in which the data for all sampling events was reported as below the method detection limit. Also not included in this summary is mercury data submitted with the permit application that was not analyzed using a sufficient method of detection level. Please reference the lab data provided by the permittee for a more complete review of all samples collected.

				Sample Collection Date		
Parameter	Number of Samples	Average of Samples	Maximum of Samples	1/9/2019	8/14/2019	1/8/2020
Zinc	3	84.56 ug/L	115 ug/L	48.8 ug/L	89.9 ug/L	115 ug/L
Hardness	3	90 mg/L	118 mg/L	56 mg/L	96.0 mg/L	118 mg/L
Bis(2-Ethylhexyl)phthalate	3	12.5 ug/L	37.5 ug/L	BD	BD	37.5 ug/L

BD = Below Detection Limit
Note: For calculation of averages, values below the detect limit were considered to be zero.

Waste Load Allocation Summary

REQUEST INFORMATION

Request Number: 3754

From:	Stephanie Ammons	In Branch/Section	Municipal		
Date Submitted	1/5/2021	Date Required	2/4/2021	FUND Code	605
Date Permit application received by NPDES program	8/25/2020				
Receiving Waterbody	Wolf Creek				
Previous Stream Name	Wolf Creek				
Facility Name	Foley WWTP	(Name of Discharger-WQ will use to file)			
		Previous Discharger Name			
River Basin	Perdido	Outfall Latitude	30.401320	(decimal degrees)	
*County	Baldwin	Outfall Longitude	-87.662610	(decimal degrees)	
Permit Number	AL0049042	Permit Type	Permit Reissuance		
		Permit Status	Active		
		Type of Discharger	MUNICIPAL		
Do other discharges exist that may impact the model?	☐ Yes ☑ No				
If yes, impacting dischargers names.		Impacting dischargers permit numbers.			
Existing Discharge Design Flow	2 MGD	Note: The flow rates given should be those requested for modeling.			
Proposed Discharge Design Flow	3.5 MGD				
Comments included	☐ Yes ☑ No	Information Verified By	JBR	Year File Was Created	1984
				Response ID Number	1808
		Lat/Long Method	GPS		
12 Digit HUC Code	031401070201				
Use Classification	F&W				
Site Visit Completed?	☑ Yes ☐ No	Date of Site Visit	1/13/2021		
Waterbody Impaired?	☑ Yes ☐ No	Date of WLA Response	3/9/2022		
Antidegradation	☐ Yes ☑ No	Approved TMDL?	☐ Yes ☑ No		
Waterbody Tier Level	Tier I				
Use Support Category	5	Approval Date of TMDL			

Waste Load Allocation Information

Modeled Reach Length	3.13	Miles	Date of Allocation	1/20/2021	
Name of Model Used	SWQM		Allocation Type	2 Seasons	
Model Completed by	JBR		Type of Model Used	Calibrated / Verified	
Allocation Developed by	Water Quality Branch				

Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters		Other Parameters	
	Qw 3.5 MGD	Qw 3.5 MGD	Qw MGD	Qw MGD
Qw MGD	Season Summer	Season Winter	Season	Season
CBOD5	From May	From Dec	From	From
NH3-N	Through Nov	Through Apr	Through	Through
TKN	CBOD5 7	CBOD5 10	TP	TP
D.O.	NH3-N 2	NH3-N 3	TN	TN
	TKN 4	TKN 6	TSS	TSS
	D.O. 7	D.O. 7		

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

Water Quality Characteristics Immediately Upstream of Discharge

Parameter	Summer		Winter	
CBODu	3.05	mg/l	3.05	mg/l
NH3-N	0.0306	mg/l	0.0306	mg/l
Temperature	30	°C	20	°C
pH	6.26	su	6.26	su

Hydrology at Discharge Location

Drainage Area Qualifier				Method Used to Calculate
Exact	Drainage Area	2.05	sq mi	
	Stream 7Q10	0.63	cfs	ADEM Estimate w/USGS Gage Data
	Stream 1Q10	0.47	cfs	75%of 7Q10
	Stream 7Q2	1.38	cfs	ADEM Estimate w/USGS Gage Data
	Annual Average	4.72	cfs	ADEM Estimate w/USGS Gage Data

Comments and/or Notations

Major
20-52385

RIVIERA UTILITIES

413 E. Laurel Ave. - P.O. Drawer 2050 - Foley, 36536
Phone (251) 943-5001 – Fax (251) 943-5275

August 21, 2020

Emily Anderson, Chief
Municipal Section
Industrial/Municipal Branch
Water Division
P.O. Box 301463
Montgomery, AL 36130-1463

RE: Transmittal of NPDES Individual Permit Application
(Renewal of NPDES Permit No. AL0049042)
Foley WWTP

Dear Ms. Anderson,

Enclosed you will find our NPDES Individual Permit Application for renewal of NDPES Permit No. AL0049042, which includes:

- ADEM Form 188,
- EPA Form 2A,
- EPA Form 2F,
- EPA Form 2S,
- Maps, diagrams, laboratory reports, and associated backup information, and
- A check for the permit application fee in the amount of $7,060.

Our current permit is scheduled to expire on February 28, 2021. We currently have a dual permit for 2.0 MGD (Outfall 012) and 3.5 MGD (Outfall 013). It is our intent to vacate the 2.0 MGD permit as part of this application process. We plan to continue to operate under the 2.0 MGD permit until February 28, 2021, at which time we will begin operating under the 3.5 MGD permit.

Please let me know if you require any additional information.

Sincerely,

Tony L. Schachle, Jr.

Tony L. Schachle, Jr., P.E.
Chief Engineer
Water and Wastewater Department

Ammons, Stephanie

Subject: RE: Foley WWTP AL0049042 permit reissuance

From: Tony Schachle <tschachle@rivierautilities.com>
Sent: Monday, May 9, 2022 2:45 PM
To: Ammons, Stephanie <SAmmons@adem.alabama.gov>
Subject: RE: Foley WWTP AL0049042 permit reissuance

Stephanie,

Attached is the updated Form188. Since we submitted the original application, Anthony Darling has retired. Chris Clark is our new WWTP chief operator. So I have included Chris' information on the revised form as well.

Thanks,

Tony

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

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

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

PURPOSE OF THIS APPLICATION

- ☐ Initial Permit Application for New Facility*
- ☐ Initial Permit Application for Existing Facility*
- ☐ Modification of Existing Permit
- ☒ Reissuance of Existing Permit
- ☐ Revocation & Reissuance of Existing Permit

** An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.*

SECTION A – GENERAL INFORMATION

1. Facility Name: Foley Wastewater Treatment Plant Facility County: Baldwin

   a. Operator Name: Chris Clark

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

   If No, provide the following information:

   Operator Name: Chris Clark, Grade III Operator

   Operator Address (Street or PO Box): P.O. Box 2050

   City: Foley AL Zip: 36536

   Phone Number: 251-943-5001 Email Address: cclark@rivierautilities.com

   Operator Status:

   ☐ Public-federal ☐ Public-state ☒ Public-other (please specify): Municipal
   ☐ Private ☐ Other (please specify):

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

   Chris Clark serves as the Wastewater Plant Operator Supervisor. Chris is responsible for all regulatory compliance and supervision of all wastewater treatment employees.

   c. Name of Permittee* if different than Operator: The Utilities Board of the City of Foley

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

2. NPDES Permit Number: AL 0049042 (Not applicable if initial permit application)

3. Facility Location (Front Gate): Latitude: 30° 24' 11.3" Longitude: -87° 39' 46.5"

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MUNICIPAL SECTION

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

   Name and Title: Tony L. Schachle, Jr., P.E., Chief Engineer

   Address: P.O. Box 2050

   City: Foley State: AL Zip: 36536

   Phone Number: 251-943-5001 Email Address: tschachle@rivierautilities.com

5. Designated Facility/DMR Contact:

Name: Tony L. Schachle, Jr., P.E. Title: Chief Engineer

Phone Number: 251-943-5001 Email Address: tschachle@rivierautilities.com

6. Designated Emergency Contact:

Name: Tony L. Schachle, Jr., P.E. Title: Chief Engineer

Phone Number: 251-943-5001 Email Address: tschachle@rivierautilities.com

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

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

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

Facility Name	Permit Number	Type of Action	Date of Action
Foley Wastewater Treatment Plant	AL0049042	Chronic toxicity follow up testing	2/27/2017

SECTION B – WASTEWATER DISCHARGE INFORMATION

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

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

For each shared outfall, provide the following:

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

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

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

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

Flow is measured by a level transducer on the plant effluent/overflow weir prior to outfall. Automated samples are used on both the influent and effluent.

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MUNICIPAL SECTION

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

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

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

Description of Waste	Description of Storage Location
Sludge	Lagoon

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

SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS

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

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit?
Vulcan	Cooling Water	Existing		■ Yes ☐ No
Ascend	Cooling Water	Existing	0.060	■ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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

If yes, please attach a copy of the ordinance.

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SECTION E – COASTAL ZONE INFORMATION

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

If yes, complete items E.1 – E.12 below:

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

SECTION F – ANTI-DEGRADATION EVALUATION

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

1. Is this a new or increased discharge that began after April 3, 1991? ☐ Yes ■ No
   If yes, complete F.2 below. If no, go to Section G.

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in F.1? ☐ Yes ■ No

   If yes, do not complete this section.

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

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

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

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

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

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

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

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

SECTION G – EPA Application Forms

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

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

SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS

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

SECTION I– RECEIVING WATERS

Outfall No.	Receiving Water(s)	303(d) Segment?	Included in TMDL?*
012	Wolf Creek	☐ Yes ■ No	☐ Yes ■ No
013	Wolf Creek	☐ Yes ■ No	☐ Yes ■ No
		☐ Yes ☐ No	☐ Yes ☐ No

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

(1) Justification for the requested Compliance Schedule (e.g. time for design and installation of control equipment, etc.);

(2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be submitted as available);

(3) Requested interim limitations, if applicable;

(4) Date of final compliance with the TMDL limitations; and,

(5) Any other additional information available to support requested compliance schedule.

SECTION J – APPLICATION CERTIFICATION

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

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

Signature of Responsible Official: Tony Schachle Digitally signed by Tony Schachle DN: DC=com, DC=riverwalklaw, DC=corp, OU=RM/UTIL, OU=GW, OU=GWUSER, CN=Tony Schachle, E=tschachle@riverwalkutilities.com Reason: I am approving this document Location: your signing location here Date: 2022-05-09 14:41:51 Foxit PhantomPDF Version: 9.7.5 Date Signed: 05/09/2022

Name: Tony L. Schachle, Jr., P.E. Title: Chief Engineer

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

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.

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MAPS AND DIAGRAMS

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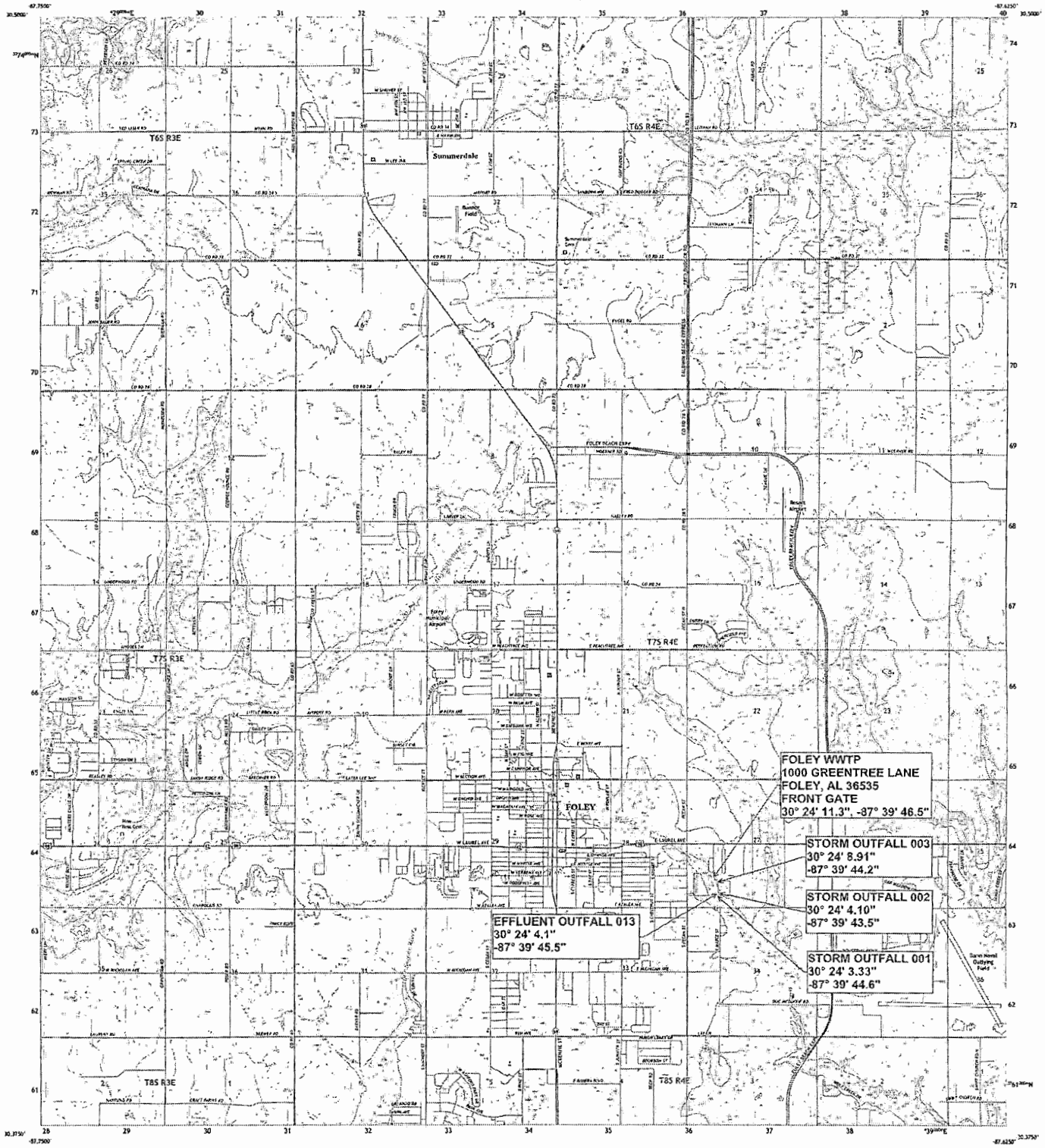
USGS science for a changing world

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map US Topo

FOLEY QUADRANGLE
ALABAMA - BALDWIN COUNTY
7.5-MINUTE SERIES



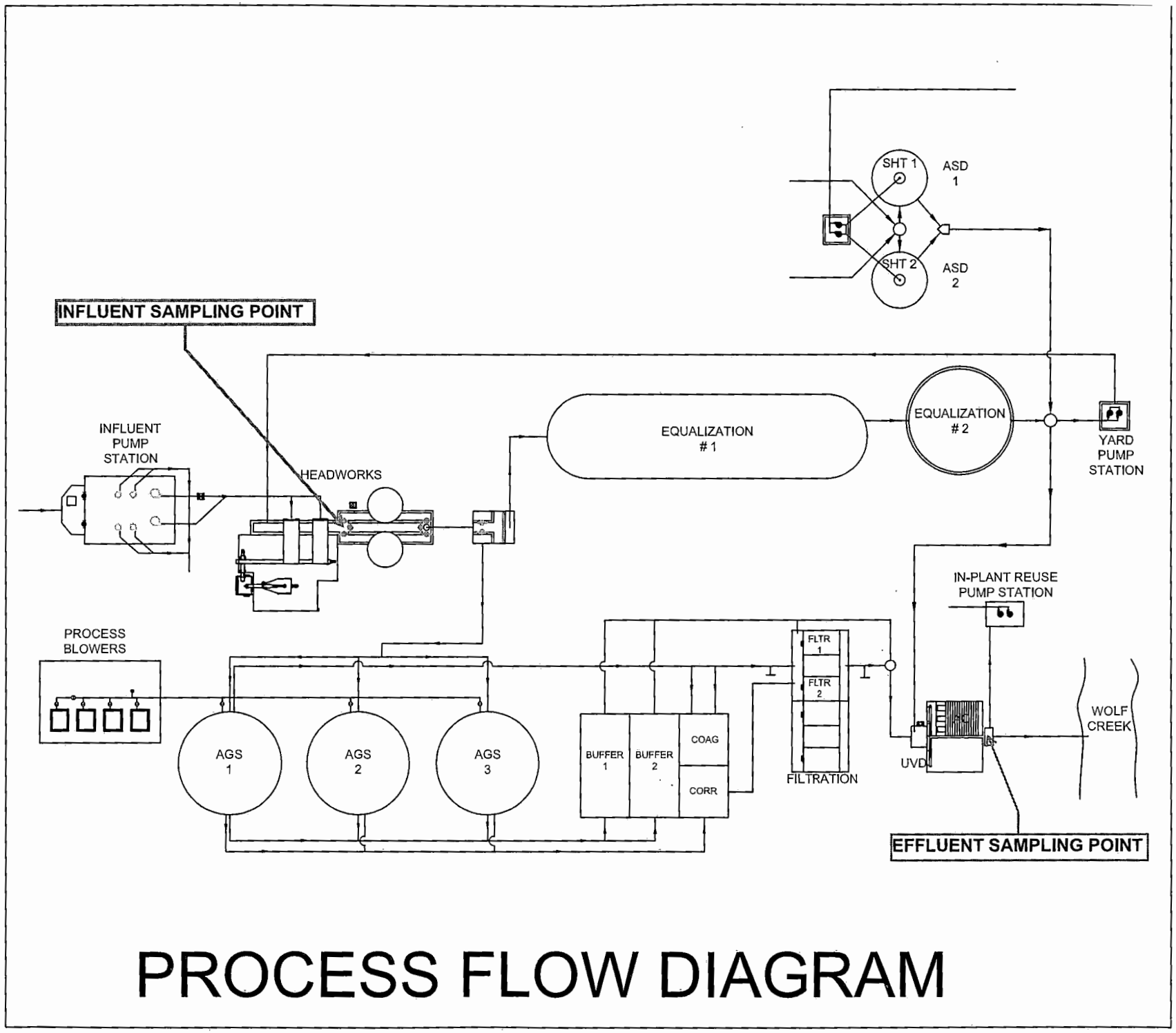
Produced by the United States Geological Survey

SCALE 1:24 000

CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

ROAD CLASSIFICATION

FOLEY, AL
2018



PROCESS FLOW DIAGRAM

AQUA-AEROBIC SYSTEMS, INC.
A Metawater Company

Process Design Report

Wolf Creek WWTP AL
Design# 149682
Option: Bid Design

AquaNereda®
Aerobic Granular Sludge System

May 08, 2017
Designed By: Aaron Glauch

6306 N. Alpine Rd Loves Park, IL 61111
(815) 654-2501 www.aqua-aerobic.com

Pre-AGS

- Screening (by others) is required ahead of the AquaNereda system, with an opening of 6mm depending upon the characteristics of the screen. Punched hole or wire mesh up to 6 mm is preferred.

- It is assumed that there will be reduction in FOG prior to the AGS system as required to maintain a low concentration of FOG in the system. Acceptable levels are approximately 60 mg/l on a daily average basis (based on a 24-hour composite sample.)

- Neutralization is required ahead of the AquaNereda system if the pH is expected to fall outside of 6.5-8.5 for significant durations.

- Coarse solids removal is recommended prior to the AquaNereda System.

- Elevated concentration of Hydrogen Sulfide can be detrimental to both civil and mechanical structures. If anaerobic conditions exist in the collection system, steps should be taken to eliminate Hydrogen Sulfide prior to the treatment system.

Flow

- The maximum flow, as shown on the design, has been assumed as a hydraulic maximum and does not represent an additional organic load.

Aeration

- The aeration system has been designed to provide 1.25 lbs. O2/lb. BOD5 applied and 4.6 lbs. O2/lb. TKN applied at the design average loading conditions.

- Depending on the actual yard piping from the blowers to the diffuser system and the heat losses associated with the yard piping, additional provisions for cooling of the air (i.e. incorporating heat exchangers) and/or modification of in-basin piping and/or diffuser sleeve material may be required. Aqua-Aerobic Systems, Inc. may need to modify the following equipment offering to ensure compatibility of all in-basin components with actual air temperatures.

Process/Site

- The anticipated effluent total nitrogen requirement is predicated upon an influent waste temperature of 18° C or greater. While lower temperatures may be acceptable for a short-term duration, nitrification and denitrification below 10° C can be unpredictable, requiring special operator attention.

- Sufficient alkalinity is required for nitrification, as approximately 7.1 mg alkalinity (as CaCO3) is required for every mg of NH3-N nitrified. If the raw water alkalinity cannot support this consumption, while maintaining a residual concentration of 50 mg/l, supplemental alkalinity shall be provided (by others).

- To achieve the effluent monthly average total phosphorus limit, the biological process and chemical feed systems need to be designed to facilitate optimum performance.

- A minimum of twelve (12) daily composite samples per month (both influent and effluent) shall be obtained for total phosphorus analysis.

- Influent to the biological system is a typical municipal wastewater application with a TP range of 6–8 mg/l. Influent TP shall be either in a particle associated form or in a reactive soluble phosphate form or in a soluble form that can be converted to reactive phosphorus in the biological system. Soluble hydrolyzable and organic phosphates are not removable by chemical precipitation with metal salts. A water quality analysis is required to determine the phosphorus speciation with respect to soluble and insoluble reactive, acid hydrolyzable and total phosphorus at the system influent, point(s) of chemical addition, and final effluent.

- Chemical feed lines (i.e. metal salts) shall be furnished to each reactor, aerobic digester and dewatering supernatant streams as necessary. Metal salts shall be added to each reactor during the React phase of the cycle.

- pH monitoring of the biological reactor is required when adding metal salts.

- The cloth media filter will only remove TP that is associated with the TSS removed by the filter. Solids include both biological and chemical solids. Since only insoluble, particle-associated phosphorous is capable of being removed by filtration with tertiary filtration technology, phosphorous speciation shall be provided by the owner to substantiate the concentrations of soluble and insoluble phosphorous in the filter influent. If the proportions of soluble (unfilterable) and insoluble phosphorous are such that removal to achieve the desired effluent limit is not practical, the owner will provide for proper conditioning of the wastewater, upstream of the filter system, to allow for the required removal.

Filtration

- The cloth media filter recommendation and anticipated effluent quality are based upon influent water quality conditions as shown under "Design Parameters" of this Process Design Report

- The anticipated filtered effluent quality is based on the filter influent conditions as shown under "Design Parameters" of this Process Design Report. In addition, the filter influent should be free of algae and other solids that are not filterable through a nominal 5 micron pore size media. Provisions to treat algae and condition the solids to be filterable are the responsibility of others.

- For this application, pile filter cloth is recommended.

Equipment

- The basins are not included and shall be provided by others.

- A minimum freeboard of 2.3 ft is recommended for diffused aeration.

- Scope of supply includes freight, installation supervision and start-up services.

- Equipment selection is based upon Aqua Aerobic Systems' standard materials of construction and electrical components.

- Aqua-Aerobic Systems, Inc. is familiar with various "Buy American" Acts (i.e. AIS, ARRA, Federal FAR 52.225, EXIM Bank, USAid, PA Steel Products Act, etc.). As the project develops Aqua-Aerobic Systems can work with you to ensure full compliance of our goods with various Buy American provisions if they are applicable/required for the project. When applicable, please provide us with the specifics of the project's "Buy American" provisions.

- VFDs for all motors are to be provided by others. MCC to be provided by others.

- AquaNereda is a propriety technology; in order to protect this technology some additional safeguards are typical. At time of plans and specification development typically a Non Disclosure Agreement is required between Aqua-Aerobic and the Consulting Engineer. At time of project execution the End User is required to sign an End User Agreement which includes non disclosure obligations and limits distribution of the granules.

- The basin dimensions reported on the design have been assumed based upon the required volumes and assumed basin geometry. Actual basin geometry may be circular, square, and rectangular with construction materials including concrete, or steel.

AquaNereda - Aerobic Granular Sludge Reactor - Design Summary

DESIGN INFLUENT CONDITIONS

Avg. Design Flow = 3.50 MGD = 13,249 m3/day

Max Design Flow = 6.00 MGD = 22,712 m3/day

DESIGN PARAMETERS	Influent	mg/l	Effluent (After Filtration) Required	<= mg/l	Anticipated	<= mg/l
Bio/Chem Oxygen Demand:	BOD5	275	BOD5	5	BOD5	5
Total Suspended Solids:	TSS	235	TSS	20	TSS	20
Total Kjeldahl Nitrogen:	TKN	42	–	–	–	–
Total Nitrogen:	–	–	TN	5.0	TN	5.0
Phosphorus:	Total P	7.5	Total P	1.5	Total P	1.5

SITE CONDITIONS

	Maximum		Minimum		Design		Elevation (MSL)
Ambient Air Temperatures:	85 F	29.0 C	30 F	-1.0 C	85 F	29.0 C	2 ft
Influent Waste Temperatures:	88 F	31.0 C	64 F	18.0 C	64 F	18.0 C	1.0 m

AGS BASIN DESIGN VALUES

No./Basin Geometry: = 3 Circular Basins(s)

Freeboard: = 2.3 ft = (0.7 m)

Diameter of Basin: = 68.0 ft = (20.7 m)

	Water Depth		Basin Vol./Basin	
Min	= 21.0 ft	= (6.40 m)	Min = 0.57 MG	= (2,160 m³)

Cycle Duration: = 3.5 Hours/Cycle

Food/Mass (F/M) ratio: = 0.070 lbs. BOD5/lb. MLSS-Day

MLSS Concentration: = 8000 mg/l

Hydraulic Retention Time: = 0.49 Days

Solids Retention Time: = 16.32 Days

Est. Net Sludge Yield: = 0.89 lbs. WAS/lb. BOD5

Est. Dry Solids Produced: = 7,000.0 lbs. WAS/Day

Lbs. O2/lb. BOD5 = 1.25

Lbs. O2/lb. TKN = 4.60

Peak O2 Factor: = 1.00

Actual Oxygen Required: = 15674 lbs./Day

Air Flowrate/Basin: = 2431 SCFM

Max. Discharge Pressure: = 10.88 PSIG

Avg. Power Required: = 1931 KW-Hrs/Day

Water Level Correction Tank - Design Summary

WATER LEVEL CORRECTION TANK DESIGN VALUES

No./Basin Geometry	= 1.0 Rectangular Basin(s)	
Max. Water Depth	= 14.4 ft	= (4.4 m)
Max. Basin Volume (Total):	= 15,850 gallons	= (60 m^3)

WATER LEVEL CORRECTION VOLUME DETERMINATION

The water correction tank volume has been determined based on the required level drop in the AquaNereda reactors. The water from this tank will be pumped back to the head of the plant.

WATER LEVEL CORRECTION EQUIPMENT CRITERIA

Max. Capacity per Pump:	= 313.0 gpm	= 72.0 m3/hr
Number of Pumps:	= 1	
Avg. Power Required:	= 43.7 kW-hr/day	

Sludge Buffer - Design Summary

SLUDGE BUFFER DESIGN VALUES

No./Basins Geometry:	= 2 Rectangular Basin(s)	
Max Water Depth:	= 13.1 ft	= (4.0 m)
Max Basin Vol. Basin	= 29,059 gallons	= (110 m^3)

SLUDGE BUFFER VOLUME DETERMINATION

The sludge buffer volume has been determined based on the sludge production and the concentration of sludge from the AquaNereda reactors. The Sludge from this basin will be pumped to the sludge handling system, and the supernatant back to the head of the plant.

SLUDGE BUFFER EQUIPMENT CRITERIA

Max. Sludge Flow Rate Required:	= 87 gpm	= (20 m^3/hr)
Max. Supernatant Flow Rate Required:	= 348 gpm	= (80 m^3/hr)
Avg. Power Required:	= 51 kW-hr/day	

AquaDISK Tertiary Filtration - Design Summary

DESIGN INFLUENT CONDITIONS

Pre-Filter Treatment:	AquaNereda		
Avg. Design Flow	= 4.11 MGD	= 2854.17 gpm	= 15558 m³/day
Max Design Flow	= 6.97 MGD	= 4840.3 gpm	= 26384 m³/day

AquaDISK FILTER RECOMMENDATION

Qty Of Filter Units Recommended	= 2
Number Of Disks Per Unit	= 8
Total Number Of Disks Recommended	= 16
Total Filter Area Provided	= 860.8 ft² = (79.97 m²)
Filter Model Recommended	= AquaDisk Concrete: Model ADFSC-54 x 8E-PC
Filter Media Cloth Type	= OptiFiber PES-14

AquaDISK FILTER CALCULATIONS

Filter Type:

Vertically Mounted Cloth Media Disks featuring automatically operated vacuum backwash.

Average Flow Conditions:

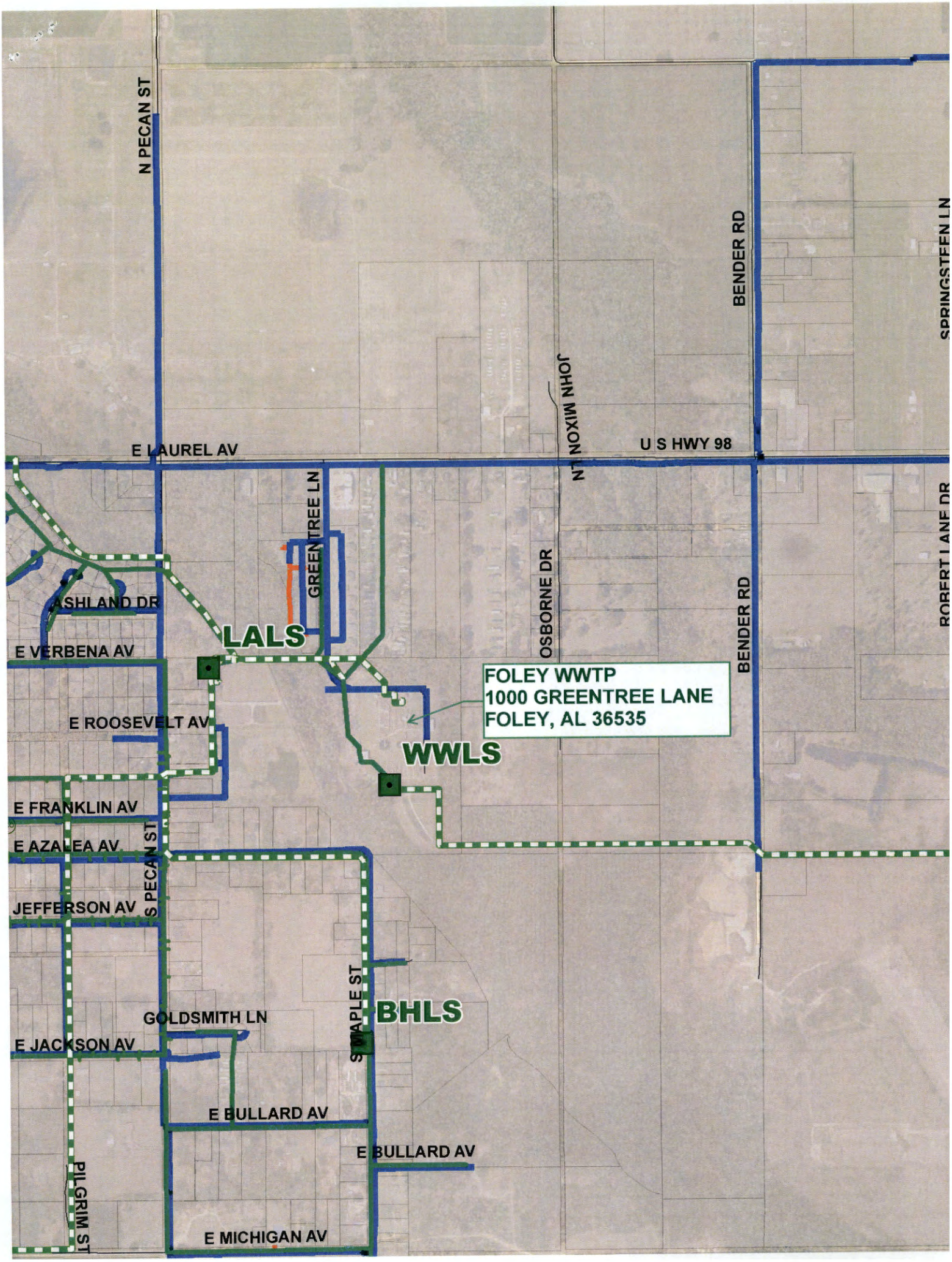
Average Hydraulic Loading
= Avg. Design Flow (gpm) / Recommended Filter Area (ft²)
= 2854.2 / 860.8 ft²
= 3.32 gpm/ft² (8.11 m/hr) at Avg. Flow

Maximum Flow Conditions:

Maximum Hydraulic Loading
= Max. Design Flow (gpm) / Recommended Filter Area (ft²)
= 4840.3 / 860.8 ft²
= 5.62 gpm/ft² (13.75 m/hr) at Max. Flow

Solids Loading:

Solids Loading Rate
= (lbs TSS/day at max flow and max TSS loading) / Recommended Filter Area (ft²)
= 871.9 lbs/day / 860.8 ft²
= 1.01 lbs. TSS /day/ft² (4.94 kg. TSS/day/m²)


N PECAN ST
BENDER RD
SPRINGSTEEN LN
JOHN MIXON LN
E LAUREL AV
U S HWY 98
GREENTREE LN
OSBORNE DR
BENDER RD
ROBERT LANE DR
ASHLAND DR
LALS
E VERBENA AV
FOLEY WWTP
1000 GREENTREE LANE
FOLEY, AL 36535
E ROOSEVELT AV
WWLS
E FRANKLIN AV
E AZALEA AV
S PECAN ST
JEFFERSON AV
S MAPLE ST
BHLS
GOLDSMITH LN
E JACKSON AV
E BULLARD AV
E BULLARD AV
PILGRIM ST
E MICHIGAN AV

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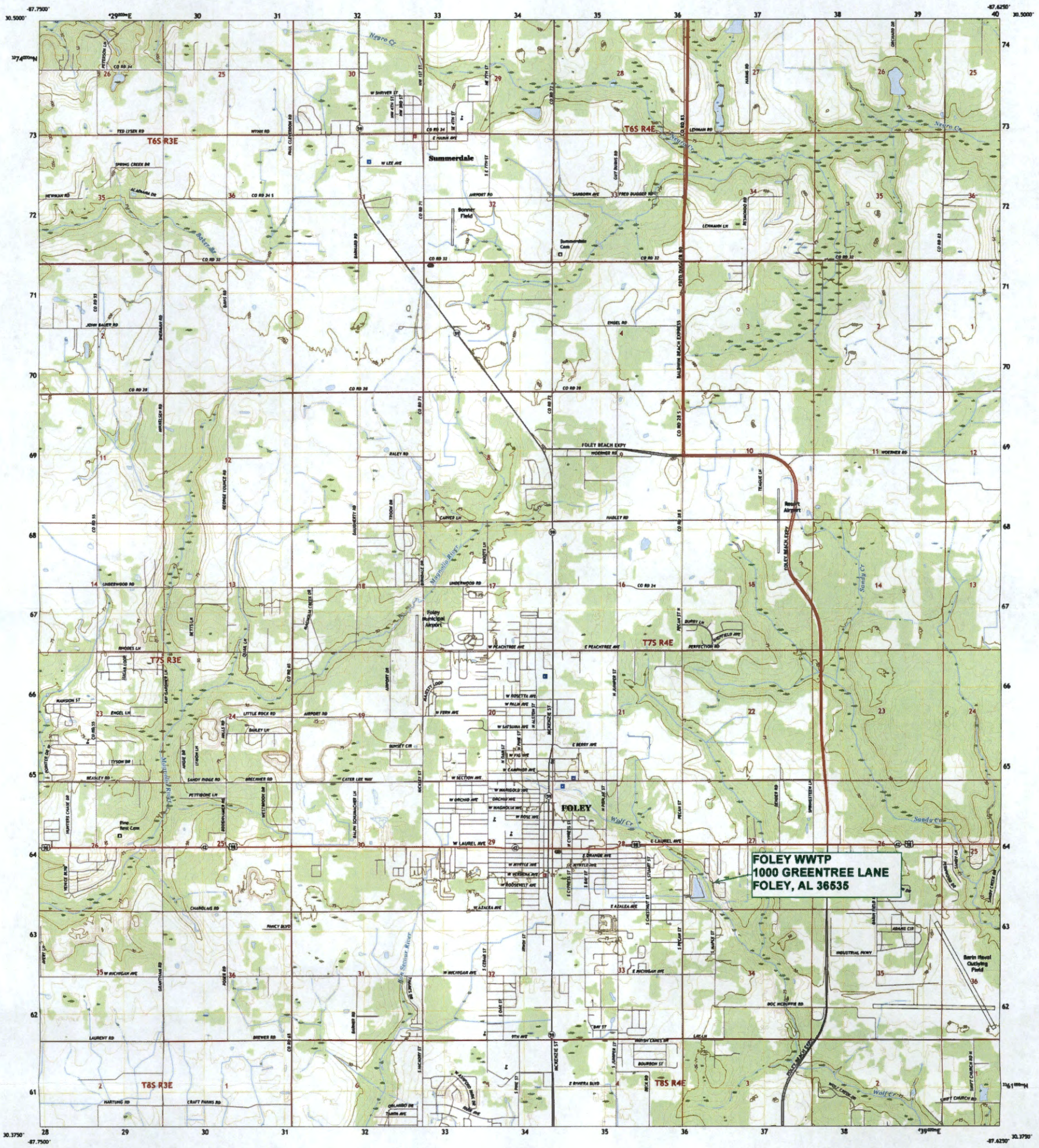
USGS science for a changing world

The National Map US Topo

FOLEY QUADRANGLE
ALABAMA - BALDWIN COUNTY
7.5-MINUTE SERIES



Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 16N

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery	NAIP,	August 2015 - November 2015
Roads	U.S. Census Bureau,	2017
Names	GNIS,	1980 - 2018
Hydrography	National Hydrography Dataset,	2002 - 2017
Contours	National Elevation Dataset,	2013
Boundaries	multiple sources; see metadata file	2014 - 2016
Public Land Survey System	BLM,	2015
Wetlands	FWS National Wetlands Inventory	2001

UTM GRID AND 2017 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

SCALE 1:24 000

1 KILOMETERS 0.5 0 1 2
1000 500 0 METERS 1000 2000
1 MILES 0.5 0 1
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000 FEET

CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011. A metadata file associated with this product is draft version 0.6.18

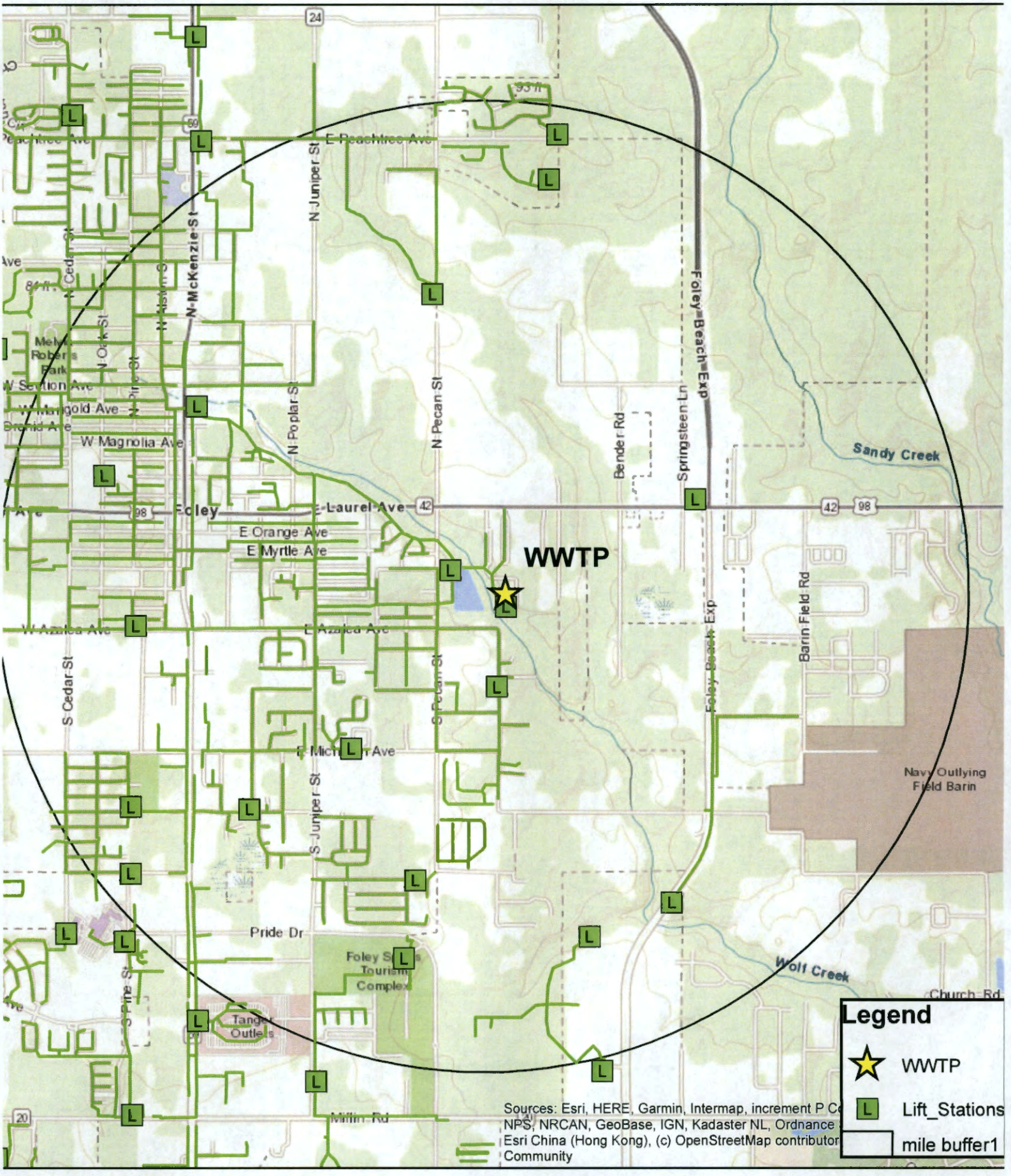
ALABAMA — QUADRANGLE LOCATION

ADJOINING QUADRANGLES
1 Silverhill
2 Robertsdale
3 Elsanor
4 Magnolia Springs
5 Elberta
6 Bon Secour Bay
7 Gulf Shores
8 Orange Beach

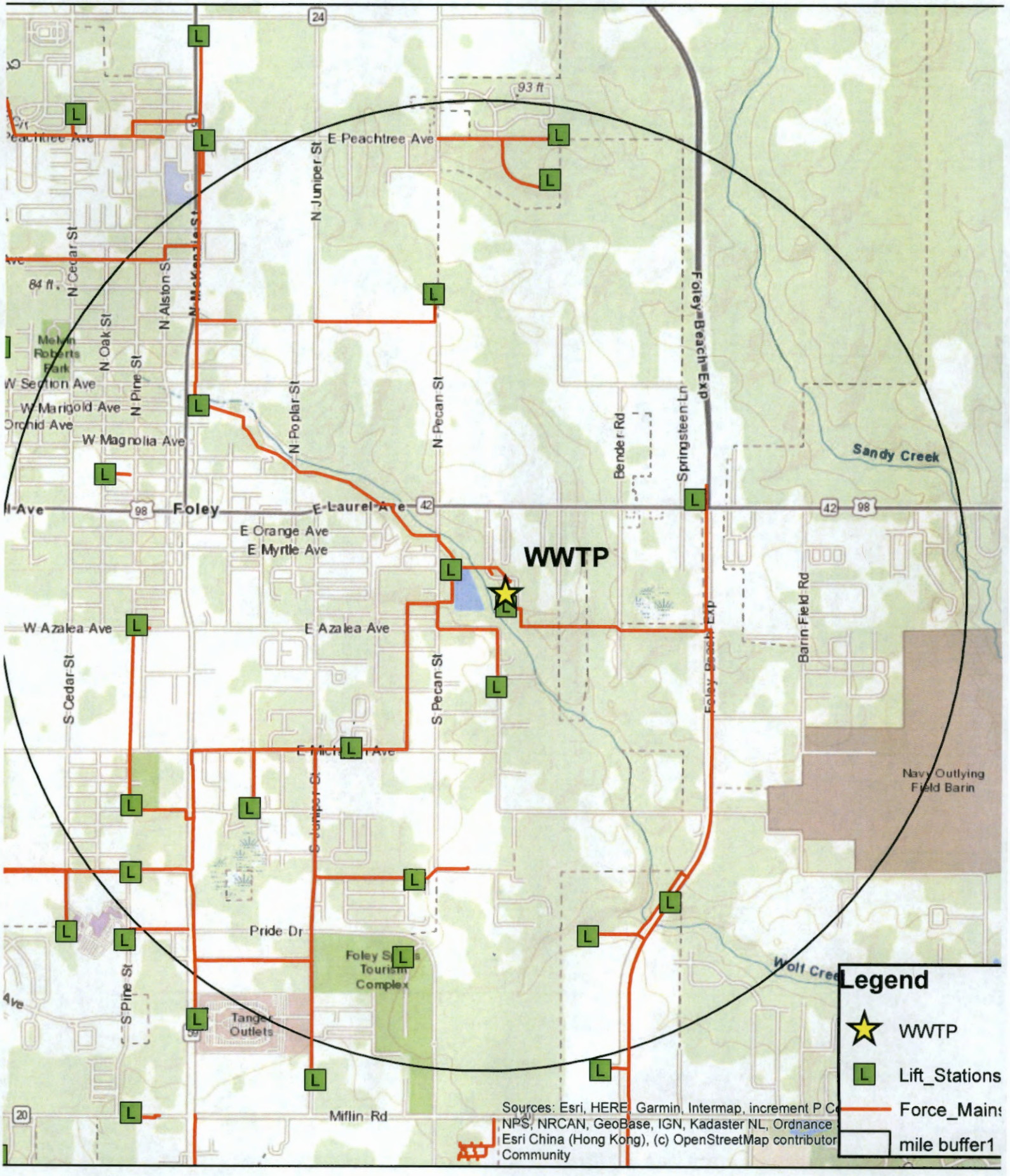
ROAD CLASSIFICATION
Expressway, Secondary Hwy, Ramp, Local Connector, Local Road, 4WD, Interstate Route, US Route, State Route

FOLEY, AL
2018

RU GRAVITY MAINS 1 MILE BUFFER



RU FORCE MAINS 1 MILE BUFFER



EPA FORM 2A

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	AL0049042	Foley Wastewater Treatment	

Form 2A NPDES | EPA

U.S. Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater
NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS

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

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IND/MUN BRANCH

Facility Information

1.1 Facility name
Foley Wastewater Treatment Plant

Mailing address (street or P.O. box)
P.O. Box 2050

City or town	State	ZIP code
Foley	Alabama	36536

Contact name (first and last)	Title	Phone number	Email address
Tony L. Schachle, Jr.	Chief Engineer	(251) 943-5001	tschachle@rivierautilities.com

Location address (street, route number, or other specific identifier) ☐ Same as mailing address
1000 Greentree Lane

City or town	State	ZIP code
Foley	Alabama	36535

1.2 Is this application for a facility that has yet to commence discharge?
☐ Yes ➔ See instructions on data submission requirements for new dischargers. ☑ No

Applicant Information

1.3 Is applicant different from entity listed under Item 1.1 above?
☑ Yes ☐ No ➔ SKIP to Item 1.4.

Applicant name
The Utilities Board of the City of Foley

Applicant address (street or P.O. box)
P.O. Box 2050

City or town	State	ZIP code
Foley	Alabama	36536

Contact name (first and last)	Title	Phone number	Email address
Tom DeBell	General Manager	(251) 943-5001	tdebell@rivierautilities.com

1.4 Is the applicant the facility's owner, operator, or both? (Check only one response.)
☐ Owner ☐ Operator ☑ Both

1.5 To which entity should the NPDES permitting authority send correspondence? (Check only one response.)
☑ Facility ☐ Applicant ☐ Facility and applicant (they are one and the same)

Existing Environmental Permits

1.6 Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)

Existing Environmental Permits

☑ NPDES (discharges to surface water) AL0049042	☐ RCRA (hazardous waste)	☐ UIC (underground injection control)
☐ PSD (air emissions)	☐ Nonattainment program (CAA)	☐ NESHAPs (CAA)
☐ Ocean dumping (MPRSA)	☐ Dredge or fill (CWA Section 404)	☐ Other (specify)

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	AL0049042	Foley Wastewater Treatment	

Collection System and Population Served

1.7 Provide the collection system information requested below for the treatment works.

Municipality Served	Population Served	Collection System Type (indicate percentage)	Ownership Status
City of Foley	24,569	100 % separate sanitary sewer	☑ Own ☑ Maintain
		____ % combined storm and sanitary sewer	☐ Own ☐ Maintain
		☐ Unknown	☐ Own ☐ Maintain
		____ % separate sanitary sewer	☐ Own ☐ Maintain
		____ % combined storm and sanitary sewer	☐ Own ☐ Maintain
		☐ Unknown	☐ Own ☐ Maintain
		____ % separate sanitary sewer	☐ Own ☐ Maintain
		____ % combined storm and sanitary sewer	☐ Own ☐ Maintain
		☐ Unknown	☐ Own ☐ Maintain
		____ % separate sanitary sewer	☐ Own ☐ Maintain
		____ % combined storm and sanitary sewer	☐ Own ☐ Maintain
		☐ Unknown	☐ Own ☐ Maintain
Total Population Served	24,569		

	Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer
Total percentage of each type of sewer line (in miles)	100 %	0 %

Indian Country

1.8 Is the treatment works located in Indian Country?

☐ Yes ☑ No

1.9 Does the facility discharge to a receiving water that flows through Indian Country?

☐ Yes ☑ No

Design and Actual Flow Rates

1.10 Provide design *and* actual flow rates in the designated spaces.

Design Flow Rate
3.5 mgd

Annual Average Flow Rates (Actual)		
Two Years Ago	**Last Year**	**This Year**
1.657 mgd	1.551 mgd	1.517 mgd

Maximum Daily Flow Rates (Actual)		
Two Years Ago	**Last Year**	**This Year**
3.233 mgd	3.072 mgd	3.728 mgd

Discharge Points by Type

1.11 Provide the total number of effluent discharge points to waters of the United States by type.

Total Number of Effluent Discharge Points by Type				
Treated Effluent	**Untreated Effluent**	**Combined Sewer Overflows**	**Bypasses**	**Constructed Emergency Overflows**
1				

Outfalls and Other Discharge or Disposal Methods

Outfalls Other Than to Waters of the United States

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

☑ Yes ☐ No ➔ SKIP to Item 1.14.

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

Surface Impoundment Location and Discharge Data

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
South Pecan St.	30000 gpd	☐ Continuous ☑ Intermittent
	gpd	☐ Continuous ☐ Intermittent
	gpd	☐ Continuous ☐ Intermittent

1.14 Is wastewater applied to land?

☐ Yes ☑ No ➔ SKIP to Item 1.16.

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

Land Application Site and Discharge Data

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	☐ Continuous ☐ Intermittent
	acres	gpd	☐ Continuous ☐ Intermittent
	acres	gpd	☐ Continuous ☐ Intermittent

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

☐ Yes ☑ No ➔ SKIP to Item 1.21.

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

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

☐ Yes ☐ No ➔ SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data

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

Outfalls and Other Discharge or Disposal Methods Continued

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

Receiving Facility Data

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

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

☐ Yes ☑ No ➔ SKIP to Item 1.23.

1.22 Provide information in the table below on these other disposal methods.

Information on Other Disposal Methods

Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)
		acres	gpd	☐ Continuous ☐ Intermittent
		acres	gpd	☐ Continuous ☐ Intermittent
		acres	gpd	☐ Continuous ☐ Intermittent

Variance Requests

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

☐ Discharges into marine waters (CWA Section 301(h))

☐ Water quality related effluent limitation (CWA Section 302(b)(2))

☑ Not applicable

Contractor Information

1.24 Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?

☐ Yes ☑ No ➔ SKIP to Section 2.

1.25 Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.

Contractor Information

	Contractor 1	Contractor 2	Contractor 3
Contractor name (company name)			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Contact name (first and last)			
Phone number			
Email address			
Operational and maintenance responsibilities of contractor			

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	AL0049042	Foley Wastewater Treatment	

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

Design Flow

Outfalls to Waters of the United States

2.1 Does the treatment works have a design flow greater than or equal to 0.1 mgd?

☑ Yes ☐ No ➔ SKIP to Section 3.

Inflow and Infiltration

2.2 Provide the treatment works' current average daily volume of inflow and infiltration.

Average Daily Volume of Inflow and Infiltration
130,000 gpd

Indicate the steps the facility is taking to minimize inflow and infiltration.

Currently lining gravity pipes, CIPP, and utilizing a camera to locate I&I and repair leaks as they are found. Smoke testing on a regular basis and annotating leaks found to be repaired

Topographic Map

2.3 Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.)

☑ Yes ☐ No

Flow Diagram

2.4 Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.)

☑ Yes ☐ No

Scheduled Improvements and Schedules of Implementation

2.5 Are improvements to the facility scheduled?

☑ Yes ☐ No ➔ SKIP to Section 3.

Briefly list and describe the scheduled improvements.

1. Installation of new process treatment train utilizing Activated Granular Sludge (AGS) technology. Includes new influent lift station, headworks with screening and grit removal, blowers, AGS process tanks, and cloth filters.
2.
3.
4.

2.6 Provide scheduled or actual dates of completion for improvements.

Scheduled or Actual Dates of Completion for Improvements

Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
1.	0012, 0013	04/01/2019	07/31/2020	01/01/2020	06/24/2020
2.					
3.					
4.					

2.7 Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response.

☐ Yes ☐ No ☑ None required or applicable

Explanation:

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	AL0049042	Foley Wastewater Treatment	

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

Description of Outfalls

3.1 Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)

	Outfall Number 012	Outfall Number 013	Outfall Number _____
State	Alabama	Alabama	
County	Baldwin	Baldwin	
City or town	Foley	Foley	
Distance from shore	3 ft.	3 ft.	ft.
Depth below surface	1 ft.	1 ft.	ft.
Average daily flow rate	1.517 mgd	0 mgd	mgd
Latitude	30° 24′ 04.1″ N	30° 24′ 04.1″ N	° ′ ″
Longitude	87° 39′ 45.5″ W	87° 39′ 45.5″ W	° ′ ″

Seasonal or Periodic Discharge Data

3.2 Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges?

☐ Yes ☑ No ➔ SKIP to Item 3.4.

3.3 If so, provide the following information for each applicable outfall.

	Outfall Number _____	Outfall Number _____	Outfall Number _____
Number of times per year discharge occurs			
Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs			

Diffuser Type

3.4 Are any of the outfalls listed under Item 3.1 equipped with a diffuser?

☐ Yes ☑ No ➔ SKIP to Item 3.6.

3.5 Briefly describe the diffuser type at each applicable outfall.

	Outfall Number _____	Outfall Number _____	Outfall Number _____

Waters of the U.S.

3.6 Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points?

☑ Yes ☐ No ➔ SKIP to Section 6.

Receiving Water Description

3.7 Provide the receiving water and related information (if known) for each outfall.

	Outfall Number 012	Outfall Number 013	Outfall Number _____
Receiving water name	Wolf Creek	Wolf Creek	
Name of watershed, river, or stream system	Wolf Bay - Sandy Creek Subwa	Wolf Bay - Sandy Creek Subwat	
U.S. Soil Conservation Service 14-digit watershed code	031401070203	031401070203	
Name of state management/river basin	Perdido - Escambia River Basir	Perdido - Escambia River Basin	
U.S. Geological Survey 8-digit hydrologic cataloging unit code	0314107	0314107	
Critical low flow (acute)	cfs	cfs	cfs
Critical low flow (chronic)	cfs	cfs	cfs
Total hardness at critical low flow	mg/L of $CaCO_3$	mg/L of $CaCO_3$	mg/L of $CaCO_3$

Treatment Description

3.8 Provide the following information describing the treatment provided for discharges from each outfall.

	Outfall Number 012	Outfall Number 013	Outfall Number _____
Highest Level of Treatment (check all that apply per outfall)	☑ Primary ☐ Equivalent to secondary ☑ Secondary ☐ Advanced ☐ Other (specify) _____	☑ Primary ☐ Equivalent to secondary ☑ Secondary ☐ Advanced ☐ Other (specify) _____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) _____
Design Removal Rates by Outfall			
BOD_5 or $CBOD_5$	95 %	95 %	%
TSS	95 %	95 %	%
Phosphorus	☑ Not applicable %	☐ Not applicable %	☐ Not applicable %
Nitrogen	☐ Not applicable 90 %	☐ Not applicable 90 %	☐ Not applicable %
Other (specify) _____	☑ Not applicable %	☐ Not applicable %	☐ Not applicable %

Treatment Description Continued

3.9 Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.

Trojan UV disinfection system all year

	Outfall Number ____	Outfall Number ____	Outfall Number ____
Disinfection type			
Seasons used			
Dechlorination used?	☑ Not applicable ☐ Yes ☐ No	☑ Not applicable ☐ Yes ☐ No	☐ Not applicable ☐ Yes ☐ No

Effluent Testing Data

3.10 Have you completed monitoring for all Table A parameters and attached the results to the application package?

☑ Yes ☐ No

3.11 Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points?

☑ Yes ☐ No ➔ SKIP to Item 3.13.

3.12 Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.

	Outfall Number 012		Outfall Number ____		Outfall Number ____	
	Acute	Chronic	Acute	Chronic	Acute	Chronic
Number of tests of discharge water		23				
Number of tests of receiving water						

3.13 Does the treatment works have a design flow greater than or equal to 0.1 mgd?

☑ Yes ☐ No ➔ SKIP to Item 3.16.

3.14 Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent?

☐ Yes ➔ Complete Table B, including chlorine. ☑ No ➔ Complete Table B, omitting chlorine.

3.15 Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package?

☑ Yes ☐ No

3.16 Does one or more of the following conditions apply?

- 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 applicable. ☐ No ➔ SKIP to Section 4.

3.17 Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package?

☑ Yes ☐ No

3.18 Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package?

☐ Yes ☑ No additional sampling required by NPDES permitting authority.

Effluent Testing Data Continued

3.19 Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?

☑ Yes ☐ No ➔ Complete tests and Table E and SKIP to Item 3.26.

3.20 Have you previously submitted the results of the above tests to your NPDES permitting authority?

☑ Yes ☐ No ➔ Provide results in Table E and SKIP to Item 3.26.

3.21 Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.

Date(s) Submitted (MM/DD/YYYY)	Summary of Results
11/03/2015	Nov 2015 TRAC LABS NO TOXICITY NOV 2016 TRAC LABS CHRONIC TOXICITY DEC 2016 TRAC LABS CHRONIC TOXICITY JAN 2017 TRAC LABS CHRONIC TOXICITY FEB 2017 TRAC LABS CHRONIC TOXICITY MAY 2017 TRAC LABS NO TOXICITY JUN 2017 TRAC LABS NO TOXICITY

3.22 Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?

☑ Yes ☐ No ➔ SKIP to Item 3.26.

3.23 Describe the cause(s) of the toxicity:

Unknown, TIE test performed and no indication of the cause of the toxicity was found. Foley Wastewater plant was issued a notice of violation for chronic toxicity, Ceriodaphnia Dubia reproduction, 21 test were performed after notice of violation and all reports and data were submitted to permitting authority, ADEM, which has the results on file for review.

3.24 Has the treatment works conducted a toxicity reduction evaluation?

☐ Yes ☑ No ➔ SKIP to Item 3.26.

3.25 Provide details of any toxicity reduction evaluations conducted.

3.26 Have you completed Table E for all applicable outfalls and attached the results to the application package?

☑ Yes ☐ Not applicable because previously submitted information to the NPDES permitting authority.

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

Industrial Discharges and Hazardous Wastes

4.1 Does the POTW receive discharges from SIUs or NSCIUs?

☑ Yes ☐ No ➔ SKIP to Item 4.7.

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

Number of SIUs	Number of NSCIUs
2	

4.3 Does the POTW have an approved pretreatment program?

☑ Yes ☐ No

4.4 Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program?

☐ Yes ☑ No ➔ SKIP to Item 4.6.

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

Adopted permitting authorities, ADEM, Local limits policy

4.6 Have you completed and attached Table F to this application package?

☑ Yes ☐ No

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Industrial Discharges and Hazardous Wastes Continued

4.7 Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261?

☐ Yes ☑ No ➔ SKIP to Item 4.9.

4.8 If yes, provide the following information:

Hazardous Waste Number	Waste Transport Method (check all that apply)	Annual Amount of Waste Received	Units
	☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____		
	☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____		
	☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____		

4.9 Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA?

☐ Yes ☑ No ➔ SKIP to Section 5.

4.10 Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)?

☐ Yes ➔ SKIP to Section 5. ☐ No

4.11 Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW?

☐ Yes ☐ No

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

CSO Map and Diagram

5.1 Does the treatment works have a combined sewer system?

☐ Yes ☑ No ➔ SKIP to Section 6.

5.2 Have you attached a CSO system map to this application? (See instructions for map requirements.)

☐ Yes ☐ No

5.3 Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.)

☐ Yes ☐ No

CSO Outfall Description

5.4 For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
City or town			
State and ZIP code			
County			
Latitude	° ' "	° ' "	° ' "
Longitude	° ' "	° ' "	° ' "
Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.

CSO Monitoring

5.5 Did the POTW monitor any of the following items in the past year for its CSO outfalls?

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
Rainfall	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO flow volume	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO pollutant concentrations	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Receiving water quality	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO frequency	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Number of storm events	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

CSO Events in Past Year

5.6 Provide the following information for each of your CSO outfalls.

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
Number of CSO events in the past year	events	events	events
Average duration per event	hours ☐ Actual or ☐ Estimated	hours ☐ Actual or ☐ Estimated	hours ☐ Actual or ☐ Estimated
Average volume per event	million gallons ☐ Actual or ☐ Estimated	million gallons ☐ Actual or ☐ Estimated	million gallons ☐ Actual or ☐ Estimated
Minimum rainfall causing a CSO event in last year	inches of rainfall ☐ Actual or ☐ Estimated	inches of rainfall ☐ Actual or ☐ Estimated	inches of rainfall ☐ Actual or ☐ Estimated

CSO Receiving Waters

5.7 Provide the information in the table below for each of your CSO outfalls.

	CSO Outfall Number ___	CSO Outfall Number ___	CSO Outfall Number ___
Receiving water name			
Name of watershed/ stream system			
U.S. Soil Conservation Service 14-digit watershed code (if known)	☐ Unknown	☐ Unknown	☐ Unknown
Name of state management/river basin			
U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	☐ Unknown	☐ Unknown	☐ Unknown
Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

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

Checklist and Certification Statement

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

Column 1	Column 2	
☑ Section 1: Basic Application Information for All Applicants	☐ w/ variance request(s)	☐ w/ additional attachments
☑ Section 2: Additional Information	☑ w/ topographic map ☐ w/ additional attachments	☑ w/ process flow diagram
☑ Section 3: Information on Effluent Discharges	☑ w/ Table A ☐ w/ Table B ☐ w/ Table C	☐ w/ Table D ☐ w/ Table E ☐ w/ additional attachments
☑ Section 4: Industrial Discharges and Hazardous Wastes	☐ w/ SIU and NSCIU attachments ☐ w/ additional attachments	☐ w/ Table F
☐ Section 5: Combined Sewer Overflows	☐ w/ CSO map ☐ w/ CSO system diagram	☐ w/ additional attachments
☑ Section 6: Checklist and Certification Statement	☐ w/ attachments	

6.2 **Certification Statement**

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

Name (print or type first and last name)	Official title
TONY L. SCHACHLE, JR.	CHIEF ENGINEER
Signature	**Date signed**
Tony L. Schachle, Jr.	08-21-2020

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

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

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand ☐ BOD_5 or ☑ $CBOD_5$ (report one)	7.9	mg/l	3.8	mg/l	124	SM5210-B	☐ ML ☐ MDL
Fecal coliform	EColi 272.3	MPN/100ml	12.0	MPN/100ml	124	SM9223 B	☐ ML ☐ MDL
Design flow rate	3.728	MGD	1.526	MGD	355	[redacted]	
pH (minimum)	6.2	s.u.	[redacted]				
pH (maximum)	7.4	s.u					
Temperature (winter)	18.9	Degrees Celsius	20.7	Degrees Celsius	70		
Temperature (summer)	30.3	Degrees Celsius	24.2	Degrees Celsius	52		
Total suspended solids (TSS)	41	mg/l	4.1	mg/l	156	SM2540-D	☐ ML ☐ MDL

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

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

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

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	7.15	mg/l	0.57	mg/l	138	Hach method 10205	☐ ML ☐ MDL
Chlorine (total residual, TRC)[2]	N/A	N/A	N/A	N/A	N/A	N/A	☐ ML ☐ MDL
Dissolved oxygen	10.15	mg/l	7.78	mg/l	125	SM4500-OG	☐ ML ☐ MDL
Nitrate/nitrite	6.62	mg/l	3.54	mg/l	41	Hach method 10206	☐ ML ☐ MDL
Kjeldahl nitrogen	19.5	mg/l	2.26	mg/l	126	Hach method 10242	☐ ML ☐ MDL
Oil and grease							☐ ML ☐ MDL
Phosphorus	7.7	mg/l	3.03	mg/l	32	Hach method10209	☐ ML ☐ MDL
Total dissolved solids	TSS 41.2	mg/l	3.8	mg/l	126	SM 2540D	☐ ML ☐ MDL

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

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

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

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OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as $CaCO_3$)	118	mg/l	90	mg/l	3	SM2340C	☐ ML ☐ MDL
Antimony, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Arsenic, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Beryllium, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Cadmium, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Chromium, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Copper, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Lead, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Mercury, total recoverable	0.00198	ug/l	0.001409	ug/l	4	EPA200.7	☐ ML ☐ MDL
Nickel, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Selenium, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Silver, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Thallium, total recoverable	ND	ug/l			3	EPA200.7	☐ ML ☐ MDL
Zinc, total recoverable	0.112	mg/l	0.10	mg/l	10	EPA200.7	☐ ML ☐ MDL
Cyanide	ND	ug/l			3	EPA9010	☐ ML ☐ MDL
Total phenolic compounds	ND	ug/l			3	EPA9065	☐ ML ☐ MDL
Volatile Organic Compounds							
Acrolein	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Acrylonitrile	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Benzene	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Bromoform	ND	ug/l			3	EPA 624	☐ ML ☐ MDL

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Chlorobenzene	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Chlorodibromomethane	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Chloroethane	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
2-chloroethylvinyl ether	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Chloroform	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Dichlorobromomethane	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
1,1-dichloroethane	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
1,2-dichloroethane	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
trans-1,2-dichloroethylene	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
1,1-dichloroethylene	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
1,2-dichloropropane	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
1,3-dichloropropylene	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Ethylbenzene	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Methyl bromide	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Methyl chloride	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Methylene chloride	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
1,1,2,2-tetrachloroethane	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Tetrachloroethylene	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
Toluene	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
1,1,1-trichloroethane	ND	ug/l			3	EPA 624	☐ ML ☐ MDL
1,1,2-trichloroethane	ND	ug/l			3	EPA 624	☐ ML ☐ MDL

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	N/D	ug/l			3	EPA 624	☐ ML ☐ MDL
Vinyl chloride	N/D	ug/l			3	EPA 624	☐ ML ☐ MDL
Acid-Extractable Compounds							
p-chloro-m-cresol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
2-chlorophenol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
2,4-dichlorophenol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
2,4-dimethylphenol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
4,6-dinitro-o-cresol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
2,4-dinitrophenol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
2-nitrophenol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
4-nitrophenol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Pentachlorophenol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Phenol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
2,4,6-trichlorophenol	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Base-Neutral Compounds							
Acenaphthene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Acenaphthylene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Anthracene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Benzidine	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Benzo(a)anthracene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Benzo(a)pyrene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
3,4-benzofluoranthene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
Benzo(k)fluoranthene	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
Bis (2-chloroethoxy) methane	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
Bis (2-chloroethyl) ether	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
Bis (2-chloroisopropyl) ether	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
Bis (2-ethylhexyl) phthalate	37.5	ug/l	12.5	ug/l	3	EPA 625	☐ ML ☐ MDL
4-bromophenyl phenyl ether	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
Butyl benzyl phthalate	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
2-chloronaphthalene	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
4-chlorophenyl phenyl ether	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
Chrysene	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
di-n-butyl phthalate	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
di-n-octyl phthalate	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
Dibenzo(a,h)anthracene	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
1,2-dichlorobenzene	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
1,3-dichlorobenzene	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
1,4-dichlorobenzene	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
3,3-dichlorobenzidine	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
Diethyl phthalate	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
Dimethyl phthalate	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
2,4-dinitrotoluene	ND	ug/l			3	EPA 625	☐ ML ☐ MDL
2,6-dinitrotoluene	ND	ug/l			3	EPA 625	☐ ML ☐ MDL

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Fluoranthene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Fluorene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Hexachlorobenzene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Hexachlorobutadiene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Hexachlorocyclo-pentadiene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Hexachloroethane	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Indeno(1,2,3-cd)pyrene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Isophorone	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Naphthalene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Nitrobenzene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
N-nitrosodi-n-propylamine	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
N-nitrosodimethylamine	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
N-nitrosodiphenylamine	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Phenanthrene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
Pyrene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL
1,2,4-trichlorobenzene	N/D	ug/l			3	EPA 625	☐ ML ☐ MDL

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

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

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TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY

Pollutant (list)	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
☑ No additional sampling is required by NPDES permitting authority.							
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
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							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL
							☐ ML ☐ MDL

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

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

Test Information

	Test Number ____	Test Number ____	Test Number ____
Test species	Refer to 3.23		
Age at initiation of test			
Outfall number			
Date sample collected			
Date test started			
Duration			
Toxicity Test Methods			
Test method number			
Manual title			
Edition number and year of publication			
Page number(s)			
Sample Type			
Check one:	☐ Grab ☑ 24-hour composite	☐ Grab ☐ 24-hour composite	☐ Grab ☐ 24-hour composite
Sample Location			
Check one:	☐ Before Disinfection ☑ After Disinfection ☐ After Dechlorination	☐ Before Disinfection ☐ After Disinfection ☐ After Dechlorination	☐ Before disinfection ☐ After disinfection ☐ After dechlorination
Point in Treatment Process			
Describe the point in the treatment process at which the sample was collected for each test.			
Toxicity Type			
Indicate for each test whether the test was performed to asses acute or chronic toxicity, or both. (Check one response.)	☐ Acute ☑ Chronic ☐ Both	☐ Acute ☐ Chronic ☐ Both	☐ Acute ☐ Chronic ☐ Both

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

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

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	012

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

	Test Number ____		Test Number ____		Test Number ____	
Acute Test Results Continued						
Other (describe)						
Chronic Test Results						
NOEC	%		%		%	
IC_{25}	%		%		%	
Control percent survival	%		%		%	
Other (describe)						
Quality Control/Quality Assurance						
Is reference toxicant data available?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Was reference toxicant test within acceptable bounds?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
What date was reference toxicant test run (MM/DD/YYYY)?						
Other (describe)						

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EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	AL0049042	Foley Wastewater Treatment Plant	

TABLE F. INDUSTRIAL DISCHARGE INFORMATION

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

	SIU 3302	SIU 3302	SIU ____
Name of SIU	Vulcan Inc.	Ascend Performance Materials	
Mailing address (street or P.O. box)	410 East Berry Ave	518 S. Bay Street	
City, state, and ZIP code	Foley,,AL 36535	Foley, AL 36535	
Description of all industrial processes that affect or contribute to the discharge.	Cooling tower water discharge	Cooling water discharge	
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Aluminum	Nylon fiber	
Indicate the average daily volume of wastewater discharged by the SIU.	5000 gpd	20,000 gpd	gpd
How much of the average daily volume is attributable to process flow?	gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	gpd	gpd	gpd
Is the SIU subject to local limits?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Is the SIU subject to categorical standards?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

EPA Identification Number	NPDES Permit Number	Facility Name
	AL0049042	Foley Wastewater Treatment Plant

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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

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

	SIU 3302	SIU 3302	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
If yes, describe.			

EPA FORM 2A

LAB REPORTS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

January 18, 2019

Tony Darling
Riviera Utilities
P.O. Box 2050
Foley, AL 36536

RE: Project: Permit Renewal
Pace Project No.: 2093084

Dear Tony Darling:
Enclosed are the analytical results for sample(s) received by the laboratory on January 09, 2019. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

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

Sincerely,

MK Brenner

Mary Kathryn Brenner
marykathryn.brenner@pacelabs.com
251-344-9106
Project Manager

Enclosures

cc: J. Worsley, Riviera Utilities

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

SAMPLE SUMMARY

Project: Permit Renewal
Pace Project No.: 2093084

Lab ID	Sample ID	Matrix	Date Collected	Date Received
2093084001	**Plant Effluent**	Water	01/09/19 07:15	01/09/19 16:05

Pace Analytical®
www.pacelabs.com

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

SUMMARY OF DETECTION

Project: Permit Renewal
Pace Project No.: 2093084

Lab Sample ID / Method	Client Sample ID / Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
2093084001	**Plant Effluent**					
EPA 200.7	Zinc	48.8	ug/L	20.0	01/14/19 17:49	
SM 2340C	Total Hardness	56.0	mg/L	5.0	01/17/19 16:49	

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

ANALYTICAL RESULTS

Project: Permit Renewal
Pace Project No.: 2093084

Sample: Plant Effluent **Lab ID: 2093084001** Collected: 01/09/19 07:15 Received: 01/09/19 16:05 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
625 MSSV 2DAY	Analytical Method: EPA 625 Preparation Method: EPA 625							
4,6-Dinitro-2-methylphenol	ND	ug/L	19.2	1	01/15/19 09:00	01/17/19 17:50	534-52-1	
2,4-Dinitrophenol	ND	ug/L	38.4	1	01/15/19 09:00	01/17/19 17:50	51-28-5	
2,4-Dinitrotoluene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	121-14-2	
2,6-Dinitrotoluene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	606-20-2	
Di-n-octylphthalate	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	117-84-0	
1,2-Diphenylhydrazine	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	122-66-7	
bis(2-Ethylhexyl)phthalate	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	117-81-7	
Fluoranthene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	206-44-0	
Fluorene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	86-73-7	
Hexachloro-1,3-butadiene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	87-68-3	
Hexachlorobenzene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	118-74-1	
Hexachlorocyclopentadiene	ND	ug/L	38.4	1	01/15/19 09:00	01/17/19 17:50	77-47-4	
Hexachloroethane	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	67-72-1	
Indeno(1,2,3-cd)pyrene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	193-39-5	
Isophorone	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	78-59-1	
Naphthalene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	91-20-3	
Nitrobenzene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	98-95-3	
2-Nitrophenol	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	88-75-5	
4-Nitrophenol	ND	ug/L	38.4	1	01/15/19 09:00	01/17/19 17:50	100-02-7	
N-Nitrosodimethylamine	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	62-75-9	
N-Nitroso-di-n-propylamine	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	621-64-7	
N-Nitrosodiphenylamine	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	86-30-6	
2,2'-Oxybis(1-chloropropane)	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	108-60-1	
Pentachlorophenol	ND	ug/L	38.4	1	01/15/19 09:00	01/17/19 17:50	87-86-5	
Phenanthrene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	85-01-8	
Phenol	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	108-95-2	
Pyrene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	129-00-0	
1,2,4-Trichlorobenzene	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	120-82-1	
2,4,6-Trichlorophenol	ND	ug/L	9.6	1	01/15/19 09:00	01/17/19 17:50	88-06-2	
Surrogates								
Nitrobenzene-d5 (S)	78	%.	33-120	1	01/15/19 09:00	01/17/19 17:50	4165-60-0	
2-Fluorobiphenyl (S)	81	%.	34-117	1	01/15/19 09:00	01/17/19 17:50	321-60-8	
Terphenyl-d14 (S)	88	%.	24-133	1	01/15/19 09:00	01/17/19 17:50	1718-51-0	
Phenol-d6 (S)	34	%.	10-120	1	01/15/19 09:00	01/17/19 17:50	13127-88-3	
2-Fluorophenol (S)	53	%.	10-118	1	01/15/19 09:00	01/17/19 17:50	367-12-4	
2,4,6-Tribromophenol (S)	90	%.	25-145	1	01/15/19 09:00	01/17/19 17:50	118-79-6	
624 Volatile Organics	Analytical Method: EPA 624							
Acrolein	ND	ug/L	20.0	1		01/11/19 14:55	107-02-8	
Acrylonitrile	ND	ug/L	20.0	1		01/11/19 14:55	107-13-1	
Benzene	ND	ug/L	5.0	1		01/11/19 14:55	71-43-2	
Bromodichloromethane	ND	ug/L	5.0	1		01/11/19 14:55	75-27-4	
Bromoform	ND	ug/L	5.0	1		01/11/19 14:55	75-25-2	
Bromomethane	ND	ug/L	5.0	1		01/11/19 14:55	74-83-9	
Carbon tetrachloride	ND	ug/L	5.0	1		01/11/19 14:55	56-23-5	
Chlorobenzene	ND	ug/L	5.0	1		01/11/19 14:55	108-90-7	
Chloroethane	ND	ug/L	5.0	1		01/11/19 14:55	75-00-3	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: Permit Renewal
Pace Project No.: 2093084

QC Batch: 130896
QC Batch Method: EPA 7470
Associated Lab Samples: 2093084001

Analysis Method: EPA 7470
Analysis Description: 7470 Mercury

METHOD BLANK: 568284 Matrix: Water
Associated Lab Samples: 2093084001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Mercury	ug/L	ND	0.20	01/15/19 09:50	

LABORATORY CONTROL SAMPLE: 568285

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	ug/L	2	2.0	100	80-120	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 568286 568287

Parameter	Units	2093084001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	ug/L	ND	2	2	1.8	2.0	88	100	75-125	13	20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: Permit Renewal
Pace Project No.: 2093084

MATRIX SPIKE SAMPLE: 567588

Parameter	Units	2093084001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Lead	ug/L	ND	1000	963	96	70-130	
Nickel	ug/L	ND	1000	960	96	70-130	
Selenium	ug/L	ND	1000	962	96	70-130	
Silver	ug/L	ND	500	497	99	70-130	
Thallium	ug/L	ND	1000	951	95	70-130	
Zinc	ug/L	48.8	1000	1010	96	70-130	

MATRIX SPIKE SAMPLE: 567589

Parameter	Units	2093191001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Antimony	ug/L	ND	1000	850	84	70-130	
Arsenic	ug/L	ND	1000	856	86	70-130	
Beryllium	ug/L	ND	1000	837	84	70-130	
Cadmium	ug/L	ND	1000	763	76	70-130	
Chromium	ug/L	ND	1000	781	76	70-130	
Copper	ug/L	ND	1000	765	76	70-130	
Lead	ug/L	ND	1000	728	72	70-130	
Nickel	ug/L	ND	1000	1070	68	70-130	M1
Selenium	ug/L	ND	1000	896	90	70-130	
Silver	ug/L	ND	500	445	89	70-130	
Thallium	ug/L	ND	1000	633	63	70-130	M1
Zinc	ug/L	334	1000	1110	78	70-130	

SAMPLE DUPLICATE: 567587

Parameter	Units	2093084001 Result	Dup Result	RPD	Max RPD	Qualifiers
Antimony	ug/L	ND	ND		20	
Arsenic	ug/L	ND	ND		20	
Beryllium	ug/L	ND	ND		20	
Cadmium	ug/L	ND	ND		20	
Chromium	ug/L	ND	ND		20	
Copper	ug/L	ND	ND		20	
Lead	ug/L	ND	ND		20	
Nickel	ug/L	ND	ND		20	
Selenium	ug/L	ND	ND		20	
Silver	ug/L	ND	ND		20	
Thallium	ug/L	ND	ND		20	
Zinc	ug/L	48.8	46.6	4	20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: Permit Renewal
Pace Project No.: 2093084

LABORATORY CONTROL SAMPLE: 567776

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/L	20	18.1	90	76-123	
1,1,2,2-Tetrachloroethane	ug/L	20	17.3	87	64-131	
1,1,2-Trichloroethane	ug/L	20	18.4	92	76-118	
1,1-Dichloroethane	ug/L	20	17.5	88	69-125	
1,1-Dichloroethene	ug/L	20	14.7	73	63-122	
1,2-Dichlorobenzene	ug/L	20	18.6	93	80-113	
1,2-Dichloroethane	ug/L	20	18.6	93	64-127	
1,2-Dichloropropane	ug/L	20	17.5	88	68-125	
1,3-Dichlorobenzene	ug/L	20	17.5	88	79-112	
1,4-Dichlorobenzene	ug/L	20	18.2	91	79-113	
2-Chloroethylvinyl ether	ug/L	40	33.0	82	52-138	
Acrolein	ug/L	20	14.7J	74	10-164	
Acrylonitrile	ug/L	20	15.6J	78	48-145	
Benzene	ug/L	20	18.6	93	72-131	
Bromodichloromethane	ug/L	20	18.2	91	72-117	
Bromoform	ug/L	20	19.6	98	58-124	
Bromomethane	ug/L	20	20.6	103	39-163	
Carbon tetrachloride	ug/L	20	20.6	103	73-121	
Chlorobenzene	ug/L	20	18.8	94	77-119	
Chloroethane	ug/L	20	19.9	99	36-155	
Chloroform	ug/L	20	17.4	87	69-115	
Chloromethane	ug/L	20	17.3	86	30-148	
cis-1,3-Dichloropropene	ug/L	20	19.1	96	70-120	
Dibromochloromethane	ug/L	20	19.1	96	63-120	
Ethylbenzene	ug/L	20	18.9	94	81-110	
Methylene Chloride	ug/L	20	18.3	92	58-136	
Tetrachloroethene	ug/L	20	19.8	99	68-126	
Toluene	ug/L	20	19.3	97	80-116	
trans-1,2-Dichloroethene	ug/L	20	17.9	90	60-126	
trans-1,3-Dichloropropene	ug/L	20	19.6	98	71-120	
Trichloroethene	ug/L	20	19.4	97	76-113	
Trichlorofluoromethane	ug/L	20	21.3	106	27-166	
Vinyl chloride	ug/L	20	20.8	104	45-126	
4-Bromofluorobenzene (S)	%.			98	82-118	
Dibromofluoromethane (S)	%.			91	77-123	
Toluene-d8 (S)	%.			101	81-120	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 567777 567778

Parameter	Units	2093075001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
1,1,1-Trichloroethane	ug/L	ND	20	20	17.3	17.8	87	89	76-141	3	20	
1,1,2,2-Tetrachloroethane	ug/L	ND	20	20	15.3	16.7	77	83	60-144	9	20	
1,1,2-Trichloroethane	ug/L	ND	20	20	17.5	17.8	88	89	72-132	2	20	
1,1-Dichloroethane	ug/L	ND	20	20	16.7	17.4	83	87	67-139	4	20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: Permit Renewal
Pace Project No.: 2093084

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 567779 567780

Parameter	Units	2093075002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
1,2-Dichloropropane	ug/L	ND	20	20	17.4	17.2	87	86	68-137	1	20	
1,3-Dichlorobenzene	ug/L	ND	20	20	18.3	19.1	92	96	76-128	4	20	
1,4-Dichlorobenzene	ug/L	ND	20	20	18.3	19.0	91	95	76-128	4	20	
2-Chloroethylvinyl ether	ug/L	ND	40	40	ND	ND	1	0	10-65		20	M1
Acrolein	ug/L	ND	20	20	15.2J	14.2J	76	71	10-200		20	
Acrylonitrile	ug/L	ND	20	20	14.5J	16.3J	72	81	31-177		20	
Benzene	ug/L	ND	20	20	18.1	17.7	90	89	52-167	2	20	
Bromodichloromethane	ug/L	ND	20	20	18.0	17.7	90	88	70-131	2	20	
Bromoform	ug/L	ND	20	20	17.7	18.9	89	94	58-134	6	20	
Bromomethane	ug/L	ND	20	20	22.4	21.5	112	107	36-177	4	20	
Carbon tetrachloride	ug/L	ND	20	20	20.1	19.8	101	99	67-143	2	20	
Chlorobenzene	ug/L	ND	20	20	19.1	19.0	95	95	73-135	0	20	
Chloroethane	ug/L	ND	20	20	21.9	20.5	109	103	35-172	6	20	
Chloroform	ug/L	ND	20	20	18.3	17.9	92	90	65-131	2	20	
Chloromethane	ug/L	ND	20	20	19.8	17.7	99	89	27-168	11	20	
cis-1,3-Dichloropropene	ug/L	ND	20	20	17.7	17.0	88	85	67-139	4	20	
Dibromochloromethane	ug/L	ND	20	20	18.7	19.2	93	96	60-134	3	20	
Ethylbenzene	ug/L	ND	20	20	18.7	19.2	93	96	75-130	3	20	
Methylene Chloride	ug/L	ND	20	20	19.2	18.5	96	92	60-138	4	20	
Tetrachloroethene	ug/L	ND	20	20	20.1	19.9	100	100	65-146	1	20	
Toluene	ug/L	ND	20	20	19.2	19.6	96	98	32-181	2	20	
trans-1,2-Dichloroethene	ug/L	ND	20	20	19.1	17.9	95	90	64-139	6	20	
trans-1,3-Dichloropropene	ug/L	ND	20	20	18.1	18.2	91	91	69-133	1	20	
Trichloroethene	ug/L	ND	20	20	19.6	18.9	98	94	73-132	4	20	
Trichlorofluoromethane	ug/L	ND	20	20	21.8	22.1	109	110	24-189	1	20	
Vinyl chloride	ug/L	ND	20	20	22.1	21.1	110	106	47-145	4	20	
4-Bromofluorobenzene (S)	%.						96	101	82-118			
Dibromofluoromethane (S)	%.						95	93	77-123			
Toluene-d8 (S)	%.						96	99	81-120			

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 567781 567782

Parameter	Units	2093075003 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
1,1,1-Trichloroethane	ug/L	ND	20	20	17.3	17.5	86	88	76-141	1	20	
1,1,2,2-Tetrachloroethane	ug/L	ND	20	20	16.1	17.3	80	87	60-144	8	20	
1,1,2-Trichloroethane	ug/L	ND	20	20	16.7	17.4	84	87	72-132	4	20	
1,1-Dichloroethane	ug/L	ND	20	20	17.5	17.0	88	85	67-139	3	20	
1,1-Dichloroethene	ug/L	ND	20	20	16.5	15.8	82	79	62-139	5	20	
1,2-Dichlorobenzene	ug/L	ND	20	20	17.7	19.5	88	97	77-129	10	20	
1,2-Dichloroethane	ug/L	5.3	20	20	21.4	23.0	80	88	63-139	7	20	
1,2-Dichloropropane	ug/L	ND	20	20	15.7	17.0	79	85	68-137	8	20	
1,3-Dichlorobenzene	ug/L	ND	20	20	17.4	18.7	87	94	76-128	7	20	
1,4-Dichlorobenzene	ug/L	ND	20	20	17.2	18.5	86	92	76-128	7	20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: Permit Renewal
Pace Project No.: 2093084

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 567783 567784

Parameter	Units	2093075004 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Benzene	ug/L	ND	20	20	18.6	18.4	93	92	52-167	1	20	
Bromodichloromethane	ug/L	ND	20	20	18.4	17.6	92	88	70-131	4	20	
Bromoform	ug/L	ND	20	20	20.4	19.0	102	95	58-134	7	20	
Bromomethane	ug/L	ND	20	20	23.5	20.8	117	104	36-177	12	20	
Carbon tetrachloride	ug/L	ND	20	20	22.1	19.8	111	99	67-143	11	20	
Chlorobenzene	ug/L	ND	20	20	19.8	19.3	99	96	73-135	3	20	
Chloroethane	ug/L	ND	20	20	22.9	20.5	115	103	35-172	11	20	
Chloroform	ug/L	ND	20	20	19.1	17.3	95	87	65-131	9	20	
Chloromethane	ug/L	ND	20	20	22.0	18.1	110	91	27-168	19	20	
cis-1,3-Dichloropropene	ug/L	ND	20	20	18.1	17.3	91	87	67-139	5	20	
Dibromochloromethane	ug/L	ND	20	20	20.7	19.4	103	97	60-134	6	20	
Ethylbenzene	ug/L	ND	20	20	19.7	19.1	98	95	75-130	3	20	
Methylene Chloride	ug/L	ND	20	20	20.1	17.4	100	87	60-138	14	20	
Tetrachloroethene	ug/L	ND	20	20	21.9	20.7	110	104	65-146	6	20	
Toluene	ug/L	ND	20	20	20.3	20.0	102	100	32-181	2	20	
trans-1,2-Dichloroethene	ug/L	ND	20	20	19.6	17.5	98	87	64-139	11	20	
trans-1,3-Dichloropropene	ug/L	ND	20	20	19.2	18.1	96	90	69-133	6	20	
Trichloroethene	ug/L	ND	20	20	20.3	18.7	101	93	73-132	8	20	
Trichlorofluoromethane	ug/L	ND	20	20	25.2	21.7	126	108	24-189	15	20	
Vinyl chloride	ug/L	ND	20	20	24.2	21.2	121	106	47-145	13	20	
4-Bromofluorobenzene (S)	%.						99	99	82-118			
Dibromofluoromethane (S)	%.						98	91	77-123			
Toluene-d8 (S)	%.						99	99	81-120			

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: Permit Renewal
Pace Project No.: 2093084

METHOD BLANK: 568763 Matrix: Water
Associated Lab Samples: 2093084001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Fluoranthene	ug/L	ND	10.0	01/17/19 16:05	
Fluorene	ug/L	ND	10.0	01/17/19 16:05	
Hexachloro-1,3-butadiene	ug/L	ND	10.0	01/17/19 16:05	
Hexachlorobenzene	ug/L	ND	10.0	01/17/19 16:05	
Hexachlorocyclopentadiene	ug/L	ND	40.0	01/17/19 16:05	
Hexachloroethane	ug/L	ND	10.0	01/17/19 16:05	
Indeno(1,2,3-cd)pyrene	ug/L	ND	10.0	01/17/19 16:05	
Isophorone	ug/L	ND	10.0	01/17/19 16:05	
N-Nitroso-di-n-propylamine	ug/L	ND	10.0	01/17/19 16:05	
N-Nitrosodimethylamine	ug/L	ND	10.0	01/17/19 16:05	
N-Nitrosodiphenylamine	ug/L	ND	10.0	01/17/19 16:05	
Naphthalene	ug/L	ND	10.0	01/17/19 16:05	
Nitrobenzene	ug/L	ND	10.0	01/17/19 16:05	
Pentachlorophenol	ug/L	ND	40.0	01/17/19 16:05	
Phenanthrene	ug/L	ND	10.0	01/17/19 16:05	
Phenol	ug/L	ND	10.0	01/17/19 16:05	
Pyrene	ug/L	ND	10.0	01/17/19 16:05	
2,4,6-Tribromophenol (S)	%.	80	25-145	01/17/19 16:05	
2-Fluorobiphenyl (S)	%.	79	34-117	01/17/19 16:05	
2-Fluorophenol (S)	%.	53	10-118	01/17/19 16:05	
Nitrobenzene-d5 (S)	%.	81	33-120	01/17/19 16:05	
Phenol-d6 (S)	%.	35	10-120	01/17/19 16:05	
Terphenyl-d14 (S)	%.	91	24-133	01/17/19 16:05	

LABORATORY CONTROL SAMPLE: 568764

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,2,4-Trichlorobenzene	ug/L	50	30.7	61	44-142	
1,2-Dichlorobenzene	ug/L	50	30.2	60	32-129	
1,2-Diphenylhydrazine	ug/L	50	41.2	82	36-128	
1,3-Dichlorobenzene	ug/L	50	27.4	55	.1-172	
1,4-Dichlorobenzene	ug/L	50	28.4	57	20-124	
2,2'-Oxybis(1-chloropropane)	ug/L	50	40.9	82	36-166	
2,4,6-Trichlorophenol	ug/L	50	44.7	89	37-144	
2,4-Dichlorophenol	ug/L	50	43.1	86	39-135	
2,4-Dimethylphenol	ug/L	50	33.0	66	32-119	
2,4-Dinitrophenol	ug/L	50	40.7	81	.1-191	
2,4-Dinitrotoluene	ug/L	50	46.7	93	39-139	
2,6-Dinitrotoluene	ug/L	50	45.4	91	50-158	
2-Chloronaphthalene	ug/L	50	37.4	75	60-118	
2-Chlorophenol	ug/L	50	41.4	83	23-134	
2-Nitrophenol	ug/L	50	44.5	89	29-182	
3&4-Chloroaniline	ug/L	50	40.7	81	10-120	
3,3'-Dichlorobenzidine	ug/L	50	37.8	76	.1-262	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: Permit Renewal
Pace Project No.: 2093084

QC Batch: 131366
QC Batch Method: SM 2340C
Analysis Method: SM 2340C
Analysis Description: 2340C Hardness, Total
Associated Lab Samples: 2093084001

METHOD BLANK: 570348
Matrix: Water
Associated Lab Samples: 2093084001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Total Hardness	mg/L	ND	5.0	01/17/19 16:49	

LABORATORY CONTROL SAMPLE: 570349

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Hardness	mg/L	180	172	96	90-110	

SAMPLE DUPLICATE: 570350

Parameter	Units	2093084001 Result	Dup Result	RPD	Max RPD	Qualifiers
Total Hardness	mg/L	56.0	54.0	4	20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: Permit Renewal
Pace Project No.: 2093084

QC Batch: 564825
QC Batch Method: SM 4500-CN-E
Analysis Method: SM 4500-CN-E
Analysis Description: 4500CNE Cyanide, Total
Associated Lab Samples: 2093084001

METHOD BLANK: 2317399 Matrix: Water
Associated Lab Samples: 2093084001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Cyanide	mg/L	ND	0.0050	01/16/19 13:58	

LABORATORY CONTROL SAMPLE: 2317400

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Cyanide	mg/L	0.1	0.098	98	69-126	

MATRIX SPIKE SAMPLE: 2317401

Parameter	Units	60291904001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Cyanide	mg/L	0.0058	0.1	0.10	94	55-124	

SAMPLE DUPLICATE: 2317402

Parameter	Units	60291847001 Result	Dup Result	RPD	Max RPD	Qualifiers
Cyanide	mg/L	<0.0040	ND		46	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: Permit Renewal
Pace Project No.: 2093084

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
2093084001	**Plant Effluent**	EPA 200.7	130713	EPA 200.7	130897
2093084001	**Plant Effluent**	EPA 7470	130896	EPA 7470	130961
2093084001	**Plant Effluent**	EPA 625	131013	EPA 625	131258
2093084001	**Plant Effluent**	EPA 624	130793		
2093084001	**Plant Effluent**	SM 2340C	131366		
2093084001	**Plant Effluent**	EPA 420.1	131027	EPA 420.1	131084
2093084001	**Plant Effluent**	SM 4500-CN-E	564825		

Pace Analytical

4320 Midmost Dr Mobile, AL 36609

Sample Condition Upon Rec

Proje

WO# : 2093084

PM: MKB Due Date: 01/18/19

CLIENT: MO-Riviera

Courier: ☐ Pace ☐ Client ☐ FedEx ☐ UPS ☐ Other Tracking #: _____

Custody Seal on Cooler/Box Present: [see COC] Custody Seals intact: ☐Yes ☑No

Thermometer Used: ☑ Therm Fisher IR 001 ☐ Other:

Type of Ice: Wet Blue None

Samples on ice: [see COC]

Cooler Temperature: [see COC]

Date and Initials of person examining contents: 1.9.19 TB

Temp must be measured from temperature blank when present

					Comments:
Temperature Blank Present:	☐Yes	☑No	☐N/A	1	
Chain of Custody Present:	☑Yes	☐No	☐N/A	2	
Chain of Custody Complete:	☑Yes	☐No	☐N/A	3	
Chain of Custody Relinquished:	☑Yes	☐No	☐N/A	4	
Sampler Name on COC:	☑Yes	☐No	☐N/A	5	
Short Hold Time Analyses (<72 hr):	☐Yes	☑No	☐N/A	6	
Rush Turn Around Requested:	☐Yes	☑No	☐N/A	7	
Samples Arrived within Hold Time:	☑Yes	☐No	☐N/A	8	
Sufficient Volume:	☑Yes	☐No	☐N/A	9	
Correct Containers Used:	☑Yes	☐No	☐N/A	10	
Filtered vol. Rec. for Diss. tests	☐Yes	☐No	☑N/A	11	
Sample Labels match COC:	☑Yes	☐No	☐N/A	12	
All containers received within manufacturer's precautionary and/or expiration dates:	☑Yes	☐No	☐N/A	13	
All containers needing chemical preservation have been checked (except VOA, micro, & O&G):	☑Yes	☐No	☐N/A	14	
All containers preservation checked found to be in compliance with EPA recommendation:	☑Yes	☐No	☐N/A	15	If No, was preserative added? ☐Yes ☐No If added record lot no.: HNO3 _____ H2SO4 _____
Headspace in VOA Vials (>6mm):	☐Yes	☐No	☐N/A	16	
Trip Blank Present:	☐Yes	☐No		17	

Client Notification/Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

F-NO-C-003-rev.10 16Feb2018 Mobile SCUR Form.xlsx

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

August 22, 2019

Tony Darling
Riviera Utilities
P.O. Box 2050
Foley, AL 36536

RE: Project: NPDES EPA Form 2A
Pace Project No.: 20117045

Dear Tony Darling:
Enclosed are the analytical results for sample(s) received by the laboratory on August 14, 2019. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

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

Sincerely,

MK Brenner

Mary Kathryn Brenner
marykathryn.brenner@pacelabs.com
251-344-9106
Project Manager

Enclosures

cc: J. Worsley, Riviera Utilities

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

SAMPLE SUMMARY

Project: NPDES EPA Form 2A
Pace Project No.: 20117045

Lab ID	Sample ID	Matrix	Date Collected	Date Received
20117045001	**Plant Effluent**	Water	08/14/19 11:00	08/14/19 15:20

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

SUMMARY OF DETECTION

Project: NPDES EPA Form 2A
Pace Project No.: 20117045

Lab Sample ID / Method	Client Sample ID / Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
20117045001	**Plant Effluent**					
EPA 200.7	Zinc	89.9	ug/L	20.0	08/19/19 16:16	
SM 2340C	Total Hardness	96.0	mg/L	5.0	08/19/19 13:45	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

ANALYTICAL RESULTS

Project: NPDES EPA Form 2A
Pace Project No.: 20117045

Sample: Plant Effluent **Lab ID: 20117045001** Collected: 08/14/19 11:00 Received: 08/14/19 15:20 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
625 MSSV 2DAY	Analytical Method: EPA 625 Preparation Method: EPA 625							
4,6-Dinitro-2-methylphenol	ND	ug/L	19.7	1	08/16/19 10:00	08/19/19 14:26	534-52-1	
2,4-Dinitrophenol	ND	ug/L	39.4	1	08/16/19 10:00	08/19/19 14:26	51-28-5	
2,4-Dinitrotoluene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	121-14-2	
2,6-Dinitrotoluene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	606-20-2	
Di-n-octylphthalate	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	117-84-0	
1,2-Diphenylhydrazine	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	122-66-7	
bis(2-Ethylhexyl)phthalate	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	117-81-7	
Fluoranthene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	206-44-0	
Fluorene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	86-73-7	
Hexachloro-1,3-butadiene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	87-68-3	
Hexachlorobenzene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	118-74-1	
Hexachlorocyclopentadiene	ND	ug/L	39.4	1	08/16/19 10:00	08/19/19 14:26	77-47-4	
Hexachloroethane	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	67-72-1	
Indeno(1,2,3-cd)pyrene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	193-39-5	
Isophorone	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	78-59-1	
Naphthalene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	91-20-3	
Nitrobenzene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	98-95-3	
2-Nitrophenol	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	88-75-5	
4-Nitrophenol	ND	ug/L	39.4	1	08/16/19 10:00	08/19/19 14:26	100-02-7	
N-Nitrosodimethylamine	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	62-75-9	
N-Nitroso-di-n-propylamine	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	621-64-7	
N-Nitrosodiphenylamine	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	86-30-6	
2,2'-Oxybis(1-chloropropane)	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	108-60-1	
Pentachlorophenol	ND	ug/L	39.4	1	08/16/19 10:00	08/19/19 14:26	87-86-5	
Phenanthrene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	85-01-8	
Phenol	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	108-95-2	
Pyrene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	129-00-0	
1,2,4-Trichlorobenzene	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	120-82-1	
2,4,6-Trichlorophenol	ND	ug/L	9.8	1	08/16/19 10:00	08/19/19 14:26	88-06-2	
Surrogates								
Nitrobenzene-d5 (S)	85	%.	33-120	1	08/16/19 10:00	08/19/19 14:26	4165-60-0	
2-Fluorobiphenyl (S)	81	%.	34-117	1	08/16/19 10:00	08/19/19 14:26	321-60-8	
Terphenyl-d14 (S)	80	%.	24-133	1	08/16/19 10:00	08/19/19 14:26	1718-51-0	
Phenol-d6 (S)	33	%.	10-120	1	08/16/19 10:00	08/19/19 14:26	13127-88-3	
2-Fluorophenol (S)	55	%.	10-118	1	08/16/19 10:00	08/19/19 14:26	367-12-4	
2,4,6-Tribromophenol (S)	94	%.	25-145	1	08/16/19 10:00	08/19/19 14:26	118-79-6	
624 Volatile Organics	Analytical Method: EPA 624							
Acrolein	ND	ug/L	20.0	1		08/17/19 11:20	107-02-8	
Acrylonitrile	ND	ug/L	20.0	1		08/17/19 11:20	107-13-1	
Benzene	ND	ug/L	5.0	1		08/17/19 11:20	71-43-2	
Bromodichloromethane	ND	ug/L	5.0	1		08/17/19 11:20	75-27-4	
Bromoform	ND	ug/L	5.0	1		08/17/19 11:20	75-25-2	
Bromomethane	ND	ug/L	5.0	1		08/17/19 11:20	74-83-9	
Carbon tetrachloride	ND	ug/L	5.0	1		08/17/19 11:20	56-23-5	
Chlorobenzene	ND	ug/L	5.0	1		08/17/19 11:20	108-90-7	
Chloroethane	ND	ug/L	5.0	1		08/17/19 11:20	75-00-3	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20117045

QC Batch: 153471 Analysis Method: EPA 7470
QC Batch Method: EPA 7470 Analysis Description: 7470 Mercury
Associated Lab Samples: 20117045001

METHOD BLANK: 683892 Matrix: Water
Associated Lab Samples: 20117045001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Mercury	ug/L	ND	0.20	08/15/19 17:29	

LABORATORY CONTROL SAMPLE: 683893

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	ug/L	1	1.0	101	80-120	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 683894 683895

Parameter	Units	20117045001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	ug/L	ND	1	1	0.94	0.95	94	95	75-125	1	20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20117045

MATRIX SPIKE SAMPLE: 684813

Parameter	Units	20117201001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Lead	ug/L	113	1000	1180	107	70-130	
Nickel	ug/L	ND	1000	1060	105	70-130	
Selenium	ug/L	ND	1000	1050	105	70-130	
Silver	ug/L	ND	500	517	103	70-130	
Thallium	ug/L	ND	1000	1010	101	70-130	
Zinc	ug/L	ND	1000	1060	105	70-130	

MATRIX SPIKE SAMPLE: 684814

Parameter	Units	20116432002 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Antimony	ug/L	ND	1000	974	97	70-130	
Arsenic	ug/L	ND	1000	992	99	70-130	
Beryllium	ug/L	ND	1000	1000	100	70-130	
Cadmium	ug/L	ND	1000	992	99	70-130	
Chromium	ug/L	ND	1000	980	97	70-130	
Copper	ug/L	0.012 mg/L	1000	994	98	70-130	
Lead	ug/L	0.014 mg/L	1000	1010	99	70-130	
Nickel	ug/L	ND	1000	976	97	70-130	
Selenium	ug/L	ND	1000	1020	102	70-130	
Silver	ug/L	ND	500	492	98	70-130	
Thallium	ug/L	ND	1000	948	95	70-130	
Zinc	ug/L	0.17 mg/L	1000	1140	97	70-130	

SAMPLE DUPLICATE: 684812

Parameter	Units	20117201001 Result	Dup Result	RPD	Max RPD	Qualifiers
Antimony	ug/L	ND	ND		20	
Arsenic	ug/L	ND	ND		20	
Beryllium	ug/L	ND	ND		20	
Cadmium	ug/L	ND	ND		20	
Chromium	ug/L	ND	ND		20	
Copper	ug/L	ND	ND		20	
Lead	ug/L	113	111	1	20	
Nickel	ug/L	ND	ND		20	
Selenium	ug/L	ND	ND		20	
Silver	ug/L	ND	ND		20	
Thallium	ug/L	ND	ND		20	
Zinc	ug/L	ND	14.5J		20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20117045

LABORATORY CONTROL SAMPLE: 685660

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/L	20	17.1	86	76-123	
1,1,2,2-Tetrachloroethane	ug/L	20	22.0	110	64-131	
1,1,2-Trichloroethane	ug/L	20	18.5	92	76-118	
1,1-Dichloroethane	ug/L	20	18.6	93	69-125	
1,1-Dichloroethene	ug/L	20	18.9	95	63-122	
1,2-Dichlorobenzene	ug/L	20	19.0	95	80-113	
1,2-Dichloroethane	ug/L	20	20.9	105	64-127	
1,2-Dichloropropane	ug/L	20	19.8	99	68-125	
1,3-Dichlorobenzene	ug/L	20	17.2	86	79-112	
1,4-Dichlorobenzene	ug/L	20	19.0	95	79-113	
2-Chloroethylvinyl ether	ug/L	40	37.7	94	52-138	
Acrolein	ug/L	20	22.7	114	10-164	
Acrylonitrile	ug/L	20	20.5	103	48-145	
Benzene	ug/L	20	19.0	95	72-131	
Bromodichloromethane	ug/L	20	18.6	93	72-117	
Bromoform	ug/L	20	16.0	80	58-124	
Bromomethane	ug/L	20	26.8	134	39-163	
Carbon tetrachloride	ug/L	20	17.4	87	73-121	
Chlorobenzene	ug/L	20	18.1	90	77-119	
Chloroethane	ug/L	20	24.2	121	36-155	
Chloroform	ug/L	20	17.1	86	69-115	
Chloromethane	ug/L	20	20.9	105	30-148	
cis-1,3-Dichloropropene	ug/L	20	18.5	93	70-120	
Dibromochloromethane	ug/L	20	17.6	88	63-120	
Ethylbenzene	ug/L	20	18.3	92	81-110	
Methylene Chloride	ug/L	20	22.5	113	58-136	
Tetrachloroethene	ug/L	20	15.5	77	68-126	
Toluene	ug/L	20	19.3	96	80-116	
trans-1,2-Dichloroethene	ug/L	20	16.3	81	60-126	
trans-1,3-Dichloropropene	ug/L	20	19.3	96	71-120	
Trichloroethene	ug/L	20	17.6	88	76-113	
Trichlorofluoromethane	ug/L	20	20.2	101	27-166	
Vinyl chloride	ug/L	20	20.1	100	45-126	
4-Bromofluorobenzene (S)	%.			97	82-118	
Dibromofluoromethane (S)	%.			90	77-123	
Toluene-d8 (S)	%.			102	81-120	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 685661 685662

Parameter	Units	20116445002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
1,1,1-Trichloroethane	ug/L	ND	20	20	20.9	21.1	105	105	76-141	1	20	
1,1,2,2-Tetrachloroethane	ug/L	ND	20	20	22.5	24.3	113	121	60-144	7	20	
1,1,2-Trichloroethane	ug/L	ND	20	20	19.4	20.7	97	103	72-132	6	20	
1,1-Dichloroethane	ug/L	ND	20	20	20.7	21.2	104	106	67-139	2	20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20117045

QC Batch: 153610 Analysis Method: EPA 625
QC Batch Method: EPA 625 Analysis Description: 625 MSS 2DAY
Associated Lab Samples: 20117045001

METHOD BLANK: 684723 Matrix: Water
Associated Lab Samples: 20117045001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,2,4-Trichlorobenzene	ug/L	ND	10.0	08/19/19 12:37	
1,2-Dichlorobenzene	ug/L	ND	10.0	08/19/19 12:37	
1,2-Diphenylhydrazine	ug/L	ND	10.0	08/19/19 12:37	
1,3-Dichlorobenzene	ug/L	ND	10.0	08/19/19 12:37	
1,4-Dichlorobenzene	ug/L	ND	10.0	08/19/19 12:37	
2,2'-Oxybis(1-chloropropane)	ug/L	ND	10.0	08/19/19 12:37	
2,4,6-Trichlorophenol	ug/L	ND	10.0	08/19/19 12:37	
2,4-Dichlorophenol	ug/L	ND	10.0	08/19/19 12:37	
2,4-Dimethylphenol	ug/L	ND	10.0	08/19/19 12:37	
2,4-Dinitrophenol	ug/L	ND	40.0	08/19/19 12:37	
2,4-Dinitrotoluene	ug/L	ND	10.0	08/19/19 12:37	
2,6-Dinitrotoluene	ug/L	ND	10.0	08/19/19 12:37	
2-Chloronaphthalene	ug/L	ND	10.0	08/19/19 12:37	
2-Chlorophenol	ug/L	ND	10.0	08/19/19 12:37	
2-Nitrophenol	ug/L	ND	10.0	08/19/19 12:37	
3&4-Chloroaniline	ug/L	ND	10.0	08/19/19 12:37	
3,3'-Dichlorobenzidine	ug/L	ND	10.0	08/19/19 12:37	
4,6-Dinitro-2-methylphenol	ug/L	ND	20.0	08/19/19 12:37	
4-Bromophenylphenyl ether	ug/L	ND	10.0	08/19/19 12:37	
4-Chloro-3-methylphenol	ug/L	ND	10.0	08/19/19 12:37	
4-Chlorophenylphenyl ether	ug/L	ND	10.0	08/19/19 12:37	
4-Nitrophenol	ug/L	ND	40.0	08/19/19 12:37	
Acenaphthene	ug/L	ND	10.0	08/19/19 12:37	
Acenaphthylene	ug/L	ND	10.0	08/19/19 12:37	
Anthracene	ug/L	ND	10.0	08/19/19 12:37	
Benzidine	ug/L	ND	30.0	08/19/19 12:37	
Benzo(a)anthracene	ug/L	ND	10.0	08/19/19 12:37	
Benzo(a)pyrene	ug/L	ND	10.0	08/19/19 12:37	
Benzo(b)fluoranthene	ug/L	ND	10.0	08/19/19 12:37	
Benzo(g,h,i)perylene	ug/L	ND	10.0	08/19/19 12:37	
Benzo(k)fluoranthene	ug/L	ND	10.0	08/19/19 12:37	
bis(2-Chloroethoxy)methane	ug/L	ND	10.0	08/19/19 12:37	
bis(2-Chloroethyl) ether	ug/L	ND	10.0	08/19/19 12:37	
bis(2-Ethylhexyl)phthalate	ug/L	ND	10.0	08/19/19 12:37	
Butylbenzylphthalate	ug/L	ND	10.0	08/19/19 12:37	
Chrysene	ug/L	ND	10.0	08/19/19 12:37	
Di-n-butylphthalate	ug/L	ND	10.0	08/19/19 12:37	
Di-n-octylphthalate	ug/L	ND	10.0	08/19/19 12:37	
Dibenz(a,h)anthracene	ug/L	ND	10.0	08/19/19 12:37	
Diethylphthalate	ug/L	ND	10.0	08/19/19 12:37	
Dimethylphthalate	ug/L	ND	10.0	08/19/19 12:37	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20117045

LABORATORY CONTROL SAMPLE: 684724

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
4,6-Dinitro-2-methylphenol	ug/L	50	40.0	80	0.1-181	
4-Bromophenylphenyl ether	ug/L	50	34.2	68	53-127	
4-Chloro-3-methylphenol	ug/L	50	34.7	69	22-147	
4-Chlorophenylphenyl ether	ug/L	50	29.9	60	25-158	
4-Nitrophenol	ug/L	50	16.2J	32	0.1-132	
Acenaphthene	ug/L	50	28.0	56	47-145	
Acenaphthylene	ug/L	50	28.2	56	33-145	
Anthracene	ug/L	50	34.9	70	27-133	
Benzidine	ug/L	50	ND	14	10-120	
Benzo(a)anthracene	ug/L	50	35.5	71	33-143	
Benzo(a)pyrene	ug/L	50	35.8	72	17-163	
Benzo(b)fluoranthene	ug/L	50	36.2	72	24-159	
Benzo(g,h,i)perylene	ug/L	50	41.6	83	0.1-219	
Benzo(k)fluoranthene	ug/L	50	35.6	71	11-162	
bis(2-Chloroethoxy)methane	ug/L	50	35.2	70	33-184	
bis(2-Chloroethyl) ether	ug/L	50	34.9	70	12-158	
bis(2-Ethylhexyl)phthalate	ug/L	50	38.1	76	8-158	
Butylbenzylphthalate	ug/L	50	36.9	74	0.1-152	
Chrysene	ug/L	50	35.3	71	17-168	
Di-n-butylphthalate	ug/L	50	38.4	77	1-118	
Di-n-octylphthalate	ug/L	50	38.1	76	4-146	
Dibenz(a,h)anthracene	ug/L	50	40.7	81	0.1-227	
Diethylphthalate	ug/L	50	35.2	70	0.1-114	
Dimethylphthalate	ug/L	50	36.0	72	0.1-112	
Fluoranthene	ug/L	50	36.9	74	26-137	
Fluorene	ug/L	50	30.7	61	59-121	
Hexachloro-1,3-butadiene	ug/L	50	21.3	43	24-116	
Hexachlorobenzene	ug/L	50	36.2	72	0.1-152	
Hexachlorocyclopentadiene	ug/L	50	19.1J	38	10-115	
Hexachloroethane	ug/L	50	20.9	42	40-113	
Indeno(1,2,3-cd)pyrene	ug/L	50	40.3	81	0.1-171	
Isophorone	ug/L	50	35.1	70	21-196	
N-Nitroso-di-n-propylamine	ug/L	50	33.0	66	0.1-230	
N-Nitrosodimethylamine	ug/L	50	24.2	48	29-126	
N-Nitrosodiphenylamine	ug/L	50	35.5	71	10-146	
Naphthalene	ug/L	50	25.1	50	21-133	
Nitrobenzene	ug/L	50	34.8	70	35-180	
Pentachlorophenol	ug/L	50	36.6J	73	14-176	
Phenanthrene	ug/L	50	34.5	69	54-120	
Phenol	ug/L	50	15.6	31	5-112	
Pyrene	ug/L	50	33.9	68	52-115	
2,4,6-Tribromophenol (S)	%.			83	25-145	
2-Fluorobiphenyl (S)	%.			65	34-117	
2-Fluorophenol (S)	%.			48	10-118	
Nitrobenzene-d5 (S)	%.			72	33-120	
Phenol-d6 (S)	%.			28	10-120	
Terphenyl-d14 (S)	%.			62	24-133	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20117045

QC Batch: 153841
QC Batch Method: EPA 9010
Analysis Method: EPA 9012
Analysis Description: EPA 9012 Cyanide
Associated Lab Samples: 20117045001

METHOD BLANK: 685808
Matrix: Water
Associated Lab Samples: 20117045001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Cyanide	mg/L	ND	0.020	08/19/19 12:34	

LABORATORY CONTROL SAMPLE: 685809

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Cyanide	mg/L	0.1	0.092	92	80-120	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALIFIERS

Project: NPDES EPA Form 2A
Pace Project No.: 20117045

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The Nelac Institute

BATCH QUALIFIERS

Batch: 153893

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

ANALYTE QUALIFIERS

L2 Analyte recovery in the laboratory control sample (LCS) was below QC limits. Results for this analyte in associated samples may be biased low.

M1 Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.

c3 Analysis of 2-chloroethyl vinyl ether was performed from a sample that was field preserved to pH < 2 with HCl. Acid preservation is not allowed for this parameter by the test method or for NPDES compliance per 40CFR Part 136.

Pace Analytical
www.pacelabs.com

CHAIN-OF-CUSTODY / Analytical Request Do

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

WO# : 20117045

20117045

Section A Required Client Information:

Company:	Riviera Utilities
Address:	P.O. Box 2050
	Foley, Alabama
Email To:	tdarling@rivierautilities.com
Phone:	251-597-6815 Fax:
Requested Due Date/TAT:	

Section B Required Project Information:

Report To:	Tony Darling
Copy To:	
Purchase Order No.:	
Project Name:	NPDES EPA Form 2A
Project Number:	

Section C Invoice Information:

Attention:	
Company Name:	Riviera Utilities
Address:	P.O. Box 2050, Foley, AL 36536
Pace Quote Reference:	
Pace Project Manager:	MaryKathryn
Pace Profile #:	

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER

Site Location STATE: Alabama

Section D Required Client Information

SAMPLE ID
(A-Z, 0-9 / -)
Sample IDs MUST BE UNIQUE

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

Requested Analysis Filtered (Y/N)

ITEM #	SAMPLE ID	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED: COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Other	Y/N	Analysis Test: 625	624	cn-t	Phenols by 8270	Sb,As,Be,Cd,Cr,Cu,Pb	Ni,Se,Ag,Tl,Zn	245.1 Hg	Hardness				Residual Chlorine (Y/N)	Pace Project No./ Lab I.D.
1	Plant Effluent	WW	G			08/14/19	11:05		1	X									X										
2	Plant Effluent	WW	G			08/14/19	11:30		1		X											X								
3	Plant Effluent	WW	G			08/14/19	11:30		1			X											X							
4	Plant Effluent	WW	G			08/14/19	11:07		1					X								X								
5	Plant Effluent	WW	G			08/14/19	11:03		1	X																X				
6	Plant Effluent	WW	G			08/14/19	11:03		3				X								X									
7																															
8																															
9																															
10																															
11																															
12																															

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
		8/14/19	1245		8/14/19	1245				
		8-14	1520	Kyle A. Williams	8/14/19	1520	1.6	Y	N	Y

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: John French

SIGNATURE of SAMPLER: [signature] DATE Signed (MM/DD/YY): 8/14/19

Temp in °C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)

*Important Note: By signing this form you are accepting Pace's NET 30 day payment terms and agreeing to late charges of 1.5% per month for any invoices not paid within 30 days.

F-ALL-Q-020rev.08, 12-Oct-2007

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

January 15, 2020

Tony Darling
Riviera Utilities
P.O. Box 2050
Foley, AL 36536

RE: Project: NPDES EPA Form 2A
Pace Project No.: 20137490

Dear Tony Darling:
Enclosed are the analytical results for sample(s) received by the laboratory on January 08, 2020. The results relate only to the samples included in this report.

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

Sincerely,

MK Brenner

Mary Kathryn Brenner
marykathryn.brenner@pacelabs.com
251-344-9106
Project Manager

Enclosures

cc: J. Worsley, Riviera Utilities

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

SAMPLE SUMMARY

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

Lab ID	Sample ID	Matrix	Date Collected	Date Received
20137490001	**Effluent**	Water	01/08/20 11:45	01/08/20 15:25

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

SUMMARY OF DETECTION

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

Lab Sample ID / Method	Client Sample ID / Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
20137490001	**Effluent**					
EPA 200.7	Zinc	115	ug/L	20.0	01/10/20 18:21	
EPA 625	bis(2-Ethylhexyl)phthalate	37.5	ug/L	10.0	01/13/20 13:22	1b,B
SM 2340C	Total Hardness	118	mg/L	5.0	01/14/20 19:56	

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

ANALYTICAL RESULTS

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

Sample: Effluent **Lab ID: 20137490001** Collected: 01/08/20 11:45 Received: 01/08/20 15:25 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
625 MSSV 2DAY	Analytical Method: EPA 625 Preparation Method: EPA 625							
4,6-Dinitro-2-methylphenol	ND	ug/L	25.0	1	01/10/20 09:30	01/13/20 13:22	534-52-1	
2,4-Dinitrophenol	ND	ug/L	40.0	1	01/10/20 09:30	01/13/20 13:22	51-28-5	
2,4-Dinitrotoluene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	121-14-2	
2,6-Dinitrotoluene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	606-20-2	
Di-n-octylphthalate	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	117-84-0	
1,2-Diphenylhydrazine	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	122-66-7	
bis(2-Ethylhexyl)phthalate	**37.5**	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	117-81-7	1b,B
Fluoranthene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	206-44-0	
Fluorene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	86-73-7	
Hexachloro-1,3-butadiene	ND	ug/L	20.0	1	01/10/20 09:30	01/13/20 13:22	87-68-3	
Hexachlorobenzene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	118-74-1	
Hexachlorocyclopentadiene	ND	ug/L	40.0	1	01/10/20 09:30	01/13/20 13:22	77-47-4	
Hexachloroethane	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	67-72-1	L2,L5
Indeno(1,2,3-cd)pyrene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	193-39-5	
Isophorone	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	78-59-1	
Naphthalene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	91-20-3	
Nitrobenzene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	98-95-3	
2-Nitrophenol	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	88-75-5	
4-Nitrophenol	ND	ug/L	40.0	1	01/10/20 09:30	01/13/20 13:22	100-02-7	
N-Nitrosodimethylamine	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	62-75-9	
N-Nitroso-di-n-propylamine	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	621-64-7	
N-Nitrosodiphenylamine	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	86-30-6	
2,2'-Oxybis(1-chloropropane)	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	108-60-1	
Pentachlorophenol	ND	ug/L	40.0	1	01/10/20 09:30	01/13/20 13:22	87-86-5	
Phenanthrene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	85-01-8	
Phenol	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	108-95-2	
Pyrene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	129-00-0	
1,2,4-Trichlorobenzene	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	120-82-1	
2,4,6-Trichlorophenol	ND	ug/L	10.0	1	01/10/20 09:30	01/13/20 13:22	88-06-2	
Surrogates								
Nitrobenzene-d5 (S)	89	%.	33-120	1	01/10/20 09:30	01/13/20 13:22	4165-60-0	
2-Fluorobiphenyl (S)	85	%.	34-117	1	01/10/20 09:30	01/13/20 13:22	321-60-8	
Terphenyl-d14 (S)	98	%.	24-133	1	01/10/20 09:30	01/13/20 13:22	1718-51-0	
Phenol-d6 (S)	37	%.	10-120	1	01/10/20 09:30	01/13/20 13:22	13127-88-3	
2-Fluorophenol (S)	58	%.	10-118	1	01/10/20 09:30	01/13/20 13:22	367-12-4	
2,4,6-Tribromophenol (S)	98	%.	25-145	1	01/10/20 09:30	01/13/20 13:22	118-79-6	
624 Volatile Organics	Analytical Method: EPA 624							
Acrolein	ND	ug/L	20.0	1		01/14/20 04:57	107-02-8	AC
Acrylonitrile	ND	ug/L	20.0	1		01/14/20 04:57	107-13-1	AC
Benzene	ND	ug/L	5.0	1		01/14/20 04:57	71-43-2	
Bromodichloromethane	ND	ug/L	5.0	1		01/14/20 04:57	75-27-4	
Bromoform	ND	ug/L	5.0	1		01/14/20 04:57	75-25-2	
Bromomethane	ND	ug/L	5.0	1		01/14/20 04:57	74-83-9	
Carbon tetrachloride	ND	ug/L	5.0	1		01/14/20 04:57	56-23-5	
Chlorobenzene	ND	ug/L	5.0	1		01/14/20 04:57	108-90-7	
Chloroethane	ND	ug/L	5.0	1		01/14/20 04:57	75-00-3	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

QC Batch: 171071
QC Batch Method: EPA 245.2
Analysis Method: EPA 245.2
Analysis Description: 245.2 Mercury
Associated Lab Samples: 20137490001

METHOD BLANK: 776759 Matrix: Water
Associated Lab Samples: 20137490001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Mercury	ug/L	ND	0.20	01/10/20 11:02	

LABORATORY CONTROL SAMPLE: 776760

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	ug/L	1	1.0	105	80-120	

MATRIX SPIKE SAMPLE: 776762

Parameter	Units	20137160001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Mercury	ug/L	ND	1	1.1	106	75-125	

SAMPLE DUPLICATE: 776761

Parameter	Units	20137160001 Result	Dup Result	RPD	Max RPD	Qualifiers
Mercury	ug/L	ND	ND		20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

MATRIX SPIKE SAMPLE: 776973

Parameter	Units	20137338001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Lead	ug/L	ND	1000	954	95	70-130	
Nickel	ug/L	9.4 mg/L	1000	10300	92	70-130	
Selenium	ug/L	ND	1000	895	89	70-130	
Silver	ug/L	ND	500	500	100	70-130	
Thallium	ug/L	ND	1000	906	90	70-130	
Zinc	ug/L	ND	1000	1010	100	70-130	

MATRIX SPIKE SAMPLE: 776974

Parameter	Units	20137463001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Antimony	ug/L	ND	1000	1010	101	70-130	
Arsenic	ug/L	ND	1000	1020	102	70-130	
Beryllium	ug/L	ND	1000	1050	105	70-130	
Cadmium	ug/L	ND	1000	982	98	70-130	
Chromium	ug/L	0.96 mg/L	1000	2000	103	70-130	
Copper	ug/L	ND	1000	1050	105	70-130	
Lead	ug/L	ND	1000	992	99	70-130	
Nickel	ug/L	ND	1000	988	99	70-130	
Selenium	ug/L	ND	1000	1010	101	70-130	
Silver	ug/L	ND	500	507	101	70-130	
Thallium	ug/L	ND	1000	961	95	70-130	
Zinc	ug/L	ND	1000	1090	105	70-130	

SAMPLE DUPLICATE: 776972

Parameter	Units	20137338001 Result	Dup Result	RPD	Max RPD	Qualifiers
Antimony	ug/L	ND	ND		20	
Arsenic	ug/L	ND	ND		20	
Beryllium	ug/L	ND	ND		20	
Cadmium	ug/L	ND	ND		20	
Chromium	ug/L	ND	4.1J		20	
Copper	ug/L	ND	ND		20	
Lead	ug/L	ND	ND		20	
Nickel	ug/L	9.4 mg/L	9610	2	20	
Selenium	ug/L	ND	ND		20	
Silver	ug/L	ND	ND		20	
Thallium	ug/L	ND	3.4J		20	
Zinc	ug/L	ND	ND		20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

LABORATORY CONTROL SAMPLE: 779095

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/L	20	19.7	98	76-123	
1,1,2,2-Tetrachloroethane	ug/L	20	18.9	94	64-131	
1,1,2-Trichloroethane	ug/L	20	18.5	92	76-118	
1,1-Dichloroethane	ug/L	20	18.7	93	69-125	
1,1-Dichloroethene	ug/L	20	21.0	105	63-122	
1,2-Dichlorobenzene	ug/L	20	19.2	96	80-113	
1,2-Dichloroethane	ug/L	20	19.7	98	64-127	
1,2-Dichloropropane	ug/L	20	19.2	96	68-125	
1,3-Dichlorobenzene	ug/L	20	18.0	90	79-112	
1,4-Dichlorobenzene	ug/L	20	17.5	87	79-113	
2-Chloroethylvinyl ether	ug/L	40	37.8	95	52-138	
Acrolein	ug/L	20	12.6J	63	10-164	
Acrylonitrile	ug/L	20	18.8J	94	48-145	
Benzene	ug/L	20	19.5	98	72-131	
Bromodichloromethane	ug/L	20	19.4	97	72-117	
Bromoform	ug/L	20	18.4	92	58-124	
Bromomethane	ug/L	20	19.6	98	39-163	
Carbon tetrachloride	ug/L	20	21.0	105	73-121	
Chlorobenzene	ug/L	20	19.9	100	77-119	
Chloroethane	ug/L	20	20.9	105	36-155	
Chloroform	ug/L	20	18.7	93	69-115	
Chloromethane	ug/L	20	16.8	84	30-148	
cis-1,3-Dichloropropene	ug/L	20	18.1	90	70-120	
Dibromochloromethane	ug/L	20	21.0	105	63-120	
Ethylbenzene	ug/L	20	20.4	102	81-110	
Methylene Chloride	ug/L	20	19.8	99	58-136	
Tetrachloroethene	ug/L	20	20.1	101	68-126	
Toluene	ug/L	20	20.1	101	80-116	
trans-1,2-Dichloroethene	ug/L	20	16.4	82	60-126	
trans-1,3-Dichloropropene	ug/L	20	17.9	89	71-120	
Trichloroethene	ug/L	20	20.0	100	76-113	
Trichlorofluoromethane	ug/L	20	19.4	97	27-166	
Vinyl chloride	ug/L	20	17.2	86	45-126	
4-Bromofluorobenzene (S)	%.			99	82-118	
Dibromofluoromethane (S)	%.			97	77-123	
Toluene-d8 (S)	%.			99	81-120	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 779096 779097

Parameter	Units	20137633001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
1,1,1-Trichloroethane	ug/L	ND	20	20	17.9	19.9	90	100	76-141	10	20	
1,1,2,2-Tetrachloroethane	ug/L	ND	20	20	15.5	18.6	78	93	60-144	18	20	
1,1,2-Trichloroethane	ug/L	ND	20	20	17.0	19.2	85	96	72-132	12	20	
1,1-Dichloroethane	ug/L	ND	20	20	16.6	18.8	83	94	67-139	13	20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 779583 779584

Parameter	Units	20138148001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
1,2-Dichloropropane	ug/L	ND	20	20	16.1	18.7	81	94	68-137	15	20	
1,3-Dichlorobenzene	ug/L	ND	20	20	15.7	17.5	78	87	76-128	11	20	
1,4-Dichlorobenzene	ug/L	ND	20	20	14.9	17.3	75	87	76-128	15	20	M1
2-Chloroethylvinyl ether	ug/L	ND	40	40	ND	ND	0	0	10-65		20	M1
Acrolein	ug/L	ND	20	20	11.8J	15J	59	75	10-200		20	AC
Acrylonitrile	ug/L	ND	20	20	14.8J	17.1J	74	86	31-177		20	AC
Benzene	ug/L	ND	20	20	17.4	19.0	87	95	52-167	9	20	
Bromodichloromethane	ug/L	ND	20	20	16.9	19.1	85	95	70-131	12	20	
Bromoform	ug/L	ND	20	20	15.7	18.5	77	91	58-134	17	20	
Bromomethane	ug/L	ND	20	20	16.3	20.6	81	103	36-177	23	20	R1
Carbon tetrachloride	ug/L	ND	20	20	19.0	20.7	95	103	67-143	9	20	
Chlorobenzene	ug/L	ND	20	20	17.5	19.2	87	96	73-135	9	20	
Chloroethane	ug/L	ND	20	20	15.2	20.7	76	104	35-172	31	20	R1
Chloroform	ug/L	ND	20	20	16.9	19.4	85	97	65-131	14	20	
Chloromethane	ug/L	ND	20	20	12.8	17.5	64	88	27-168	31	20	R1
cis-1,3-Dichloropropene	ug/L	ND	20	20	14.9	17.9	74	89	67-139	18	20	
Dibromochloromethane	ug/L	ND	20	20	17.9	20.9	90	105	60-134	15	20	
Ethylbenzene	ug/L	ND	20	20	17.9	19.7	89	99	75-130	10	20	
Methylene Chloride	ug/L	ND	20	20	17.5	20.7	88	104	60-138	17	20	
Tetrachloroethene	ug/L	ND	20	20	17.4	19.5	87	98	65-146	12	20	
Toluene	ug/L	ND	20	20	17.9	19.4	89	97	32-181	8	20	
trans-1,2-Dichloroethene	ug/L	ND	20	20	16.8	17.9	84	89	64-139	6	20	
trans-1,3-Dichloropropene	ug/L	ND	20	20	15.3	17.7	76	88	69-133	15	20	
Trichloroethene	ug/L	ND	20	20	18.8	19.6	94	98	73-132	4	20	
Trichlorofluoromethane	ug/L	ND	20	20	14.9	19.3	74	97	24-189	26	20	R1
Vinyl chloride	ug/L	ND	20	20	14.6	18.1	73	90	47-145	21	20	R1
4-Bromofluorobenzene (S)	%.						98	97	82-118			
Dibromofluoromethane (S)	%.						97	96	77-123			
Toluene-d8 (S)	%.						97	97	81-120			

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

METHOD BLANK: 777797 Matrix: Water
Associated Lab Samples: 20137490001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Fluoranthene	ug/L	ND	10.0	01/13/20 10:39	
Fluorene	ug/L	ND	10.0	01/13/20 10:39	
Hexachloro-1,3-butadiene	ug/L	ND	20.0	01/13/20 10:39	
Hexachlorobenzene	ug/L	ND	10.0	01/13/20 10:39	
Hexachlorocyclopentadiene	ug/L	ND	40.0	01/13/20 10:39	
Hexachloroethane	ug/L	ND	10.0	01/13/20 10:39	
Indeno(1,2,3-cd)pyrene	ug/L	ND	10.0	01/13/20 10:39	
Isophorone	ug/L	ND	10.0	01/13/20 10:39	
N-Nitroso-di-n-propylamine	ug/L	ND	10.0	01/13/20 10:39	
N-Nitrosodimethylamine	ug/L	ND	10.0	01/13/20 10:39	
N-Nitrosodiphenylamine	ug/L	ND	10.0	01/13/20 10:39	
Naphthalene	ug/L	ND	10.0	01/13/20 10:39	
Nitrobenzene	ug/L	ND	10.0	01/13/20 10:39	
Pentachlorophenol	ug/L	ND	40.0	01/13/20 10:39	
Phenanthrene	ug/L	ND	10.0	01/13/20 10:39	
Phenol	ug/L	ND	10.0	01/13/20 10:39	
Pyrene	ug/L	ND	10.0	01/13/20 10:39	
2,4,6-Tribromophenol (S)	%.	81	25-145	01/13/20 10:39	
2-Fluorobiphenyl (S)	%.	66	34-117	01/13/20 10:39	
2-Fluorophenol (S)	%.	54	10-118	01/13/20 10:39	
Nitrobenzene-d5 (S)	%.	78	33-120	01/13/20 10:39	
Phenol-d6 (S)	%.	34	10-120	01/13/20 10:39	
Terphenyl-d14 (S)	%.	89	24-133	01/13/20 10:39	

LABORATORY CONTROL SAMPLE: 777798

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,2,4-Trichlorobenzene	ug/L	50	26.0	52	44-142	
1,2-Dichlorobenzene	ug/L	50	23.6	47	32-129	
1,2-Diphenylhydrazine	ug/L	50	39.6	79	36-128	
1,3-Dichlorobenzene	ug/L	50	21.5	43	0.1-172	
1,4-Dichlorobenzene	ug/L	50	22.2	44	20-124	
2,2'-Oxybis(1-chloropropane)	ug/L	50	38.9	78	36-166	
2,4,6-Trichlorophenol	ug/L	50	42.3	85	37-144	
2,4-Dichlorophenol	ug/L	50	41.5	83	39-135	
2,4-Dimethylphenol	ug/L	50	40.4	81	32-119	
2,4-Dinitrophenol	ug/L	50	43.3	87	0.1-191	
2,4-Dinitrotoluene	ug/L	50	42.9	86	39-139	
2,6-Dinitrotoluene	ug/L	50	42.4	85	50-158	
2-Chloronaphthalene	ug/L	50	35.4	71	60-118	
2-Chlorophenol	ug/L	50	40.5	81	23-134	
2-Nitrophenol	ug/L	50	44.6	89	29-182	
3&4-Chloroaniline	ug/L	50	40.9	82	10-120	
3,3'-Dichlorobenzidine	ug/L	50	42.9	86	0.1-262	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 777800 777801

Parameter	Units	20137633001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
1,2,4-Trichlorobenzene	ug/L	ND	50	50	35.0	38.2	70	76	44-142	9	20	
1,2-Dichlorobenzene	ug/L	ND	50	50	33.3	37.3	67	75	32-129	11	20	
1,2-Diphenylhydrazine	ug/L	ND	50	50	36.2	39.7	72	79	36-128	9	20	
1,3-Dichlorobenzene	ug/L	ND	50	50	31.7	35.8	63	72	0.1-172	12	20	
1,4-Dichlorobenzene	ug/L	ND	50	50	32.3	36.3	65	73	20-124	12	20	
2,2'-Oxybis(1-chloropropane)	ug/L	ND	50	50	37.8	41.7	76	83	36-166	10	20	
2,4,6-Trichlorophenol	ug/L	ND	50	50	37.5	38.8	75	78	37-144	4	20	
2,4-Dichlorophenol	ug/L	ND	50	50	39.2	43.4	78	87	39-135	10	20	
2,4-Dimethylphenol	ug/L	ND	50	50	38.6	43.0	77	86	32-119	11	20	
2,4-Dinitrophenol	ug/L	ND	50	50	ND	ND	11	10	0.1-191		20	
2,4-Dinitrotoluene	ug/L	ND	50	50	39.8	45.9	80	92	39-139	14	20	
2,6-Dinitrotoluene	ug/L	ND	50	50	39.6	45.0	79	90	50-158	13	20	
2-Chloronaphthalene	ug/L	ND	50	50	36.1	39.5	72	79	60-118	9	20	
2-Chlorophenol	ug/L	ND	50	50	37.1	41.4	74	83	23-134	11	20	
2-Nitrophenol	ug/L	ND	50	50	42.6	47.5	85	95	29-182	11	20	
3&4-Chloroaniline	ug/L	ND	50	50	35.1	40.2	70	80	10-120	14	20	
3,3'-Dichlorobenzidine	ug/L	ND	50	50	ND	6.2J	9	12	0.1-262		20	
4,6-Dinitro-2-methylphenol	ug/L	ND	50	50	17.8J	14.4J	36	29	0.1-181		20	
4-Bromophenylphenyl ether	ug/L	ND	50	50	36.1	39.2	72	78	53-127	8	20	
4-Chloro-3-methylphenol	ug/L	ND	50	50	39.1	43.7	78	87	22-147	11	20	
4-Chlorophenylphenyl ether	ug/L	ND	50	50	36.3	39.5	73	79	25-158	9	20	
4-Nitrophenol	ug/L	ND	50	50	7.1J	6.7J	14	13	0.1-132		20	
Acenaphthene	ug/L	ND	50	50	37.0	41.1	74	82	47-145	11	20	
Acenaphthylene	ug/L	ND	50	50	37.4	41.2	75	82	33-145	10	20	
Anthracene	ug/L	ND	50	50	37.1	40.2	74	80	27-133	8	20	
Benzidine	ug/L	ND	50	50	ND	ND	0	1	10-120		20	M0
Benzo(a)anthracene	ug/L	ND	50	50	38.4	42.9	77	86	33-143	11	20	
Benzo(a)pyrene	ug/L	ND	50	50	38.8	43.4	78	87	17-163	11	20	
Benzo(b)fluoranthene	ug/L	ND	50	50	37.6	44.6	75	89	24-159	17	20	
Benzo(g,h,i)perylene	ug/L	ND	50	50	38.8	43.7	78	87	0.1-219	12	20	
Benzo(k)fluoranthene	ug/L	ND	50	50	40.3	43.0	81	86	11-162	7	20	
bis(2-Chloroethoxy)methane	ug/L	ND	50	50	38.7	43.7	77	87	33-184	12	20	
bis(2-Chloroethyl) ether	ug/L	ND	50	50	38.2	43.2	76	86	12-158	12	20	
bis(2-Ethylhexyl)phthalate	ug/L	ND	50	50	41.8	45.9	82	90	8-158	9	20	
Butylbenzylphthalate	ug/L	ND	50	50	41.3	46.4	83	93	0.1-152	12	20	
Chrysene	ug/L	ND	50	50	39.0	42.7	78	85	17-168	9	20	
Di-n-butylphthalate	ug/L	ND	50	50	39.7	44.5	75	85	1-118	11	20	
Di-n-octylphthalate	ug/L	ND	50	50	40.7	44.7	81	89	4-146	9	20	
Dibenz(a,h)anthracene	ug/L	ND	50	50	39.4	43.0	79	86	0.1-227	9	20	
Diethylphthalate	ug/L	ND	50	50	38.2	43.3	76	87	0.1-114	13	20	
Dimethylphthalate	ug/L	ND	50	50	38.5	43.8	77	88	0.1-112	13	20	
Fluoranthene	ug/L	ND	50	50	38.6	42.4	77	85	26-137	9	20	
Fluorene	ug/L	ND	50	50	36.2	39.3	72	79	59-121	8	20	
Hexachloro-1,3-butadiene	ug/L	ND	50	50	24.0	30.2	48	60	24-116	23	20	R1

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

QC Batch: 171726
QC Batch Method: SM 2340C
Analysis Method: SM 2340C
Analysis Description: 2340C Hardness, Total
Associated Lab Samples: 20137490001

METHOD BLANK: 780183 Matrix: Water
Associated Lab Samples: 20137490001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Total Hardness	mg/L	ND	5.0	01/14/20 19:00	

LABORATORY CONTROL SAMPLE: 780184

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Hardness	mg/L	301	300	100	90-110	

SAMPLE DUPLICATE: 780269

Parameter	Units	20135434002 Result	Dup Result	RPD	Max RPD	Qualifiers
Total Hardness	mg/L	152	158	4	20	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

QUALITY CONTROL DATA

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

QC Batch: 171127
QC Batch Method: EPA 9065
Analysis Method: EPA 9065
Analysis Description: 9065 Phenolics
Associated Lab Samples: 20137490001

METHOD BLANK: 777075
Matrix: Water
Associated Lab Samples: 20137490001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Phenolics, Total Recoverable	mg/L	ND	0.020	01/10/20 13:44	

LABORATORY CONTROL SAMPLE: 777076

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Phenolics, Total Recoverable	mg/L	0.1	0.083	83	80-120	

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REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: NPDES EPA Form 2A
Pace Project No.: 20137490

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
20137490001	Effluent	EPA 200.7	171118	EPA 200.7	171228
20137490001	Effluent	EPA 245.2	171071	EPA 245.2	171185
20137490001	Effluent	EPA 625	171229	EPA 625	171459
20137490001	Effluent	EPA 624	171525		
20137490001	Effluent	SM 2340C	171726		
20137490001	Effluent	EPA 9010	171072	EPA 9012	171189
20137490001	Effluent	EPA 9065	171127	EPA 9065	171202

Pace Analytical

4320 Midmost Dr. Mobile, AL 36609

Sample Condition Upon Receipt

Project #:

WO#: 20137490

PM: MKB Due Date: 01/17/20

CLIENT: MO-Riviera

Courier: ☑ Pace ☐ Client ☐ FedEx ☐ UPS ☐ Other Tracking # _____

Custody Seal on Cooler/Box Present: [see COC] Custody Seals intact: ☐Yes ☐No

Thermometer Used: ☑ Therm Fisher IR 001 ☐ Other:

Type of Ice: (Wet) Blue None

Samples on ice: [see COC]

Cooler Temperature: [see COC]

Date and Initials of person examining contents: MAS 1/8/20

Temp must be measured from temperature blank when present

			Comments:
Temperature Blank Present:	☐Yes	☑No ☐N/A	1
Chain of Custody Present:	☑Yes	☐No ☐N/A	2
Chain of Custody Complete:	☑Yes	☐No ☐N/A	3
Chain of Custody Relinquished:	☑Yes	☐No ☐N/A	4
Sampler Name on COC:	☑Yes	☐No ☐N/A	5
Short Hold Time Analyses (<72 hr):	☐Yes	☑No ☐N/A	6
Rush Turn Around Requested:	☐Yes	☑No ☐N/A	7
Samples Arrived within Hold Time:	☑Yes	☐No ☐N/A	8
Sufficient Volume:	☑Yes	☐No ☐N/A	9
Correct Containers Used:	☑Yes	☐No ☐N/A	10
Filtered vol. Rec. for Diss. tests	☐Yes	☐No ☑N/A	11
Sample Labels match COC:	☑Yes	☐No ☐N/A	12
All containers received within manufacturer's precautionary and/or expiration dates:	☑Yes	☐No ☐N/A	13
All containers needing chemical preservation have been checked (except VOA, micro, & O&G):	☑Yes	☐No ☑N/A MAS	14
All containers preservation checked found to be in compliance with EPA recommendation:	☑Yes	☐No ☐N/A	15 If No, was preserative added? ☐Yes ☐No If added record lot no.: HNO3 _____ H2SO4 _____
Headspace in VOA Vials (>6mm):	☐Yes	☐No ☑N/A	16
Trip Blank Present:	☐Yes	☑No	17

Client Notification/Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

ADEM FORM 188

EPA FORM 2F

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	AL0049042	Foley Wastewater Treatment	

Form 2F NPDES | EPA

U.S Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater

STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

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

Outfall Location

1.1 Provide information on each of the facility's outfalls in the table below

Outfall Number	Receiving Water Name	Latitude	Longitude
001	Wolf Creek	30° 24′ 3.33″ N	87° 39′ 44.6″ W
002	Wolf Creek	30° 24′ 4.10″ N	87° 39′ 43.5″ W
003	Wolf Creek	30° 24′ 8.91″ N	87° 39′ 44.2″ W
		° ′ ″	° ′ ″
		° ′ ″	° ′ ″
		° ′ ″	° ′ ″

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

Improvements

2.1 Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?

☐ Yes ☑ No → SKIP to Section 3.

2.2 Briefly identify each applicable project in the table below.

Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates	
			Required	Projected

2.3 Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item)

☐ Yes ☐ No

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MUNICIPAL SECTION

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	AL0049042	Foley Wastewater Treatment	

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

Site Drainage Map

3.1 Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)

☐ Yes ☑ No

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

Pollutant Sources

4.1 Provide information on the facility's pollutant sources in the table below.

Outfall Number	Impervious Surface Area (within a mile radius of the facility)		Total Surface Area Drained (within a mile radius of the facility)	
001	0.5	*specify units* acres	4.0	*specify units* acres
002	0.8	*specify units* acres	8.35	*specify units* acres
003	0.3	*specify units* acres.	1.5	*specify units* acres
		specify units		*specify units*
		specify units		*specify units*
		specify units		*specify units*

4.2 Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)

The site is made up of roadways, buildings and wastewater treatment plant basins. The roadways are impervious surfaces, while the basins contain treated wastewater. The three storm water outfalls are tested in accordance with the current NPDES permit AL0049042.

4.3 Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)

Stormwater Treatment		
Outfall Number	**Control Measures and Treatment**	**Codes from Exhibit 2F-1 (list)**
001	The drainage basin is made up of mostly grass slopes with sheet flow characteristics. The	
002	site does not add any constituents to the storm water runoff other than periodic byproducts	
003	of wastewater treatment plant maintenance of washing, greasing and replacing equipment	

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	AL0049042	Foley Wastewater Treatment	

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

Non-Stormwater Discharges

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

Name (print or type first and last name)	Official title
TONY L. SCHACHLE, JR.	CHIEF ENGINEER
Signature	**Date signed**
Tony L. Schachle, Jr.	08-21-2020

5.2 Provide the testing information requested in the table below.

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

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

Significant Leaks or Spills

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

N/A

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

Discharge Information

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

7.1 Is this a new source or new discharge?

☐ Yes ➔ See instructions regarding submission of *estimated* data.

☑ No ➔ See instructions regarding submission of *actual* data.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?

☑ Yes ☐ No

Discharge Information Continued

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

Discharge Information Continued

Used or Manufactured Toxics

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

☐ Yes ☑ No ➔ SKIP to Section 8.

7.19 List the pollutants below, including TCDD if applicable.

1.	4.	7.
2.	5.	8.
3.	6.	9.

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

Biological Toxicity Testing Data

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

☐ Yes ☑ No ➔ SKIP to Section 9.

8.2 Identify the tests and their purposes below.

Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))

Contract Analysis Information

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

☑ Yes ☐ No ➔ SKIP to Section 10.

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

	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
Name of laboratory/firm	Pace Analytical		
Laboratory address	4320 Midmost Drive Mobile, AL 36609		
Phone number	(251) 344-9106		
Pollutant(s) analyzed	Oil and Grease, TKN, NH3 TSS, NO3+NO2, Total P cBOD		

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	AL0049042	Foley Wastewater Treatment	

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

Checklist and Certification Statement

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

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

10.2 **Certification Statement**

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

Name (print or type first and last name)	Official title
TONY L. SCHACHLE	CHIEF ENGINEER
Signature	**Date signed**
Tony L. Schachle.fp.	08-21-2020

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	

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

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

	Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
		Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1.	Oil and grease	ND mg/l		NDmg/l		1	
2.	Biochemical oxygen demand (BOD_5)	ND mg/l		ND mg/l		1	
3.	Chemical oxygen demand (COD)	N/A	N/A	N/A	N/A	N/A	
4.	Total suspended solids (TSS)	6340 mg/l		6340 mg/l		1	
5.	Total phosphorus	2.7 mg/l		2.7 mg/l		1	
6.	Total Kjeldahl nitrogen (TKN)	5.8 mg/l		5.8 mg/l		1	
7.	Total nitrogen (as N)	7.8 mg/l		7.8 mg/l		1	
8.	pH (minimum)	9.6 s.u.		9.6 s.u.		1	
	pH (maximum)	9.6 s.u.		9.6 s.u.		1	

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

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	

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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))[1]

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

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
NH3	0.27 mg/l		0.27 mg/l		1	
E coli	42.2 MPN/100ml		42.2 MPN/100ml		1	
DO	5.55 mg/l		5.55 mg/l		1	

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

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	AL0049042	Foley Wastewater Treatment	

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

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

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

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

EPA Identification Number	NPDES Permit Number	Facility name	Outfall Number
	AL0049042	Foley Wastewater Treatment	

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

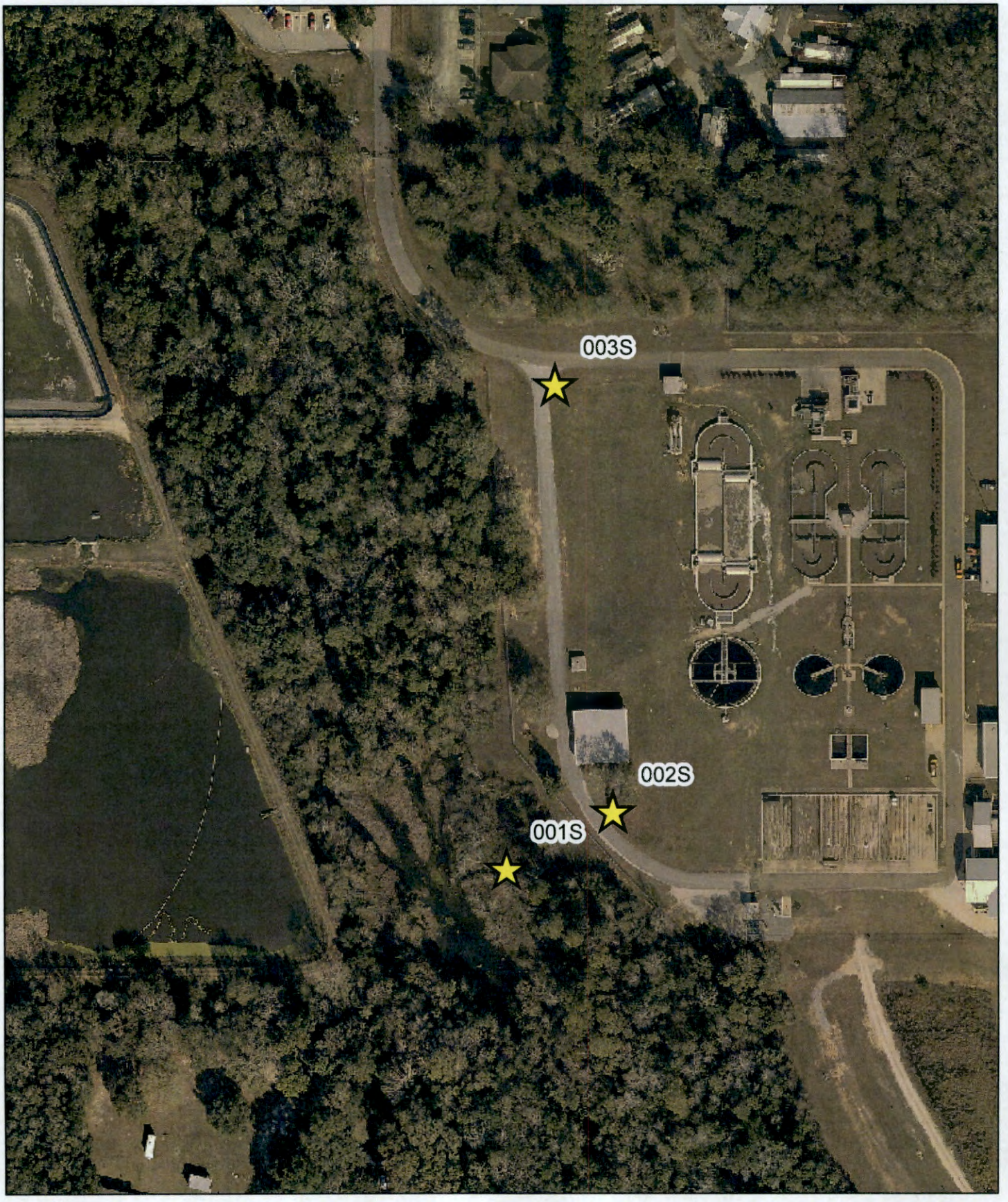
Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)
06/03/2020	1.5	1	120	1.597MGD	150,000 gallons

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

Local weather station for amounts and duration, flow meter for gallons.

Stormwater Outflow



Ammons, Stephanie

From: Tony Schachle <tschachle@rivierautilities.com>
Sent: Thursday, June 16, 2022 10:13 AM
To: Ammons, Stephanie
Cc: Chris Clark
Subject: Foley (Wolf Creek) WWTP

Stephanie,

In response to your questions during our phone call earlier this week:

1. The outfalls are listed as the same flow rate because, during the particular event we sampled, the flow was going over the weirs. So there was no way to determine the exact flow rate from each outfall. Therefore it was divided equally among the three outfalls.
2. The samples were taken during construction activities associated with the WWTP upgrades. The elevated levels of TSS were a result of silt/sediment from the construction site. The elevated E.coli may have either been also a result of construction activities or from natural sources.

I think these were the only two remaining questions that we did not discuss the other day. However, if I missed something please let me know.

Thanks,

Tony L. Schachle, Jr., P.E.
Chief Engineer
Water & Wastewater Department
Riviera Utilities
251.970.4110 – Office
251.424.7782 – Cell
251.943.5001 – Main
www.rivierautilities.com

Ammons, Stephanie

Subject: Weir Info Foley WWTP

From: Chris Clark <cclark@rivierautilities.com>
Sent: Thursday, June 30, 2022 1:40 PM
To: Ammons, Stephanie <SAmmons@adem.alabama.gov>; Tony Schachle <tschachle@rivierautilities.com>
Subject: RE: Weir Info Foley WWTP

Stephanie,

When we collect our storm samples we get them within 15 minutes of rain fall 48 hours after a measurable rain event. We collect our samples with a plastic dipper or jug depending on the operators preference at that time. Once we sample three individual samples from each outfall we run E-coli, pH, DO and FOG(amber Glass bottle from Pace Analytical). Everything is run in house except for the fats, oils and grease. During the sampling process we record the depth of the water on the weir so that we can use a weir calculator/chart to estimate the flow through the outfalls. Generally the flow overwhelms the weir which is shown in the video attached of Outfall 003 during heavy rain last week. We can confirm that no effluent or headworks runoff comes in contact with our storm outfalls.

I also attached a sky view of out outfalls and the direction that the storm runoff flows.

If there is anything else you need please let me know. My office phone is 2519435001 ext. 2670 and my cell# 2515047807.

Thanks.

Ammons, Stephanie

Subject: Weir Info Foley WWTP

From: Chris Clark <cclark@rivierautilities.com>
Sent: Friday, July 1, 2022 6:37 AM
To: Ammons, Stephanie <SAmmons@adem.alabama.gov>; Tony Schachle <tschachle@rivierautilities.com>
Subject: RE: Weir Info Foley WWTP

Stephanie,

We have three storm outfalls on site. The flow reported on the DMRs was the same due to the fact the weirs were maxed out. In that video it shows the water depth on the weir to be at full capacity during that particular rain event. Our weirs were fabricated to fit our outfalls so once the rainfall reaches a certain point then the weirs will be completely submerged underwater, so the only measurement we can get is a full weir. If we made the weirs any taller it would cause our roads to be washed out. If we need to design taller weirs for our sights we can.

EPA FORM 2S

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

Form 2S NPDES

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

PRELIMINARY INFORMATION

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

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

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

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

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

Facility Information

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

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

Applicant Information

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

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

Sewage Sludge Amount

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

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

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

Pollutant Concentrations

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

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

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

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

PART 1, SECTION 5. TREATMENT PROVIDED AT YOUR FACILITY (40 CFR 122.21(c)(2)(ii)(C))

Treatment Provided at Your Facility

5.1 For each sewage sludge use or disposal practice, indicate the amount of sewage sludge used or disposed of, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option. Attach additional pages, as necessary.

Use or Disposal Practice (check one)	Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
☐ Land application of bulk sewage ☐ Land application of biosolids (bulk) ☐ Land application of biosolids (bags) ☐ Surface disposal in a landfill ☐ Other surface disposal ☐ Incineration		☐ Not applicable ☐ Class A, Alternative 1 ☐ Class A, Alternative 2 ☐ Class A, Alternative 3 ☐ Class A, Alternative 4 ☐ Class A, Alternative 5 ☐ Class A, Alternative 6 ☐ Class B, Alternative 1 ☐ Class B, Alternative 2 ☐ Class B, Alternative 3 ☐ Class B, Alternative 4 ☐ Domestic septage, pH adjustment	☐ Not applicable ☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5 ☐ Option 6 ☐ Option 7 ☐ Option 8 ☐ Option 9 ☐ Option 10 ☐ Option 11

5.2 For each of the use and disposal practices specified in Item 5.1, identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge. (Check all that apply.)

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☐ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery
- ☐ Other (specify) _____

PART 1, SECTION 6. SEWAGE SLUDGE SENT TO OTHER FACILITIES (40 CFR 122.21(c)(2)(ii)(C))

Sewage Sludge Sent to Other Facilities

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

☐ Yes ➔ SKIP to Part 1, Section 8 (Certification). ☐ No

6.2 Is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?

☐ Yes ☐ No ➔ SKIP to Part 1, Section 7.

6.3

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

6.4 Which activities does the receiving facility provide? (Check all that apply.)

- ☐ Treatment or blending
- ☐ Sale or give-away in bag or other container
- ☐ Land application
- ☐ Surface disposal
- ☐ Incineration
- ☐ Other (describe)
- ☐ Composting

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

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

Use and Disposal Sites

Provide the following information for each site on which sewage sludge from this facility is used or disposed of.

☐ Check here if you have provided separate attachments with this information.

7.1

Site name or number			
Mailing address (street or P.O. box)			
City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address
Location address (street, route number, or other specific identifier)			☐ Same as mailing address
City or town		State	ZIP code
County		County code	☐ Not available

7.2 Site type (check all that apply)

☐ Agricultural	☐ Lawn or home garden	☐ Forest
☐ Surface disposal	☐ Public contact	☐ Incineration
☐ Reclamation	☐ Municipal solid waste landfill	☐ Other (describe)

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

Checklist and Certification Statement

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

Column 1	Column 2
☑ Section 1: Facility Information	☐ w/ attachments
☑ Section 2: Applicant Information	☐ w/ attachments
☐ Section 3: Sewage Sludge Amount	☐ w/ attachments
☐ Section 4: Pollutant Concentrations	☐ w/ attachments
☐ Section 5: Treatment Provided at Your Facility	☐ w/ attachments
☐ Section 6: Sewage Sludge Sent to Other Facilities	☐ w/ attachments
☐ Section 7: Use and Disposal Sites	☐ w/ attachments
☐ Section 8: Checklist and Certification Statement	

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

Checklist and Certification Statement Continued

8.2 **Certification Statement**

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

Name (print or type first and last name)	Official title	Phone number
TONY L. SCHACHLE, JR.	CHIEF ENGINEER	251 943-5001
Signature		**Date signed**
Tony L Schachle		08-21-2020

PART 1 APPLICANTS STOP HERE.

Submit completed application package to your NPDES permitting authority.

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 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, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1 7) AND (q)(13))

General Information

All Part 2 applicants must complete this section.

Facility Information

1.1	Facility name Foley Wastewater Treatment Plant			
	Mailing address (street or P.O. box) P.O. Box 2050			
	City or town Foley	State Alabama	ZIP code 36536	Phone number (251) 943-5001
	Contact name (first and last) Tony L. Schachle, Jr.	Title Chief Engineer	Email address tschachle@rivierautilities.com	
	Location address (street, route number, or other specific identifier) 1000 Greentree Lane		☐ Same as mailing address	
	City or town Foley	State Alabama	ZIP code 36535	
1.2	Is this facility a Class I sludge management facility? ☐ Yes ☑ No			
1.3	**Facility Design Flow Rate**	3.5 million gallons per day (mgd)		
1.4	**Total Population Served**	24,569		
1.5	**Ownership Status** ☐ Public—federal ☐ Public—state ☑ Other public (specify) Municipal ☐ Private ☐ Other (specify) _____			

Applicant Information

1.6	Is applicant different from entity listed under Item 1.1 above? ☑ Yes ☐ No → SKIP to Item 1.8 (Part 2, Section 1).			
1.7	Applicant name The Utilities Board of the City of Foley			
	Applicant mailing address (street or P.O. box) P.O. Box 2050			
	City or town Foley		State AL	ZIP code 36536
	Contact name (first and last) Tom DeBell	Title General Manager	Phone number (251) 943-5001	Email address tdebell@rivierautilities.com
1.8	Is the applicant the facility's owner, operator, or both? (Check only one response.) ☐ Operator ☐ Owner ☑ Both			
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) ☑ Facility ☐ Applicant ☐ Facility and applicant (they are one and the same)			

1.10	Facility's NPDES permit number ☐ Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.	AL0049042
1.11	Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.	

☐ RCRA (hazardous wastes)	☐ Nonattainment program (CAA)	☐ NESHAPs (CAA)
☐ PSD (air emissions)	☐ Dredge or fill (CWA Section 404)	☐ Other (specify)
☐ Ocean dumping (MPRSA)	☐ UIC (underground injection of fluids)	

Indian Country

1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☑ No → SKIP to Item 1.14 (Part 2, Section 1) below.
1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.

Topographic Map

1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) ☑ Yes ☐ No

Line Drawing

1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) ☑ Yes ☐ No

Contractor Information

1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? ☐ Yes ☑ No → SKIP to Item 1.18 (Part 2, Section 1) below.
1.17	Provide the following information for each contractor. ☐ Check here if you have attached additional sheets to the application package.

	Contractor 1	Contractor 2	Contractor 3
Contractor company name			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Contact name (first and last)			
Telephone number			
Email address			

General Information Continued

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

Pollutant Concentrations

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

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

1.18

Pollutant	Average Monthly Concentration (mg/kg dry weight)	Analytical Method	Detection Level
Arsenic	3.3	EPA 6020	0.48
Cadmium	1.5	EPA 6020	0.48
Chromium	65.8	EPA 6020	0.48
Copper	341	EPA 6020	2.4
Lead	6.5	EPA 6020	0.48
Mercury	0.56	EPA 7471	0.019
Molybdenum	6.3	EPA 6020	0.48
Nickel	18.5	EPA 6020	0.48
Selenium	4.4	EPA 6020	0.48
Zinc	1270	EPA 6020	4.8

Checklist and Certification Statement

1.19 In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S–2 in the Instructions.

Column 1	Column 2
☑ Section 1 (General Information)	☐ w/ attachments
☑ Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)	☐ w/ attachments
☐ Section 3 (Land Application of Bulk Sewage Sludge)	☐ w/ attachments
☐ Section 4 (Surface Disposal)	☐ w/ attachments
☐ Section 5 (Incineration)	☐ w/ attachments

1.20 **Certification Statement**

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

Name (print or type first and last name)	Official title
TONY L. SCHACHLE, JR.	CHIEF ENGINEER
Signature: Tony L. Schachle, Jr.	Date signed: 08-21-2020
Telephone number: (251) 943-5001	

Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements.

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

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

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

2.1 Does your facility generate sewage sludge or derive a material from sewage sludge?

☑ Yes ☐ No ➔ SKIP to Part 2, Section 3.

Amount Generated Onsite

2.2	Total dry metric tons per 365-day period generated at your facility:	60

Amount Received from Off Site Facility

2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?

☐ Yes ☑ No ➔ SKIP to Item 2.7 (Part 2, Section 2) below.

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

Provide the following information for each of the facilities from which you receive sewage sludge.

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

2.5

Name of facility			
Mailing address (street or P.O. box)			
City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address
Location address (street, route number, or other specific identifier)			☐ Same as mailing address
City or town		State	ZIP code
County		County code	☐ Not available

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

Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
	☐ Not applicable ☐ Class A, Alternative 1 ☐ Class A, Alternative 2 ☐ Class A, Alternative 3 ☐ Class A, Alternative 4 ☐ Class A, Alternative 5 ☐ Class A, Alternative 6 ☐ Class B, Alternative 1 ☐ Class B, Alternative 2 ☐ Class B, Alternative 3 ☐ Class B, Alternative 4 ☐ Domestic septage, pH adjustment	☐ Not applicable ☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5 ☐ Option 6 ☐ Option 7 ☐ Option 8 ☐ Option 9 ☐ Option 10 ☐ Option 11

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

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☐ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery
- ☑ Other (specify) No treatment known offsite

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

Treatment Provided at Your Facility

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

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

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

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☑ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☑ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery

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

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

N/A

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

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

☑ Yes ☐ No ➔ SKIP to Item 2.14 (Part 2, Section 2) below.

2.12 Total dry metric tons per 365-day period of sewage sludge subject to this subsection that is applied to the land: 60

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

☑ Yes ☐ No

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

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

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

2.14 Do you place sewage sludge in a bag or other container for sale or give-away for land application?

☐ Yes ☐ No ➔ SKIP to Item 2.17 (Part 2, Section 2) below.

2.15 Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:

2.16 Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

☐ Check here to indicate that you have attached all labels or notices to this application package.

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

Shipment Off Site for Treatment or Blending

2.17 Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.)

☐ Yes ☐ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

2.18 Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility.

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

2.19 Name of receiving facility

Mailing address (street or P.O. box)

City or town	State	ZIP code

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

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

City or town	State	ZIP code

2.20 Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

2.21 Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility?

☐ Yes ☐ No ➔ SKIP to Item 2.24 (Part 2, Section 2) below.

2.22 Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.

Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
☐ Not applicable	☐ Not applicable
☐ Class A, Alternative 1	☐ Option 1
☐ Class A, Alternative 2	☐ Option 2
☐ Class A, Alternative 3	☐ Option 3
☐ Class A, Alternative 4	☐ Option 4
☐ Class A, Alternative 5	☐ Option 5
☐ Class A, Alternative 6	☐ Option 6
☐ Class B, Alternative 1	☐ Option 7
☐ Class B, Alternative 2	☐ Option 8
☐ Class B, Alternative 3	☐ Option 9
☐ Class B, Alternative 4	☐ Option 10
☐ Domestic septage, pH adjustment	☐ Option 11

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

2.23 Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☐ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery
- ☐ Other (specify) _____

2.24 Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

☐ Check here to indicate that you have attached material.

2.25 Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?

☐ Yes ☐ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

2.26 Attach a copy of all labels or notices that accompany the product being sold or given away.

☐ Check here to indicate that you have attached material.

☐ Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

Land Application of Bulk Sewage Sludge

2.27 Is sewage sludge from your facility applied to the land?

☐ Yes ☐ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

2.28 Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

2.29 Did you identify all land application sites in Part 2, Section 3 of this application?

☐ Yes ☐ No ➔ Submit a copy of the land application plan with your application.

2.30 Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge?

☐ Yes ☐ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

2.31 Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification.

☐ Check here if you have attached the explanation to the application package.

☐ Check here if you have attached the notification to the application package.

Surface Disposal

2.32 Is sewage sludge from your facility placed on a surface disposal site?

☐ Yes ☑ No ➔ SKIP to Item 2.39 (Part 2, Section 2) below.

2.33 Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:

2.34 Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

☐ Yes ➔ SKIP to Item 2.39 (Part 2, Section 2) below. ☐ No

2.35 Indicate the total number of surface disposal sites to which you send your sewage sludge.
(Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.)

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

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

2.36	Site name or number of surface disposal site you do not own or operate			
	Mailing address (street or P.O. box)			
	City or Town		State	ZIP Code
	Contact Name (first and last)	Title	Phone Number	Email Address
2.37	Site Contact (Check all that apply.) ☐ Owner ☐ Operator			
2.38	Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period:			

Incineration

2.39	Is sewage sludge from your facility fired in a sewage sludge incinerator? ☐ Yes ☑ No ➔ SKIP to Item 2.46 (Part 2, Section 2) below.			
2.40	Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period:			
2.41	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ➔ SKIP to Item 2.46 (Part 2, Section 2) below. ☐ No			
2.42	Indicate the total number of sewage sludge incinerators used that you do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.) ☐ Check here if you have attached additional sheets to the application package.			
2.43	Incinerator name or number			
	Mailing address (street or P.O. box)			
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
	Location address (street, route number, or other specific identifier)			☐ Same as mailing address
	City or town		State	ZIP code
2.44	Contact (check all that apply) ☐ Incinerator owner ☐ Incinerator operator			
2.45	Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period:			

Disposal in a Municipal Solid Waste Landfill

2.46	Is sewage sludge from your facility placed on a municipal solid waste landfill? ☐ Yes ☑ No ➔ SKIP to Part 2, Section 3.	
2.47	Indicate the total number of municipal solid waste landfills used. (Provide the information in Items 2.48 to 2.52 directly below for each facility.) ☐ Check here if you have attached additional sheets to the application package.	

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

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

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

Land Application of Bulk Sewage Sludge

3.1 Does your facility apply sewage sludge to land?

☐ Yes ☑ No ➔ SKIP to Part 2, Section 4.

3.2 Do any of the following conditions apply?

- The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), *and* one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8);
- The sewage sludge is sold or given away in a bag or other container for application to the land; or
- You provide the sewage sludge to another facility for treatment or blending.

☐ Yes ➔ SKIP to Part 2, Section 4. ☐ No

3.3 Complete Section 3 for every site on which the sewage sludge is applied.

☐ Check here if you have attached sheets to the application package for one or more land application sites.

Identification of Land Application Site

3.4 Site name or number

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

County	County code ☐ Not available	
City or town	State	ZIP code

Latitude/Longitude of Land Application Site (see instructions)

Latitude	Longitude
° ′ ″	° ′ ″

Method of Determination

☐ USGS map ☐ Field survey ☐ Other (specify) _____

3.5 Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

☐ Check here to indicate you have attached a topographic map for this site.

Owner Information

3.6 Are you the owner of this land application site?

☐ Yes ➔ SKIP to Item 3.8 (Part 2, Section 3) below. ☐ No

3.7 Owner name

Mailing address (street or P.O. box)

City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address

Applier Information

3.8 Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?

☐ Yes ➔ SKIP to Item 3.10 (Part 2, Section 3) below. ☐ No

3.9 Applier's name

Mailing address (street or P.O. box)

City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address

Land Application of Bulk Sewage Sludge Continued

Site Type

3.10 Type of land application:

☐ Agricultural land ☐ Forest

☐ Reclamation site ☐ Public contact site

☐ Other (describe)

Crop or Other Vegetation Grown on Site

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

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

Vector Attraction Reduction

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

☐ Yes ☐ No → SKIP to Item 3.16 (Part 2, Section 3) below.

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

☐ Option 9 (injection below land surface) ☐ Option 10 (incorporation into soil within 6 hours)

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

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

Cumulative Loadings and Remaining Allotments

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

☐ Yes ☐ No → SKIP to Part 2, Section 4.

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

☐ Yes ☐ No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4.

3.18 Provide the following information about your NPDES permitting authority:

NPDES permitting authority name	
Contact person	
Telephone number	
Email address	

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

☐ Yes ☐ No → SKIP to Part 2, Section 4.

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

☐ Check here to indicate that additional pages are attached.

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

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

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

Surface Disposal

4.1 Do you own or operate a surface disposal site?

☐ Yes ☑ No → SKIP to Part 2, Section 5.

4.2 Complete all items in Section 4 for each active sewage sludge unit that you own or operate.

☐ Check here to indicate that you have attached material to the application package for one or more active sewage sludge units.

Information on Active Sewage Sludge Units

4.3 Unit name or number

Mailing address (street or P.O. box)

City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address

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

County	County code ☐ Not available	
City or town	State	ZIP code

Latitude/Longitude of Active Sewage Sludge Unit (see instructions)

Latitude	Longitude
° ′ ″	° ′ ″

Method of Determination

☐ USGS map ☐ Field survey ☐ Other (specify) _____

4.4 Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site 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)?

☐ Yes ☐ No → SKIP to Item 4.9 (Part 2, Section 4) below.

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?

☐ Yes ☐ No → SKIP to Item 4.11 (Part 2, Section 4) below.

4.10 Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal.

☐ Check here to indicate that you have attached the description to the application package.

Surface Disposal Continued

4.11	Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? ☐ Yes ☐ No ➔ SKIP to Item 4.13 (Part 2, Section 4) below.	
4.12	Provide the actual distance in meters:	meters
4.13	Remaining capacity of active sewage sludge unit in dry metric tons:	dry metric tons
4.14	Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY):	
4.15	Attach a copy of any closure plan that has been developed for this active sewage sludge unit. ☐ Check here to indicate that you have attached a copy of the closure plan to the application package.	

Sewage Sludge from Other Facilities

4.16	Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility? ☐ Yes ☐ No ➔ SKIP to Item 4.21 (Part 2, Section 4) below.	
4.17	Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.) ☐ Check here to indicate that you have attached responses for each facility to the application package.	

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

4.19 Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility.

Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
☐ Not applicable	☐ Not applicable
☐ Class A, Alternative 1	☐ Option 1
☐ Class A, Alternative 2	☐ Option 2
☐ Class A, Alternative 3	☐ Option 3
☐ Class A, Alternative 4	☐ Option 4
☐ Class A, Alternative 5	☐ Option 5
☐ Class A, Alternative 6	☐ Option 6
☐ Class B, Alternative 1	☐ Option 7
☐ Class B, Alternative 2	☐ Option 8
☐ Class B, Alternative 3	☐ Option 9
☐ Class B, Alternative 4	☐ Option 10
☐ Domestic septage, pH adjustment	☐ Option 11

4.20 Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.)

☐ Preliminary operations (e.g., sludge grinding and degritting)	☐ Thickening (concentration)
☐ Stabilization	☐ Anaerobic digestion
☐ Composting	☐ Conditioning
☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
☐ Heat drying	☐ Thermal reduction
☐ Methane or biogas capture and recovery	☐ Other (specify) _____

Surface Disposal Continued

Vector Attraction Reduction

4.21 Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

☐ Option 9 (Injection below and surface)
☐ Option 10 (Incorporation into soil within 6 hours)
☐ Option 11 (Covering active sewage sludge unit daily)
☐ None

4.22 Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge.

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

Groundwater Monitoring

4.23 Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit?

☐ Yes
☐ No → SKIP to Item 4.26 (Part 2, Section 4) below.

4.24 Provide a copy of available groundwater monitoring data.

☐ Check here to indicate you have attached the monitoring data.

4.25 Describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data.

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

4.26 Has a groundwater monitoring program been prepared for this active sewage sludge unit?

☐ Yes
☐ No → SKIP to Item 4.28 (Part 2, Section 4) below.

4.27 Submit a copy of the groundwater monitoring program with this permit application.

☐ Check here to indicate you have attached the monitoring program.

4.28 Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated?

☐ Yes
☐ No → SKIP to Item 4.30 (Part 2, Section 4) below.

4.29 Submit a copy of the certification with this permit application.

☐ Check here to indicate you have attached the certification to the application package.

Site-Specific Limits

4.30 Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?

☐ Yes
☐ No → SKIP to Part 2, Section 5.

4.31 Submit information to support the request for site-specific pollutant limits with this application.

☐ Check here to indicate you have attached the requested information.

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

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

Incineration

Incinerator Information

5.1 Do you fire sewage sludge in a sewage sludge incinerator?

☐ Yes ☑ No → SKIP to END.

5.2 Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.)

☐ Check here to indicate that you have attached information for one or more incinerators.

5.3 Incinerator name or number

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

County	County code	☐ Not available
City or town	State	ZIP code

Latitude/Longitude of Incinerator (see instructions)

Latitude	Longitude
° ' "	° ' "

Method of Determination

☐ USGS map ☐ Field survey ☐ Other (specify) _____

Amount Fired

5.4 Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator:

Beryllium NESHAP

5.5 Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such.

☐ Check here to indicate that you have attached this material to the application package.

5.6 Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31?

☐ Yes ☐ 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

5.8 Is compliance with the mercury NESHAP being demonstrated via stack testing?

☐ Yes ☐ No → SKIP to Item 5.11 (Part 2, Section 5) below.

5.9 Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.

☐ Check here to indicate that you have attached this information.

5.10 Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted.

☐ Check here to indicate that you have attached this information.

5.11 Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling?

☐ Yes ☐ No → SKIP to Item 5.13 (Part 2, Section 5) below.

5.12 Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.

☐ Check here to indicate that you have attached this information.

Incineration Continued

Dispersion Factor

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

Control Efficiency

5.16 Provide the control efficiency, in hundredths, for each of the pollutants listed below.

Pollutant	Control Efficiency, in Hundredths
Arsenic	
Cadmium	
Chromium	
Lead	
Nickel	

5.17	Attach a copy of the results or performance testing and supporting documentation (including testing dates). ☐ Check here to indicate that you have attached this information.	

Risk-Specific Concentration for Chromium

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

Incinerator Parameters

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

Incineration Continued

Performance Test Operating Parameters

5.29	Maximum performance test combustion temperature:	
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):

☐ 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) 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 Monitoring
Total hydrocarbons or carbon monoxide	
Percent oxygen	
Percent moisture	
Combustion temperature	
Other (describe)	

Air Pollution Control Equipment

5.35 List all air pollution control equipment used with this sewage sludge incinerator.

☐ Check here if you have attached the list to the application package for the noted incinerator.

END of PART 2

Submit completed application package to your NPDES permitting authority.

EPA FORM 2S

LAB REPORTS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

January 31, 2018

Tony Darling
Riviera Utilities
P.O. Box 2050
Foley, AL 36536

RE: Project: Quarterly Sludge Testing
Pace Project No.: 2068826

Dear Tony Darling:
Enclosed are the analytical results for sample(s) received by the laboratory on January 15, 2018. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

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

Sincerely,

MK Brenner

Mary Kathryn Brenner
marykathryn.brenner@pacelabs.com
251-344-9106
Project Manager

Enclosures

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

SAMPLE SUMMARY

Project: Quarterly Sludge Testing
Pace Project No.: 2068826

Lab ID	Sample ID	Matrix	Date Collected	Date Received
2068826001	#1 Sludge Dryer	Solid	01/15/18 07:35	01/15/18 09:25
2068826002	Lagoon Sludge	Solid	01/15/18 07:30	01/15/18 09:25
2068826003	WAS	Solid	01/15/18 07:36	01/15/18 09:25

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4320 Midmost Dr
Mobile, AL 336609
251-344-9106

ANALYTICAL RESULTS

Project: Quarterly Sludge Testing
Pace Project No.: 2068826

Sample: #1 Sludge Dryer **Lab ID: 2068826001** Collected: 01/15/18 07:35 Received: 01/15/18 09:25 Matrix: Solid

Results reported on a "wet-weight" basis

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
MOB 9221E Fecal Coliform, MPN	Analytical Method: SM 9221C/E Preparation Method: SM 9221C/E							
Fecal Coliforms, MPN	**.24**	MPN/g	2.0	1	01/15/18 10:05	01/16/18 10:05		
Percent Moisture	Analytical Method: Moisture							
Percent Moisture	**2.3**	%	0.50	1		01/16/18 13:15		

Sample: Lagoon Sludge **Lab ID: 2068826002** Collected: 01/15/18 07:30 Received: 01/15/18 09:25 Matrix: Solid

Results reported on a "wet-weight" basis

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
2540G Total Volatile Solids	Analytical Method: SM 2540G							
Total Volatile Solids	**35.2**	%	0.10	1		01/18/18 17:25		

Sample: WAS **Lab ID: 2068826003** Collected: 01/15/18 07:36 Received: 01/15/18 09:25 Matrix: Solid

Results reported on a "wet-weight" basis

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
6010 Metals, Total	Analytical Method: EPA 6010 Preparation Method: EPA 3050							
Arsenic	ND	mg/kg	0.099	1	01/16/18 11:41	01/19/18 18:24	7440-38-2	
Cadmium	ND	mg/kg	0.050	1	01/16/18 11:41	01/19/18 18:24	7440-43-9	
Chromium	**0.60**	mg/kg	0.099	1	01/16/18 11:41	01/19/18 18:24	7440-47-3	
Copper	**3.1**	mg/kg	0.099	1	01/16/18 11:41	01/19/18 18:24	7440-50-8	
Lead	**0.24**	mg/kg	0.050	1	01/16/18 11:41	01/19/18 18:24	7439-92-1	
Molybdenum	ND	mg/kg	0.099	1	01/16/18 11:41	01/19/18 18:24	7439-98-7	
Nickel	ND	mg/kg	0.40	1	01/16/18 11:41	01/19/18 18:24	7440-02-0	
Selenium	ND	mg/kg	0.20	1	01/16/18 11:41	01/19/18 18:24	7782-49-2	
Zinc	**10.1**	mg/kg	0.20	1	01/16/18 11:41	01/19/18 18:24	7440-66-6	
7471 Mercury	Analytical Method: EPA 7471 Preparation Method: EPA 7471							
Mercury	**0.010**	mg/kg	0.0020	1	01/16/18 12:13	01/19/18 11:28	7439-97-6	
2540G Total Volatile Solids	Analytical Method: SM 2540G							
Total Volatile Solids	**45.7**	%	0.10	1		01/18/18 17:29		

REPORT OF LABORATORY ANALYSIS

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www.pacelabs.com

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALITY CONTROL DATA

Project: Quarterly Sludge Testing
Pace Project No.: 2068826

QC Batch: 99078
QC Batch Method: SM 9221C/E
Associated Lab Samples: 2068826001

Analysis Method: SM 9221C/E
Analysis Description: MOB 9221E Fecal Coliform MPN

METHOD BLANK: 426888
Associated Lab Samples: 2068826001

Matrix: Solid

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Fecal Coliforms, MPN	MPN/g	0	2.0	01/16/18 10:05	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: Quarterly Sludge Testing
Pace Project No.: 2068826

QC Batch: 99217
QC Batch Method: Moisture
Analysis Method: Moisture
Analysis Description: Dry Weight/Percent Moisture
Associated Lab Samples: 2068826001

SAMPLE DUPLICATE: 427464

Parameter	Units	2068826001 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	2.3	2.4	2	20	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 336609
251-344-9106

QUALIFIERS

Project: Quarterly Sludge Testing
Pace Project No.: 2068826

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The Nelac Institute

ANALYTE QUALIFIERS

H1 Analysis conducted outside the EPA method holding time.

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2068826

CHAIN-OF-CUSTODY / Analytical Request Document

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

WO# : 2068826

2068826

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Riviana Utilities	Report To: Tony Darling	Attention:
Address: P.O. Box 2050 Foley AL 36536	Copy To:	Company Name:
Email To: Tdarling@Riviana	Purchase Order No.:	Address:
Phone: 251-943-5001 Fax:	Project Name: Sludge Process	Pace Quote Reference:
Requested Due Date/TAT:	Project Number:	Pace Project Manager:
		Pace Profile #:

RE

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER

Site Location STATE:

Requested Analysis Filtered (Y/N)

ITEM #	Section D Required Client Information — SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	Matrix Codes MATRIX / CODE	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Other	Y/N	Analysis Test ↓	Residual Chlorine (Y/N)	Pace Project No./ Lab I.D.
		Drinking Water DW; Water WT; Waste Water WW; Product P; Soil/Solid SL; Oil OL; Wipe WP; Air AR; Tissue TS; Other OT																				
1	#1 sludge dryer	SP	G			1-15-18	7:36			✓									X	Metals		
2	Lagoon Sludge	SP	G			1-15-18	7:30			✓									X	Mo Vol.		
3	Was	SP	G			1-15-18	7:36			✓									XX	Metals		
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
	John French	1-15-18	8:15am	Tony Hampton	1-15-18	8:15				
	Tony Hampton	1-15-18	9:25	Cutting Odom	1.15.18	0925	3.3	Y	N	Y
	Dog hound	1-16-18	0700	Jennifer Pace	1-16-18	0700	1.0	Y	Y	Y
							Temp in °C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)

ORIGINAL

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: John French

SIGNATURE of SAMPLER: John French DATE Signed (MM/DD/YY): 1-15-18

*Important Note: By signing this form you are accepting Pace's NET 30 day payment terms and agreeing to late charges of 1.5% per month for any invoices not paid within 30 days.

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4320 Midmost Dr
Mobile, AL 36609
251-344-9106

Laboratory Report

Tony Darling
Riviera Utilities
P.O. Box 2050
Foley, AL 36536

Report Date: 12/20/2019
Date Received: 12/04/2019

Project: Sludge Testing 12/04/19
Pace Project No.: 20132974

Sample: Sludge Dryer #1 **Lab ID: 20132974001** Collected: 12/04/19 11:30 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
SM 9221C/E	Fecal Coliforms, MPN	**< 23.1214**	MPN/g	2.0	12/06/19 12:50	H1
Moisture	Percent Moisture	**2.8**	%	0.50	12/09/19 13:07	

Sample: Sludge Dryer #2 **Lab ID: 20132974002** Collected: 12/04/19 11:30 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
SM 9221C/E	Fecal Coliforms, MPN	**< 22.9387**	MPN/g	2.0	12/06/19 12:50	H1
Moisture	Percent Moisture	**2.1**	%	0.50	12/09/19 13:11	

Sample: Sludge Dryer #8 **Lab ID: 20132974003** Collected: 12/04/19 11:30 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
EPA 6020	Arsenic	**3.1**	mg/kg	0.49	12/12/19 11:57	
EPA 6020	Cadmium	**1.2**	mg/kg	0.49	12/12/19 11:57	M1
EPA 6020	Chromium	**57.4**	mg/kg	0.49	12/12/19 11:57	M1
EPA 6020	Copper	**273**	mg/kg	2.4	12/12/19 11:57	M1
EPA 6020	Lead	**6.2**	mg/kg	0.49	12/12/19 11:57	M1
EPA 6020	Molybdenum	**5.6**	mg/kg	0.49	12/12/19 11:57	M1
EPA 6020	Nickel	**18.9**	mg/kg	0.49	12/12/19 11:57	M1
EPA 6020	Selenium	**3.9**	mg/kg	0.49	12/12/19 11:57	
EPA 6020	Zinc	**923**	mg/kg	4.9	12/12/19 11:57	M1
EPA 7471	Mercury	**1.4**	mg/kg	0.067	12/10/19 14:00	M1
Moisture	Percent Moisture	**2.9**	%	0.50	12/09/19 13:16	

Sample: Sludge Dryer #9 **Lab ID: 20132974004** Collected: 12/04/19 11:30 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
Moisture	Percent Moisture	**2.9**	%	0.50	12/09/19 14:12	
SM 2540G	Total Solids	**98.0**	%	0.10	12/05/19 19:07	
SM 2540G	Total Volatile Solids	**28.9**	%	0.10	12/05/19 19:07	
SM 2540G	Total Solids	**92.1**	%		12/08/19 00:01	
EPA 365.4	Phosphorus	**27.6**	mg/kg	21.7	12/14/19 14:17	
SM 4500-NH3 D	Nitrogen, Ammonia	**1470**	mg/kg	9.7	12/11/19 18:36	M6

Sample: Sludge Dryer #3 **Lab ID: 20132974005** Collected: 12/04/19 11:30 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
SM 9221C/E	Fecal Coliforms, MPN	**< 23.3161**	MPN/g	2.0	12/06/19 12:50	H1
Moisture	Percent Moisture	**4.2**	%	0.50	12/09/19 13:09	

Pace Analytical Services Mobile
4320 Midmost Drive, Mobile, AL 36609
Alabama Certification #: 40810

Florida Certification #: E87977

Pace Analytical

Sample Condition Upon Receipt

4320 Midmost Dr Mobile, AL 36609

WO#: 20132917

PM: SLW Due Date: 12/13/19

CLIENT: MO-Riviera

Project #:

Courier: ☑ Pace ☐ Client ☐ FedEx ☐ UPS ☐ Other Tracking # _____

Custody Seal on Cooler/Box Present: [see COC] Custody Seals intact: ☐Yes ☐No

Thermometer Used: ☑ Therm Fisher IR 001 ☐ Other:

Type of Ice: (Wet) Blue None

Samples on ice: [see COC]

Cooler Temperature [see COC]

Date and initials of person examining contents: MAS 12/9/19

Temp must be measured from temperature blank when present

					Comments:
Temperature Blank Present:	☐Yes	☐No	☑N/A	1	
Chain of Custody Present:	☑Yes	☐No	☐N/A	2	
Chain of Custody Complete:	☑Yes	☐No	☐N/A	3	
Chain of Custody Relinquished:	☑Yes	☐No	☐N/A	4	
Sampler Name on COC:	☑Yes	☐No	☐N/A	5	
Short Hold Time Analyses (<72 hr):	☑Yes	☐No	☐N/A	6	
Rush Turn Around Requested:	☐Yes	☑No	☐N/A	7	
Samples Arrived within Hold Time:	☑Yes	☐No	☐N/A	8	
Sufficient Volume:	☑Yes	☐No	☐N/A	9	
Correct Containers Used:	☑Yes	☐No	☐N/A	10	
Filtered vol. Rec. for Diss. tests	☐Yes	☐No	☑N/A	11	
Sample Labels match COC:	☑Yes	☐No	☐N/A	12	
All containers received within manufacturer's precautionary and/or expiration dates:	☑Yes	☐No	☐N/A	13	
All containers needing chemical preservation have been checked (except VOA, micro, & O&G).	☑Yes	☐No	☐N/A	14	
All containers preservation checked found to be in compliance with EPA recommendation.	☑Yes	☐No	☐N/A	15	If No, was preserative added? ☐Yes ☐No If added record lot no.: HNO3 _____ H2SO4 _____
Headspace in VOA Vials (>6mm):	☐Yes	☐No	☑N/A	16	
Trip Blank Present:	☐Yes	☑No		17	

Client Notification/Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

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Pace Analytical Services, LLC
4320 Midmost Dr
Mobile, AL 36609
251-344-9106

Laboratory Report

Tony Darling
Riviera Utilities
P.O. Box 2050
Foley, AL 36536

Report Date: 02/28/2020
Date Received: 02/19/2020

Project: EPA 503
Pace Project No.: 20143299

Sample: Sludge #1 **Lab ID: 20143299001** Collected: 02/19/20 11:46 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
EPA 6020	Arsenic	**3.3**	mg/kg	0.48	02/21/20 12:01	
EPA 6020	Cadmium	**1.5**	mg/kg	0.48	02/21/20 12:01	
EPA 6020	Chromium	**65.8**	mg/kg	0.48	02/21/20 12:01	
EPA 6020	Copper	**341**	mg/kg	2.4	02/21/20 12:01	
EPA 6020	Lead	**6.5**	mg/kg	0.48	02/21/20 12:01	
EPA 6020	Molybdenum	**6.3**	mg/kg	0.48	02/21/20 12:01	
EPA 6020	Nickel	**18.5**	mg/kg	0.48	02/21/20 12:01	
EPA 6020	Selenium	**4.4**	mg/kg	0.48	02/21/20 12:01	
EPA 6020	Zinc	**1270**	mg/kg	4.8	02/21/20 12:01	
EPA 7471	Mercury	**0.56**	mg/kg	0.019	02/21/20 09:19	
Moisture	Percent Moisture	**6.2**	%	0.50	02/20/20 13:01	

Sample: Sludge #2 **Lab ID: 20143299002** Collected: 02/19/20 11:46 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
Moisture	Percent Moisture	**6.5**	%	0.50	02/20/20 13:06	
SM 2540G	Total Solids	**92.2**	%	0.10	02/23/20 19:36	
SM 2540G	Total Volatile Solids	**23.7**	%	0.10	02/23/20 19:36	
EPA 351.2	Nitrogen, Kjeldahl, Total	**22600**	mg/kg	5020	02/28/20 13:03	M6
EPA 365.4	Phosphorus	**5480**	mg/kg	100	02/28/20 11:33	M6
SM 4500-NH3 D	Nitrogen, Ammonia	**1060**	mg/kg	9.9	02/28/20 13:58	
SM 4500-NO3 F	Nitrogen, NO2 plus NO3	ND	mg/kg	5.0	02/28/20 12:59	D3

Sample: Sludge #3 **Lab ID: 20143299003** Collected: 02/19/20 11:46 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
SM 9221C/E	Fecal Coliforms, MPN	**< 23.7248**	MPN/g	2.0	02/21/20 09:42	N2
Moisture	Percent Moisture	**6.4**	%	0.50	02/24/20 11:08	

Sample: Sludge #4 **Lab ID: 20143299004** Collected: 02/19/20 11:46 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
SM 9221C/E	Fecal Coliforms, MPN	**< 22.6643**	MPN/g	2.0	02/21/20 09:42	N2
Moisture	Percent Moisture	**11.9**	%	0.50	02/24/20 11:10	

Sample: Sludge #5 **Lab ID: 20143299005** Collected: 02/19/20 11:46 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
SM 9221C/E	Fecal Coliforms, MPN	**< 23.5448**	MPN/g	2.0	02/21/20 09:42	N2
Moisture	Percent Moisture	**7.3**	%	0.50	02/24/20 11:10	

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CHAIN-OF-CUSTODY / Analytical Request Docu

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

WO# : 20143299

20143299

Section A Required Client Information	Section B Required Project Information	Section C Invoice Information
Company: Riviera Utilities	Report To: Tony Darling	Attention: Jody Worsley
Address: P.O. Box 2050	Copy To:	Company Name: Riviera Utilities
Foley, Alabama		Address: P.O. Box 2050, Foley, AL 36536
Email To: tdarling@rivierautilities.com	Purchase Order No:	Pace Quote Reference:
Phone: 251-597-6815 Fax:	Project Name: EPA 503	Pace Project Manager:
Requested Due Date/TAT:	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER

☐ UST ☐ RCRA ☑ OTHER

Site Location STATE: Alabama

Requested Analysis Filtered (Y/N)

ITEM #	Section D Required Client Information SAMPLE ID (A-Z, 0-9 / , -) Sample IDs MUST BE UNIQUE	Valid Matrix Codes MATRIX / CODE DRINKING WATER DW WATER WT WASTE WATER WW PRODUCT P SOIL/SOLID SL OIL OL WIPE WP AIR AR OTHER OT TISSUE TS	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED: COMPOSITE START DATE	COLLECTED: COMPOSITE START TIME	COLLECTED: COMPOSITE END/GRAB DATE	COLLECTED: COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Other	Y/N	Analysis Test: 503 Metals	NH3	T-Phos	NO3+NO2	%solids	% volitales	Total Nitrogen TN	Fecal MPN					Residual Chlorine (Y/N)	Pace Project No./ Lab I.D.
																				Y/N	N	N	N	N	N	N	N	N	N	N	N	N	
1	Sludge #1		SL	G	N/A	N/A	02/19/20	11:45		1	X					X				X												
2	Sludge #2		SL	G	N/A	N/A	02/19/20	11:45		1	X										X	X	X	X	X	X	X						
3	Sludge #3		SL	G	N/A	N/A	02/19/20	11:45		1	X																	X					
4	Sludge #4		SL	G	N/A	N/A	02/19/20	11:45		1	X																	X					
5	Sludge #5		SL	G	N/A	N/A	02/19/20	11:45		1	X																	X					
6																																	
7																																	
8																																	
9																																	
10																																	
11																																	
12																																	

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS: Temp in °C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)
		2/19/20	1239		2/19/20	1239				
		2-19	1555	SDH	2/19/20	1555	0.2	Y	N	Y

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Chris Clark

SIGNATURE of SAMPLER: _____ DATE Signed (MM/DD/YY): 2/19/20

*Important Note: By signing this form you are accepting Pace's NET 30 day payment terms and agreeing to late charges of 1.5% per month for any invoices not paid within 30 days.