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**Alabama Department of Environmental Management**  
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**KAY IVEY**  
GOVERNOR

**DECEMBER 1, 2025**

MR. TRENT MARSHALL  
COO  
TRACK LINE, LLC  
700 N CARROLL AVE  
STE 110  
SOUTHLAKE, TX 76092-6459

**RE: DRAFT PERMIT**  
**NPDES PERMIT NUMBER AL0084519**

Dear Mr. Marshall:

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.

Our records indicate that you have utilized the Department's web-based electronic environmental (E2) reporting system for submittal of discharge monitoring reports (DMRs). The Department transitioned from the E2 Reporting System to the Alabama Environmental Permitting and Compliance System (AEPACS) for the submittal of DMRs 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:

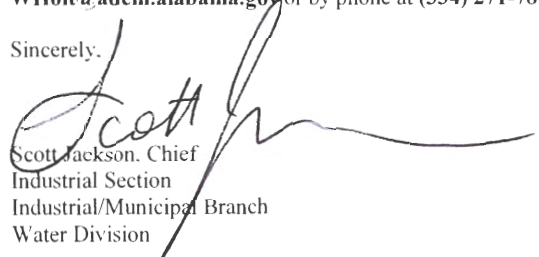
1. The user has logged in to E2 since October 1, 2019; and
2. The E2 user account is set up using a unique email address.

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.

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

If you have questions regarding this permit or monitoring requirements, please contact Wayne Holt by e-mail at **WHolt@adem.alabama.gov** or by phone at **(334) 271-7847**.

Sincerely,

  
Scott Jackson, Chief  
Industrial Section  
Industrial/Municipal Branch  
Water Division

Enclosure: Draft Permit

pc via website: Montgomery Field Office  
EPA Region IV  
U.S. Fish & Wildlife Service  
AL Historical Commission  
Advisory Council on Historic Preservation  
Department of Conservation and Natural Resources



**Birmingham Office**  
110 Vulcan Road  
Birmingham, AL 35209-4702  
(205) 942-6168  
(205) 941-1603 (FAX)

**Decatur Office**  
2715 Sandlin Road, S.W.  
Decatur, AL 35603-1333  
(256) 353-1713  
(256) 340-9359 (FAX)

**Coastal Office**  
1615 South Broad Street  
Mobile, AL 36605  
(251) 450-3400  
(251) 479-2593 (FAX)



# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

**PERMITTEE:** TRACK LINE, LLC

**FACILITY LOCATION:** TRACK LINE BESSEMER, AL  
5901 VULCAN ROAD  
BESSEMER, ALABAMA 350224909  
JEFFERSON COUNTY

**PERMIT NUMBER:** AL0084519

**RECEIVING WATERS:** 001 – UNNAMED TRIBUTARY TO SHADES 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**

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Alabama Department of Environmental Management  
Water Division Chief

## Table of Contents

|                                                                               |           |
|-------------------------------------------------------------------------------|-----------|
| <b>PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS .....</b>      | <b>1</b>  |
| A. Discharge Limitations and Monitoring Requirements.....                     | 1         |
| B. Discharge Monitoring and Record Keeping Requirements .....                 | 6         |
| 1. Representative Sampling .....                                              | 6         |
| 2. Test Procedures .....                                                      | 6         |
| 3. Recording of Results .....                                                 | 6         |
| 4. Records Retention and Production .....                                     | 6         |
| 5. Monitoring Equipment and Instrumentation .....                             | 7         |
| C. Discharge Reporting Requirements.....                                      | 7         |
| 1. Reporting of Monitoring Requirements.....                                  | 7         |
| 2. Noncompliance Notification.....                                            | 9         |
| D. Other Reporting and Notification Requirements .....                        | 10        |
| 1. Anticipated Noncompliance .....                                            | 10        |
| 2. Termination of Discharge.....                                              | 10        |
| 3. Updating Information .....                                                 | 10        |
| 4. Duty to Provide Information.....                                           | 10        |
| 5. Cooling Water and Boiler Water Additives.....                              | 10        |
| 6. Permit Issued Based on Estimated Characteristics .....                     | 11        |
| E. Schedule of Compliance.....                                                | 11        |
| <b>PART II: OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES .....</b>        | <b>12</b> |
| A. Operational and Management Requirements.....                               | 12        |
| 1. Facilities Operation and Maintenance .....                                 | 12        |
| 2. Best Management Practices.....                                             | 12        |
| 3. Spill Prevention, Control, and Management.....                             | 12        |
| B. Other Responsibilities.....                                                | 12        |
| 1. Duty to Mitigate Adverse Impacts.....                                      | 12        |
| 2. Right of Entry and Inspection.....                                         | 12        |
| C. Bypass and Upset.....                                                      | 12        |
| 1. Bypass .....                                                               | 12        |
| 2. Upset.....                                                                 | 13        |
| D. Duty to Comply with Permit, Rules, and Statutes .....                      | 13        |
| 1. Duty to Comply .....                                                       | 13        |
| 2. Removed Substances .....                                                   | 14        |
| 3. Loss or Failure of Treatment Facilities.....                               | 14        |
| 4. Compliance with Statutes and Rules .....                                   | 14        |
| E. Permit Transfer, Modification, Suspension, Revocation, and Reissuance..... | 14        |
| 1. Duty to Reapply or Notify of Intent to Cease Discharge.....                | 14        |
| 2. Change in Discharge.....                                                   | 14        |
| 3. Transfer of Permit .....                                                   | 15        |
| 4. Permit Modification and Revocation.....                                    | 15        |
| 5. Permit Termination.....                                                    | 16        |
| 6. Permit Suspension .....                                                    | 16        |
| 7. Request for Permit Action Does Not Stay Any Permit Requirement.....        | 16        |
| F. Compliance with Toxic Pollutant Standard or Prohibition.....               | 16        |
| G. Discharge of Wastewater Generated by Others .....                          | 16        |
| <b>PART III: OTHER PERMIT CONDITIONS.....</b>                                 | <b>17</b> |
| A. Civil and Criminal Liability.....                                          | 17        |
| 1. Tampering .....                                                            | 17        |
| 2. False Statements .....                                                     | 17        |
| 3. Permit Enforcement.....                                                    | 17        |
| 4. Relief from Liability.....                                                 | 17        |
| B. Oil and Hazardous Substance Liability .....                                | 17        |
| C. Property and Other Rights .....                                            | 17        |

**Table of Contents (continued)**

D. Availability of Reports ..... 18

E. Expiration of Permits for New or Increased Discharges..... 18

F. Compliance with Water Quality Standards..... 18

G. Groundwater ..... 18

H. Definitions ..... 18

I. Severability..... 21

**PART IV: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS..... 22**

A. Best Management Practices (BMP) Plan Requirements..... 22

A. Stormwater Flow Measurement and Sampling Requirements..... 23

**PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS****A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS****DSN001Q: Stormwater associated with railroad cross-tie storage and processing operations 3/ 4/**

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 the outfall(s) listed above and described more fully in the Permittee's application. Such discharges shall be limited and monitored by the Permittee as specified below:

| Parameter                                                      | Quantity or Loading |       | Units | Quality or Concentration  |       |                           | Units | Sample Frequency <sup>2</sup> | Sample Type <sup>1</sup> | Seasonal   |
|----------------------------------------------------------------|---------------------|-------|-------|---------------------------|-------|---------------------------|-------|-------------------------------|--------------------------|------------|
| BOD, 5-Day (20 Deg. C) (00310)<br>Effluent Gross Value         | *****               | ***** | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly                     | Grab                     | All Months |
| pH (00400)<br>Effluent Gross Value                             | *****               | ***** | ***** | (Report)<br>Minimum Daily | ***** | (Report)<br>Maximum Daily | S.U.  | Quarterly                     | Grab                     | All Months |
| Solids, Total Suspended (00530)<br>Effluent Gross Value        | *****               | ***** | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly                     | Grab                     | All Months |
| Oil & Grease (00556)<br>Effluent Gross Value                   | *****               | ***** | ***** | *****                     | ***** | 15<br>Maximum Daily       | mg/l  | Quarterly                     | Grab                     | All Months |
| Nitrogen, Ammonia Total (As N) (00610)<br>Effluent Gross Value | *****               | ***** | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly                     | Grab                     | All Months |
| Magnesium, Total (As Mg) (00927)<br>Effluent Gross Value       | *****               | ***** | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly                     | Grab                     | All Months |
| Chloride (As Cl) (00940)<br>Effluent Gross Value               | *****               | ***** | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly                     | Grab                     | All Months |
| Arsenic, Total (As As) (01002)<br>Effluent Gross Value         | *****               | ***** | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly                     | Grab                     | All Months |
| Chromium, Total (As Cr) (01034)<br>Effluent Gross Value        | *****               | ***** | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly                     | Grab                     | All Months |

**THE DISCHARGE SHALL HAVE NO SHEEN, AND THERE SHALL BE NO DISCHARGE OF VISIBLE OIL, FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.**

- 1/ Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Unless otherwise specified, composite samples shall be time composite samples collected using automatic sampling equipment or a minimum of eight (8) equal volume grab samples collected over equal time intervals. All composite samples shall be collected for the total period of discharge not to exceed 24 hours.
- 2/ If only one sampling event occurs during a month, the sample result shall be reported on the discharge monitoring report as both the monthly average and daily maximum value for all parameters with a monthly average limitation.
- 3/ See Part IV.A for Best Management Practices (BMP) Plan Requirements.
- 4/ See Part IV.B for Stormwater Measurement and Sampling Requirements.

**DSN001Q (Continued): Stormwater associated with railroad cross-tie storage and processing operations 3/ 4/**

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 the outfall(s) listed above and described more fully in the Permittee's application. Such discharges shall be limited and monitored by the Permittee as specified below:

| Parameter                                                                   | Quantity or Loading |                           | Units | Quality or Concentration |       |                           | Units | Sample Frequency <sup>2</sup> | Sample Type <sup>1</sup> | Seasonal   |
|-----------------------------------------------------------------------------|---------------------|---------------------------|-------|--------------------------|-------|---------------------------|-------|-------------------------------|--------------------------|------------|
| Copper, Total (As Cu) (01042)<br>Effluent Gross Value                       | *****               | *****                     | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly                     | Grab                     | All Months |
| Flow, In Conduit or Thru<br>Treatment Plant (50050)<br>Effluent Gross Value | *****               | (Report)<br>Maximum Daily | MGD   | *****                    | ***** | *****                     | ***** | Quarterly                     | Estimate                 | All Months |

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**DSN001S: Stormwater associated with railroad cross-tie storage and processing operations 3/ 4/**

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| Parameter                                                             | Quantity or Loading |       | Units | Quality or Concentration |       |                           | Units | Sample Frequency <sup>2</sup> | Sample Type <sup>1</sup> | Seasonal   |
|-----------------------------------------------------------------------|---------------------|-------|-------|--------------------------|-------|---------------------------|-------|-------------------------------|--------------------------|------------|
| Lead, Total (As Pb)<br>(01051)<br>Effluent Gross Value                | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Nickel, Total (As Ni)<br>(01067)<br>Effluent Gross Value              | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Zinc, Total (As Zn)<br>(01092)<br>Effluent Gross Value                | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Acenaphthylene<br>(34200)<br>Effluent Gross Value                     | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Acenaphthene<br>(34205)<br>Effluent Gross Value                       | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Anthracene<br>(34220)<br>Effluent Gross Value                         | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Benzo (B) Fluoranthene<br>(3,4-Benzo) (34230)<br>Effluent Gross Value | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Benzo (K) Fluoranthene<br>(34242)<br>Effluent Gross Value             | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Benzo (A) Pyrene<br>(34247)<br>Effluent Gross Value                   | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |

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- 3/ See Part IV.A for Best Management Practices (BMP) Plan Requirements.
- 4/ See Part IV.B for Stormwater Measurement and Sampling Requirements.

**DSN001S (Continued): Stormwater associated with railroad cross-tie storage and processing operations 3/ 4/**

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| Parameter                                                   | Quantity or Loading |       | Units | Quality or Concentration |       |                           | Units | Sample Frequency <sup>2</sup> | Sample Type <sup>1</sup> | Seasonal   |
|-------------------------------------------------------------|---------------------|-------|-------|--------------------------|-------|---------------------------|-------|-------------------------------|--------------------------|------------|
| Chrysene<br>(34320)<br>Effluent Gross Value                 | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Fluoranthene<br>(34376)<br>Effluent Gross Value             | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Fluorene<br>(34381)<br>Effluent Gross Value                 | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Indeno (1,2,3-CD) Pyrene<br>(34403)<br>Effluent Gross Value | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Phenanthrene<br>(34461)<br>Effluent Gross Value             | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Pyrene<br>(34469)<br>Effluent Gross Value                   | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Benzo (Ghi) Perylene<br>(34521)<br>Effluent Gross Value     | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Benzo (A) Anthracene<br>(34526)<br>Effluent Gross Value     | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| Dibenzo (A,H) Anthracene<br>(34556)<br>Effluent Gross Value | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |

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- 4/ See Part IV.B for Stormwater Measurement and Sampling Requirements.

**DSN001S (Continued): Stormwater associated with railroad cross-tie storage and processing operations 3/ 4/**

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| Parameter                                              | Quantity or Loading |       | Units | Quality or Concentration |       |                           | Units | Sample Frequency <sup>2</sup> | Sample Type <sup>1</sup> | Seasonal   |
|--------------------------------------------------------|---------------------|-------|-------|--------------------------|-------|---------------------------|-------|-------------------------------|--------------------------|------------|
| Naphthalene<br>(34696)<br>Effluent Gross Value         | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| 2-Methylnaphthalene<br>(77416)<br>Effluent Gross Value | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |
| 1-Methylnaphthalene<br>(77418)<br>Effluent Gross Value | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually                 | Grab                     | All Months |

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- 2/ If only one sampling event occurs during a month, the sample result shall be reported on the discharge monitoring report as both the monthly average and daily maximum value for all parameters with a monthly average limitation.
- 3/ See Part IV.A for Best Management Practices (BMP) Plan Requirements.
- 4/ See Part IV.B for Stormwater Measurement and Sampling Requirements.

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

### **1. Representative Sampling**

Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge and shall be in accordance with the provisions of this permit.

### **2. 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 using the most sensitive EPA approved method. 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.

### **3. 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.

### **4. Records Retention and Production**

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 shall not be submitted unless requested.

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.

## 5. 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. The permittee shall develop and maintain quality assurance procedures to ensure proper operation and maintenance of all equipment and instrumentation. The quality assurance procedures shall include the proper use, maintenance, and installation, when appropriate, of monitoring equipment at the plant site.

## C. DISCHARGE REPORTING REQUIREMENTS

### 1. Reporting of Monitoring Requirements

- a. The permittee shall conduct the required monitoring in accordance with the following schedule:

**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.

**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 may be done anytime during the quarter, unless restricted elsewhere in this permit, but it should be submitted with the last DMR due for the quarter, i.e., (March, June, September and December DMR's).

**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 submitted with the last DMR for the month of the semiannual period, i.e. (June and December DMR's).

**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 submitted with the December DMR.

- b. The permittee shall submit discharge monitoring reports (DMRs) on the forms provided by the Department and in accordance with the following schedule:

**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 (MONTH, YEAR)**. 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.

**REPORTS OF QUARTERLY TESTING** shall be submitted on a **quarterly** basis. The first report is due on the **28th day of [Month, Year]**. 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.

**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.

**REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. 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.

- 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 5 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 the 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.

Permittees 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.

- (3) 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.
  - (4) 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.
  - (5) 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, 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  
Water Division  
Office of Water Services  
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  
Water Division  
Office of Water Services  
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  
Water Division  
Post Office Box 301463  
Montgomery, Alabama 36130-1463**

Certified and Registered Mail shall be addressed to:

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

- g. If this permit is a re-issuance, 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 Notification**

### **a. 24-Hour Noncompliance Reporting**

The permittee shall report to the Director, within 24-hours of becoming aware of the noncompliance, any noncompliance which may endanger health or the environment. This shall include but is not limited to the following circumstances:

- (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) threatens human health or welfare, fish or aquatic life, or water quality standards;
- (3) 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);
- (4) contains a quantity of a hazardous substance which has been determined may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);
- (5) exceeds any discharge limitation for an effluent characteristic as a result of an unanticipated bypass or upset; and
- (6) is an unpermitted direct or indirect discharge of a pollutant to a water of the state (unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision).

The permittee shall orally report the occurrence and circumstances of such discharge to the Director within 24-hours after the permittee becomes aware of the occurrence of such discharge. In addition to the oral report, the permittee shall submit to the Director or Designee a written report as provided in Part I.C.2.c no later than five (5) days after becoming aware of the occurrence of such discharge.

- b. If for any reason, the permittee's discharge does not comply with any limitation of this permit, the permittee shall submit to the Director or Designee a written report as provided in Part I.C.2.c below, such report shall be submitted with the next Discharge Monitoring Report required to be submitted by Part I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.
- c. Any written report required to be submitted to the Director or Designee by Part I.C.2 a. or b. shall be submitted using a Noncompliance Notification Form (ADEM Form 421) available on the Department's website (<http://adem.alabama.gov/DeptForms/Form421.pdf>) and include the following information:
- (1) A description of the discharge and cause of noncompliance;

- (2) The period of noncompliance, including exact dates and times or, if not corrected, the anticipated time the noncompliance is expected to continue; and
- (3) A description of the steps taken and/or being taken to reduce or eliminate the noncomplying discharge and to prevent its recurrence.

#### **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, 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.

##### **5. Cooling Water and Boiler Water Additives**

- a. The permittee shall notify the Director in writing not later than thirty (30) days prior to instituting the use of any biocide corrosion inhibitor or chemical additive in a cooling or boiler system, not identified in the application for this permit, from which discharge is allowed by this permit. Notification is not required for additives that do not contain a heavy metal(s) as an active ingredient and that pass through a wastewater treatment system prior to discharge nor is notification required for additives that should not reasonably be expected to cause the cooling water or boiler water to exhibit toxicity as determined by analysis of manufacturer's data or testing by the permittee. Such notification shall include:
  - (1) name and general composition of biocide or chemical;
  - (2) 96-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach;
  - (3) quantities to be used;
  - (4) frequencies of use;
  - (5) proposed discharge concentrations; and
  - (6) EPA registration number, if applicable.
- b. The use of a biocide or additive containing tributyl tin, tributyl tin oxide, zinc, chromium or related compounds in cooling or boiler system(s), from which a discharge regulated by this permit occurs, is prohibited except as exempted below. The use of a biocide or additive containing zinc, chromium or related compounds may be used in special circumstances if (1) the permit contains limits for these substances, or (2) the applicant demonstrates during the application process that the use of zinc, chromium or related compounds as a biocide or additive will not pose a reasonable potential to violate the applicable State water quality standards for these substances. The use of any additive, not identified in this permit or in the

application for this permit or not exempted from notification under this permit is prohibited, prior to a determination by the Department that permit modification to control discharge of the additive is not required or prior to issuance of a permit modification controlling discharge of the additive.

**6. Permit Issued Based on Estimated Characteristics**

- a. If this permit was issued based on estimates of the characteristics of a process discharge reported on an EPA NPDES Application Form 2D (EPA Form 3510-2D), the permittee shall complete and submit an EPA NPDES Application Form 2C (EPA Form 3510-2C) no later than two years after the date that discharge begins. Sampling required for completion of the Form 2C shall occur when a discharge(s) from the process(s) causing the new or increased discharge is occurring. If this permit was issued based on estimates concerning the composition of a stormwater discharge(s), the permittee shall perform the sampling required by EPA NPDES Application Form 2F (EPA Form 3510-2F) no later than one year after the industrial activity generating the stormwater discharge has been fully initiated.
- b. This permit shall be reopened if required to address any new information resulting from the completion and submittal of the Form 2C and or 2F.

**E. SCHEDULE OF COMPLIANCE**

1. 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. 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. Spill Prevention, Control, and Management**

The permittee shall provide spill prevention, control, and/or management sufficient to prevent any spills of pollutants from entering a water of the state or a publicly or privately owned treatment works. Any containment system used to implement this requirement shall be constructed of materials compatible with the substance(s) contained and which shall prevent the contamination of groundwater and such containment system shall be capable of retaining a volume equal to 110 percent of the capacity of the largest tank for which containment is provided.

### **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**

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:

- a. 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;
- b. have access to and copy, at reasonable times, any records that must be kept under the conditions of the permit;
- c. inspect any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under the permit; and
- d. 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, for 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 and negate the permittee's responsibility or liability to apply for, obtain, or comply with other ADEM, Federal, State, or Local Government permits, certifications, licenses, or other approvals.

## **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 Blvd., Montgomery, AL 36130.
- 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**

- a. The permittee shall apply for a permit modification at least 180 days in advance of any facility expansion, production increase, process change, or other action that could result in the discharge of additional pollutants or increase the quantity of a discharged pollutant such that existing permit limitations would be exceeded or that could result in an additional discharge point. This requirement 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.
- b. The permittee shall notify the Director as soon as it is known or there is reason to believe:
  - (1) That any activity has occurred or will occur which would result in the discharge on a routine or frequent basis, of any toxic pollutant which is not limited in this permit, if that discharge will exceed the highest of the following notification levels:
    - (i) one hundred micrograms per liter;
    - (ii) two hundred micrograms per liter for acrolein and acrylonitrile; five hundred micrograms per liter for 2,4-dinitrophenol and for 2-methyl-4,6-dinitrophenol; and one milligram per liter for antimony;
    - (iii) five times the maximum concentration value reported for that pollutant in the permit application; or
  - (2) That any activity has occurred or will occur which would result in any discharge, on a non-routine or infrequent basis, of a toxic pollutant which is not limited in the permit, if that discharge will exceed the highest of the following notification levels:

- (i) five hundred micrograms per liter;
- (ii) one milligram per liter for antimony;
- (iii) ten times the maximum concentration value reported for that pollutant in the permit application.

### 3. Transfer of Permit

This permit may not be transferred or the name of the permittee changed without notice to the Director and subsequent modification or revocation and reissuance of the permit to identify the new permittee and to incorporate any other changes as may be required under the FWPCA or AWPCA. In the case of a change in name, ownership or control of the permittee's premises only, a request for permit modification in a format acceptable to the Director is required at least 30 days prior to the change. In the case of a change in name, ownership or control of the permittee's premises accompanied by a change or proposed change in effluent characteristics, a complete permit application is required to be submitted to the Director at least 180 days prior to the change. Whenever the Director is notified of a change in name, ownership or control, he may decide not to modify the existing permit and require the submission of a new permit application.

### 4. Permit Modification and Revocation

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

- (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
- (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
- (14) When requested by the permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules.

## **5. Permit 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; or
- h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

## **6. Permit Suspension**

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

## **7. Request for Permit Action Does Not Stay Any Permit Requirement**

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. DISCHARGE OF WASTEWATER GENERATED BY OTHERS**

The discharge of wastewater, generated by any process, facility, or by any other means not under the operational control of the permittee or not identified in the application for this permit or not identified specifically in the description of an outfall in this permit is not authorized by this permit.

## **PART III: OTHER PERMIT CONDITIONS**

### **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, trespass, 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 is 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 the paragraph. The entering into a lease with the State of Alabama for exploration and production of hydrocarbons shall also be considered beginning construction.

#### **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 wastes into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(8).
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 5 equal volume samples collected at constant time intervals of not more than 2 hours 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, other than for fecal coliform bacteria, the arithmetic mean of the entire composite or grab samples taken for the daily discharges collected in one month period. The monthly average for fecal coliform bacteria is the geometric mean of daily discharge samples collected in a 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. Permit application - means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.
31. 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).
32. 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.
33. 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".
34. Publicly Owned Treatment Works – 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.
35. Receiving Stream – means the "waters" receiving a "discharge" from a "point source".
36. 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.
37. 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.
38. Solvent – means any virgin, used or spent organic solvent(s) identified in the F-Listed wastes (F001 through F005) specified in 40 CFR 261.31 that is used for the purpose of solubilizing other materials.
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 12 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; or
  - 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: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

### A. BEST MANAGEMENT PRACTICES (BMP) PLAN REQUIREMENTS

#### 1. BMP Plan

The permittee shall develop and implement a Best Management Practices (BMP) Plan which prevents, or minimizes the potential for, the release of pollutants from ancillary activities, including material storage areas; plant site runoff; in-plant transfer, process and material handling areas; loading and unloading operations, and sludge and waste disposal areas, to the waters of the State through plant site runoff; spillage or leaks; sludge or waste disposal; or drainage from raw material storage.

#### 2. Plan Content

The permittee shall prepare and implement a best management practices (BMP) plan, which shall:

- a. Establish specific objectives for the control of pollutants:
  - (1) Each facility component or system shall be examined for its potential for causing a release of significant amounts of pollutants to waters of the State due to equipment failure, improper operation, natural phenomena such as rain or snowfall, etc.
  - (2) Where experience indicates a reasonable potential for equipment failure (e.g., a tank overflow or leakage), natural condition (e.g. precipitation), or circumstances to result in significant amounts of pollutants reaching surface waters, the plan should include a prediction of the direction, rate of flow, and total quantity of pollutants which could be discharged from the facility as a result of each condition or circumstance.
- b. Establish specific best management practices to meet the objectives identified under paragraph a. of this section, addressing each component or system capable of causing a release of significant amounts of pollutants to the waters of the State, and identifying specific preventative or remedial measures to be implemented;
- c. Establish a program to identify and repair leaking equipment items and damaged containment structures, which may contribute to contaminated stormwater runoff. This program must include regular visual inspections of equipment, containment structures and of the facility in general to ensure that the BMP is continually implemented and effective;
- d. Prevent the spillage or loss of fluids, oil, grease, gasoline, etc. from vehicle and equipment maintenance activities and thereby prevent the contamination of stormwater from these substances;
- e. Prevent or minimize stormwater contact with material stored on site;
- f. Designate by position or name the person or persons responsible for the day to day implementation of the BMP;
- g. Provide for routine inspections, on days during which the facility is manned, of any structures that function to prevent stormwater pollution or to remove pollutants from stormwater and of the facility in general. Routine inspections should be done at a frequency to ensure that the BMP is continually implemented and effective and in no case less frequent than once per year;
- h. Provide for the use and disposal of any material used to absorb spilled fluids that could contaminate stormwater;
- i. Develop a solvent management plan, if solvents are used on site. The solvent management plan shall include as a minimum lists of the solvents on site; the disposal method of solvents used instead of dumping, such as reclamation, contract hauling; and the procedures for assuring that solvents do not routinely spill or leak into the stormwater;
- j. Provide for the disposal of all used oils, hydraulic fluids, firefighting foams, solvent degreasing material, etc. in accordance with good management practices and any applicable state or federal regulations;
- k. Include a diagram of the facility showing the locations where stormwater exits the facility, the locations of any structure or other mechanisms intended to prevent pollution of stormwater or to remove pollutants from stormwater, the locations of any collection and handling systems;
- l. Provide control sufficient to prevent or control pollution of stormwater by soil particles to the degree required to maintain compliance with the water quality standard for turbidity applicable to the waterbody(s) receiving discharge(s) under this permit;
- m. Provide spill prevention, control, and/or management sufficient to prevent or minimize contaminated stormwater runoff. Any containment system used to implement this requirement shall be constructed of materials compatible with the

substance(s) contained and shall prevent the contamination of groundwater. The containment system shall also be capable of retaining a volume equal to 110 percent of the capacity of the largest tank for which containment is provided;

- n. Provide and maintain curbing, diking or other means of isolating process areas to the extent necessary to allow segregation and collection for treatment of contaminated stormwater from process areas;
- o. Be reviewed by plant engineering staff and the plant manager; and
- p. Bear the signature of the plant manager.

### **3. Compliance Schedule**

The permittee shall have reviewed (and revised if necessary) and fully implemented the BMP plan as soon as practicable but no later than six months after the effective date of this permit.

### **4. Department Review**

- a. When requested by the Director or his designee, the permittee shall make the BMP available for Department review.
- b. The Director or his designee may notify the permittee at any time that the BMP is deficient and require correction of the deficiency.
- c. The permittee shall correct any BMP 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.

### **5. Administrative Procedures**

- a. A copy of the BMP shall be maintained at the facility and shall be available for inspection by representatives of the Department.
- b. A log of the routine inspection required above shall be maintained at the facility and shall be available for inspection by representatives of the Department. The log shall contain records of all inspections performed for the last three years and each entry shall be signed by the person performing the inspection.
- c. The permittee shall provide training for any personnel required to implement the BMP and shall retain documentation of such training at the facility. This documentation shall be available for inspection by representatives of the Department. Training shall be performed prior to the date that implementation of the BMP is required.
- d. BMP Plan Modification. The permittee shall amend the BMP plan whenever there is a change in the facility or change in operation of the facility which materially increases the potential for the ancillary activities to result in a discharge of significant amounts of pollutants.
- e. BMP Plan Review. The permittee shall complete a review and evaluation of the BMP plan at least once every three years from the date of preparation of the BMP plan. Documentation of the BMP Plan review and evaluation shall be signed and dated by the Plant Manager.

## **B. STORMWATER FLOW MEASUREMENT AND SAMPLING REQUIREMENTS**

### **1. Stormwater Flow Measurement**

- a. All stormwater samples shall be collected from the discharge resulting from a storm event that is greater than 0.1 inches.
- b. The total volume of stormwater discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded as part of the sampling procedure and records retained according to Part I.B. of this permit.
- c. The volume may be measured using flow measuring devices, or estimated based on a modification of the Rational Method using total depth of rainfall, the size of the drainage area serving a stormwater outfall, and an estimate of the runoff coefficient of the drainage area. This information must be recorded as part of the sampling procedure and records retained according to Part I.B. of this permit.

**2. Stormwater Sampling**

- a. A grab sample, if required by this permit, shall be taken during the first thirty minutes of the discharge (or as soon thereafter as practicable); and a flow-weighted composite sample, if required by this permit, shall be taken for the entire event or for the first three hours of the event.
- b. All test procedures will be in accordance with part I.B. of this permit.

## ADEM PERMIT RATIONALE

**PREPARED DATE:** November 24, 2025

**PREPARED BY:** Wayne Holt

Permittee Name: Track Line, LLC

Facility Name: Track Line Bessemer, AL

Permit Number: AL0084519

PERMIT IS INITIAL ISSUANCE

### DISCHARGE SERIAL NUMBERS (DSN) & DESCRIPTIONS:

| DSN | Description                                                                            |
|-----|----------------------------------------------------------------------------------------|
| 001 | Stormwater runoff associated with railroad cross-tie storage and processing operations |

**INDUSTRIAL CATEGORY:** Non-Categorical

**MAJOR:** No

### STREAM INFORMATION:

Receiving Stream: Unnamed Tributary to Shades Creek\*  
Classification: Fish & Wildlife  
River Basin: Cahaba River Basin  
7Q10: 0 cfs  
1Q10: 0 cfs  
Annual Average Flow: 0 cfs  
303(d) List: NO  
Impairment: --  
TMDL: YES\*

\*The unnamed tributary to Shades Creek is included in the Shades Creek Watershed TMDLs. Further discussion can be found below.

### DISCUSSION:

The facility receives out-of-service creosote-treated railroad ties via rail car which are unloaded and stored in an open yard staging area. The ties are then transferred to another area onsite for mechanical shredding and grinding. This process results in ~1" wood biomass chips (produced as a beneficial fuel material) which are then conveyed to a live floor trailer and managed under a dome structure before transporting offsite. There are no wood preserving, chemical treatment, or other categorical operations performed onsite. This permit authorizes the discharge of stormwater only.

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

EPA has not promulgated specific guidelines for the discharges covered under the proposed permit. Proposed permit limits are based on Best Professional Judgment. The proposed frequencies are based on a review of site specific conditions and an evaluation of similar facilities.

**DSN001Q: Stormwater associated with railroad cross-tie storage and processing operations**

| Parameter                                                                   | Quantity or Loading |                           | Units | Quality or Concentration  |       |                           | Units | Sample Frequency | Sample Type | Seasonal   | Basis |
|-----------------------------------------------------------------------------|---------------------|---------------------------|-------|---------------------------|-------|---------------------------|-------|------------------|-------------|------------|-------|
| BOD, 5-Day (20 Deg. C) (00310)<br>Effluent Gross Value                      | *****               | *****                     | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly        | Grab        | All Months | BPJ   |
| pH (00400)<br>Effluent Gross Value                                          | *****               | *****                     | ***** | (Report)<br>Minimum Daily | ***** | (Report)<br>Maximum Daily | S.U.  | Quarterly        | Grab        | All Months | BPJ   |
| Solids, Total Suspended (00530)<br>Effluent Gross Value                     | *****               | *****                     | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly        | Grab        | All Months | BPJ   |
| Oil & Grease (00556)<br>Effluent Gross Value                                | *****               | *****                     | ***** | *****                     | ***** | 15<br>Maximum Daily       | mg/l  | Quarterly        | Grab        | All Months | BPJ   |
| Nitrogen, Ammonia Total (As N)<br>(00610)<br>Effluent Gross Value           | *****               | *****                     | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly        | Grab        | All Months | BPJ   |
| Magnesium, Total (As Mg) (00927)<br>Effluent Gross Value                    | *****               | *****                     | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly        | Grab        | All Months | BPJ   |
| Chloride (As Cl) (00940)<br>Effluent Gross Value                            | *****               | *****                     | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly        | Grab        | All Months | BPJ   |
| Arsenic, Total (As As) (01002)<br>Effluent Gross Value                      | *****               | *****                     | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly        | Grab        | All Months | BPJ   |
| Chromium, Total (As Cr) (01034)<br>Effluent Gross Value                     | *****               | *****                     | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly        | Grab        | All Months | BPJ   |
| Copper, Total (As Cu) (01042)<br>Effluent Gross Value                       | *****               | *****                     | ***** | *****                     | ***** | (Report)<br>Maximum Daily | mg/l  | Quarterly        | Grab        | All Months | BPJ   |
| Flow, In Conduit or Thru Treatment<br>Plant (50050)<br>Effluent Gross Value | *****               | (Report)<br>Maximum Daily | MGD   | *****                     | ***** | *****                     | ***** | Quarterly        | Estimate    | All Months | BPJ   |

**DSN001S: Stormwater associated with railroad cross-tie storage and processing operations**

| Parameter                                             | Quantity or Loading |       | Units | Quality or Concentration |       |                           | Units | Sample Frequency | Sample Type | Seasonal   | Basis |
|-------------------------------------------------------|---------------------|-------|-------|--------------------------|-------|---------------------------|-------|------------------|-------------|------------|-------|
| Lead, Total (As Pb) (01051)<br>Effluent Gross Value   | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Nickel, Total (As Ni) (01067)<br>Effluent Gross Value | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Zinc, Total (As Zn) (01092)<br>Effluent Gross Value   | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Acenaphthylene (34200)<br>Effluent Gross Value        | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |

| Parameter                                                             | Quantity or Loading |       | Units | Quality or Concentration |       |                           | Units | Sample Frequency | Sample Type | Seasonal   | Basis |
|-----------------------------------------------------------------------|---------------------|-------|-------|--------------------------|-------|---------------------------|-------|------------------|-------------|------------|-------|
| Acenaphthene (34205)<br>Effluent Gross Value                          | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Anthracene (34220)<br>Effluent Gross Value                            | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Benzo (B) Fluoranthene (3,4-Benzo)<br>(34230)<br>Effluent Gross Value | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Benzo (K) Fluoranthene (34242)<br>Effluent Gross Value                | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Benzo (A) Pyrene (34247)<br>Effluent Gross Value                      | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Chrysene (34320)<br>Effluent Gross Value                              | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Fluoranthene (34376)<br>Effluent Gross Value                          | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Fluorene (34381)<br>Effluent Gross Value                              | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Indeno (1,2,3-CD) Pyrene (34403)<br>Effluent Gross Value              | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Phenanthrene (34461)<br>Effluent Gross Value                          | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Pyrene (34469)<br>Effluent Gross Value                                | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Benzo (Ghi) Perylene (34521)<br>Effluent Gross Value                  | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Benzo (A) Anthracene (34526)<br>Effluent Gross Value                  | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Dibenzo (A,H) Anthracene (34556)<br>Effluent Gross Value              | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| Naphthalene (34696)<br>Effluent Gross Value                           | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| 2-Methylnaphthalene (77416)<br>Effluent Gross Value                   | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |
| 1-Methylnaphthalene (77418)<br>Effluent Gross Value                   | *****               | ***** | ***** | *****                    | ***** | (Report)<br>Maximum Daily | mg/l  | Semi-Annually    | Grab        | All Months | BPJ   |

\*Basis for Permit Limitation

- BPJ – Best Professional Judgment
- WQBEL – Water Quality Based Effluent Limits
- EGL – Federal Effluent Guideline Limitations
- 303(d) – 303(d) List of Impaired Waters
- TMDL – Total Maximum Daily Load Requirements

## **Discussion**

### **Federal Effluent Guideline Limitations (EGL) Applicability**

A facility is subject to 40 CFR Part 429 guidelines if the facility discharges or may discharge process wastewater pollutants from timber products processing operations. §429.11 states that “process wastewater” specifically excludes material storage yard runoff (either raw material or processed wood storage). Based on these definitions and the information provided in the facility’s application, it has been determined that the facility is not subject to these guidelines.

### **Best Professional Judgment (BPJ)**

The parameters of concern for this facility are based on the parameters of concern listed in EPA form 2F. These parameters are consistent with similar facilities in the state and have been proven to be reflective of the operations at this facility. Quarterly and semi-annual monitoring for the identified pollutants are appropriate due to the creosote and other potential contaminants which could potentially be found on the railroad ties. The monitoring of these pollutants should ensure that site BMPs are being properly implemented and effective in controlling contamination in stormwater runoff.

### **Oil & Grease**

The daily maximum limit of 15 mg/l for Oil and Grease should prevent the occurrence of a visible sheen in the stream and has been shown to be achievable through the use of proper BMPs.

### **Total Maximum Daily Load (TMDL)**

Two TMDLs have been established for the Shades Creek Watershed. A 2003 TMDL for Fecal Coliform and a 2004 TMDL for Siltation, Turbidity, and Habitat Alteration both address point and nonpoint sources. The facility’s discharge is not expected to contain significant levels of pathogens nor is it expected to contribute to this impairment. As identified in the pathogen TMDL, reductions are required from nonpoint sources. Likewise, the siltation TMDL stated that “sediment loads from point sources are negligible in relation to the nonpoint sources.” The facility will be required to monitor for Total Suspended Solids; however, based on data submitted in the application and data collected from similarly permitted facilities in the state, the facility’s discharge is not expected to introduce nor contribute significant levels of solids into the watershed. No additional monitoring is proposed at this time.

### **Best Management Practices (BMP) Plan**

Best Management Practices (BMPs) are believed to be the most effective way to control the contamination of stormwater from areas of industrial activities. This facility is required to maintain a BMP plan. The requirements of the BMP plan call for minimization of stormwater contact with waste materials, products and by-products, and for prevention of spills or loss of fluids from equipment maintenance activities. The effectiveness of the BMPs will be measured through the monitoring of the pollutants of concern.

The Department has updated the BMP language located in Part IV.A.2.g of the Permit. The Permit Condition now states “Provide for routine inspections, or days during which the facility is manned, of any structures that function to prevent stormwater pollution or to remove pollutants from stormwater and of the facility in general. Routine inspections should be done at a frequency to ensure that the BMP is continually implemented and effective and in no case less frequent than once per year.” This clarification was added to be consistent with 40 CFR Part 122.43(c).

## NPDES/SID Permit Fee Sheet

**Permit Number:** AL0084519  
**Permittee:** Track Line, LLC  
**Site:** Track Line Bessemer, AL  
**County:** Jefferson  
**Submission Reference Number:** HQD-JCPM-F7AFV  
**Submission Received Date:** 07/3/2025  
**Assigned Staff:** Wayne Holt  
**Total Charges:** \$5,615.00  
**Totals Payments:** \$5,615.00  
**Amount Due:** \$0.00

### Charges

| Type                                                                                                                         | Amount     |
|------------------------------------------------------------------------------------------------------------------------------|------------|
| Base Charge: NPDES Individual Permit Application<br>(Form 187) - Initial Issuance for Industrial Facilities:<br>Default Fee; | \$5,615.00 |

### Payments

| Type    | Amount     | Date       | Check/Payment<br>Confirmation Number |
|---------|------------|------------|--------------------------------------|
| Payment | \$5,615.00 | 07/07/2025 | 110739042                            |

# NPDES Individual Permit Application (Form 187) - Initial Issuance for Industrial Facilities

version 2.9

(Submission #: HQD-JCPM-F7AFV, version 2)

Digitally signed by:  
AEPACS  
Date: 2025.09.10 10:17:13 -05:00  
Reason: Submission Data  
Location: State of Alabama

## Details

---

**Submission ID** HQD-JCPM-F7AFV

## Form Input

---

### General Instructions

This form should be used to submit the required information for an Initial Issuance of an NPDES individual permit for Industrial Individual NPDES facilities.

Do NOT continue this form if you are applying for a Modification or Reissuance of an existing permit. If you have begun this form in error, please close this form and then delete the draft. If you need assistance to find the correct Mod/Reissue form, please contact your assigned permit contact.

Incomplete or incorrect answers or missing signatures will delay processing. Attach additional comments or information as needed. Commencement of activities applied for as detailed in this application are not authorized until permit coverage has been issued by the Department.

Please complete all required sections of the form.

[For assistance, please click here to determine the permit staff responsible for the site or call \(334\) 271-7799](#)

### Processing Information

#### **Form Submission Reason**

New

#### **Are you applying for a modification or reissuance of an EXISTING permit for industrial activity?**

No

### General Information

#### **SID Permit Number (if your facility currently holds an SID permit, please provide that number below):**

NONE PROVIDED

#### **NPDES or General Permit Numbers (if applicable, please list all permit numbers):**

NONE PROVIDED

#### **Select all discharge types that are applicable for this site/facility:**

Stormwater Only Discharge

### Permittee Information

## Permittee

### Permittee Name

Track Line, LLC

### Mailing Address

700 N CARROLL AVE  
STE 110  
SOUTHLAKE, TX 76092-6459

Per ADEM Admin. Code r. 335-6-6-.09 (1), a Responsible Official is defined as CEO, President, any position at a level of Vice President or higher, Owner, Partner, Managing Member (LLC), or ranking elected official. Please provide the contact information for the person meeting this definition.

Do NOT enter information for a person that is/will be a Duly Authorized Representative (DAR) (i.e. a person that has been delegated signatory permissions by a Responsible Official). A person that is a Duly Authorized Representative is NOT considered a RESPONSIBLE OFFICIAL.

## Responsible Official

### Prefix

Mr.

### First Name

Trent

### Last Name

Marshall

### Title

COO

### Organization Name

Track Line, LLC

### Phone Type

Mobile

### Number

810-397-2285

### Extension

### Email

tmarshall@tracklinerrail.com

### Mailing Address

700 N CARROLL AVE  
STE 110  
SOUTHLAKE, TX 76092-6459

Does the Responsible Official intend to delegate signatory authority for DMRs or other compliance reports to an individual as a duly authorized representative (DAR) for this site?

No

## Facility/Site Information

### Facility/Site Name

Track Line Bessemer, AL

### Organization/Ownership Type

LLC

### Facility/Site Address or Location Description

5901 VULCAN RD  
Track Line - Bessemer, AL  
BESSEMER, AL 35022-4909

### Facility/Site County

Jefferson

## Detailed Directions to the Facility/Site

NONE PROVIDED

## Facility Map

01\_facility location+topo\_map.pdf - 07/01/2025 12:32 PM

### Comment

NONE PROVIDED

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

[Map Instruction Help](#)

## Facility/Site Front Gate Latitude and Longitude

33.340592212754366,-86.9673105751656

5901 VULCAN RD, BESSEMER, AL

## SIC Code(s) [Please enter Primary SIC Code first followed by any additional applicable SIC Codes]

2499-Wood Products

## NAICS Code(s) [Please enter Primary NAICS Code first followed by any additional applicable NAICS Codes]

321999-All Other Miscellaneous Wood Product Manufacturing

## Facility/Site Contact

### Prefix

Mr.

### First Name

Trent

### Last Name

Marshall

### Title

COO

### Organization Name

Track Line, LLC

### Phone Type

Mobile

### Number

810-397-2285

### Extension

### Email

tmarshall@tracklinerrail.com

### Address

700 N CARROLL AVE

STE 110

SOUTHLAKE, TX 76092-6459

## DMR Contact(s) (1 of 2)

## DMR Contact

### Prefix

Mr.

### First Name

Shane

### Last Name

Brooks

### Title

AVP

### Phone Type

Mobile

### Number

256-347-9642

### Extension

### Email

sbrooks@tracklinerrail.com

### Address

700 N CARROLL AVE

STE 110

SOUTHLAKE, TX 76092-6459

**DMR Contact(s) (2 of 2)**

**DMR Contact**

Prefix

Mr.

First Name

Last Name

Roger

Smith

Title

Environmental Engineer

Phone Type

Number

Extension

Business

205-580-1946

Email

rogersmith@laytonee.com

Address

1900 Crestwood Blvd.

Ste. 114

Birmingham, AL 35210

**Applicant Business Entity Information**

**Address of Incorporation**

700 N Carroll Ave  
Suite 110  
Southlake, TX 76092

**Agent Designated by the Corporation for Purposes of Service**

| Name           | Address                                               |
|----------------|-------------------------------------------------------|
| Trent Marshall | 700 N Carroll Ave<br>Suite 110<br>Southlake, TX 76092 |

**Please provide all corporate officers**

| Name       | Title | Address                                               |
|------------|-------|-------------------------------------------------------|
| Dave Malay | CEO   | 700 N Carroll Ave<br>Suite 110<br>Southlake, TX 76092 |

**Does the applicant applying for coverage have a Parent Corporation?**

No

**Does the applicant applying for coverage have Subsidiary Corporations?**

No

**Enforcement History**

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

No

**Business Activity**

A facility with processes inclusive in the business areas shown below may be covered by Environmental Protection Agency's (EPA) categorical effluent guideline standards. These facilities are termed categorical users. If unsure, please call the Industrial Section at (334) 271-7943 to discuss or use the link below to contact the Permit Engineer for the county the facility is/will be located

**If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), please check the category of business activity:**

Other: Misc. Wood Products Processing for Beneficial Fuel

**Give a brief description of all operations at this facility including primary products or services:**

This facility does not conduct any industrial activity subject to EPA categorical pre-treatment standards under 40 CFR Parts 405-471. No wood preserving, chemical treatment, or other categorical operations are performed on site; only handling and mechanical processing of previously-treated railroad ties occurs. Specifically, the facility receives, stages, shreds, grinds, and loads out-of-service creosote-treated wood railroad ties for beneficial use as fuel. Operations include unloading, open yard storage, mechanical size reduction (shredding/grinding), and loading of processed wood fuel into trucks for off-site shipment. Some material handling, processing, and loading will be performed under a mobile dome structure.

## **Stormwater Outfalls (1 of 1)**

**SW01**

### **Outfall Identifier**

SW01

### **Receiving Water**

Shades Creek

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

Unnamed Tributary

**Indicate if either of the following characteristics apply to this discharge:**

Stormwater only (no comingled process waste water excluding air conditioner condensate and fire testing waters)

### **Monitoring/Sampling Point Location**

33.338339,-86.968254

## **Anti-Degradation Evaluation**

**Is this a new or increased discharge that began after April 3, 1991?**

Yes

### **CORRECTION REQUEST (APPROVED)**

#### **Anti-Deg without Tier II**

They need to select yes if it is a new discharge, but if the stream is impaired then anti-deg would not apply since the stream would not be Tier II. So they would need to make N/A for the following sections or however it prompts them to

Created on 7/11/2025 3:53 PM by **Wayne Holt**

### **1 COMMENT**

**Roger Smith (rogersmith@laytonee.com) (7/11/2025 4:00 PM)**

Wayne, per our call, Anti-Degradation section updated

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

No

## **NOTE**

If the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete questions 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 here.](#)

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

n/a -- not discharging to Tier 2 waterbody

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

n/a -- not discharging to Tier 2 waterbody

**How much reduction in employment will the discharger be avoiding?**

n/a -- not discharging to Tier 2 waterbody

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

n/a -- not discharging to Tier 2 waterbody

**What public service to the community will the discharger be providing?**

n/a -- not discharging to Tier 2 waterbody

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

n/a -- not discharging to Tier 2 waterbody

**Attach Form 311, Form 312, or Form 313**

01\_not applicable.docx - 07/11/2025 03:59 PM

**Comment**

n/a -- not discharging to Tier 2 waterbody

## **Additional Information**

**Do you share an outfall with another facility?**

Yes

**For each shared outfall, provide the following:**

| <b>Applicant's Outfall No.</b> | <b>Name of Other Permittee/Facility</b> | <b>NPDES Permit No.</b> | <b>Where is sample collected by Applicant?</b> |
|--------------------------------|-----------------------------------------|-------------------------|------------------------------------------------|
| 001-1                          | Western Steel, Inc.                     | ALG120367               | 001-1                                          |
| 008-1                          | Western Steel, Inc.                     | ALG120367               | 001-1 (SPCC)                                   |

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

| <b>Current</b>                                | <b>Yes/No</b> |
|-----------------------------------------------|---------------|
| Continuous Wastewater Flow Metering Equipment | N/A           |
| Automatic Sampling Equipment                  | N/A           |

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

| <b>Planned</b>                                | <b>Yes/No</b> |
|-----------------------------------------------|---------------|
| Continuous Wastewater Flow Metering Equipment | N/A           |
| Automatic Sampling Equipment                  | N/A           |

**Please describe the equipment below:**

n/a

**Please attach the process schematic with sampling equipment locations.**

01\_not applicable.docx - 07/01/2025 12:37 PM

**Comment**

NONE PROVIDED

**Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics (Consider production processes as well as air or water pollution treatment processes that may affect the discharge.)?**

No

**Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water?**

No

## Treatment

Is any form of wastewater treatment (see list below) practiced at this facility?

No

Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

No

## Facility Operational Characteristics

Indicate whether the facility discharge is:

Continuous through the year

**Comments:**

NONE PROVIDED

## Non-Discharged Wastes

Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

No

Does any outside firm remove any of the above checked wastes?

No

## EPA Application Forms

All Applicants must submit certain EPA permit application forms. More than one application form may be required.

Form 1 - General Information Form required for all applications

Form 2C - Should be submitted for facilities with existing discharge(s) of process wastewater.

Form 2D - Should be submitted for facilities that have not yet commenced discharge(s) of process wastewater.

Form 2E - Should be submitted for facilities who discharge non-process wastewater, such as non-contact cooling water or boiler blowdown.

Form 2F - Should be submitted for all discharges of storm water associated with an industrial activity.

[The EPA application forms are found on the Department's website here.](#)

### **EPA Form 1**

[EPA Form 1 - signed.pdf - 07/03/2025 01:20 PM](#)

**Comment**

EPA Form 1

### **Additional EPA Forms (EPA Form 2C, 2D, 2E and/or 2F)**

[EPA Form 2F - signed.pdf - 07/03/2025 01:20 PM](#)

**Comment**

EPA Form 2F

### **Other attachments (as needed)**

NONE PROVIDED

**Comment**

NONE PROVIDED

## Additional Attachments

Please attach any additional information as needed.

|                                                                              |
|------------------------------------------------------------------------------|
| 01_facility location+topo_map.pdf - 07/03/2025 12:34 PM                      |
| 02+03_site map+facility topo_outfall+ops+prop line.pdf - 07/03/2025 12:34 PM |
| <b>Comment</b>                                                               |
| NONE PROVIDED                                                                |

Application Preparer

Application Preparer

|                                                 |                  |                  |
|-------------------------------------------------|------------------|------------------|
| <b>Prefix</b>                                   |                  |                  |
| Mr.                                             |                  |                  |
| <b>First Name</b>                               | <b>Last Name</b> |                  |
| Roger                                           | Smith            |                  |
| <b>Title</b>                                    |                  |                  |
| Environmental Engineer                          |                  |                  |
| <b>Organization Name</b>                        |                  |                  |
| Layton Environmental Engineering, LLC           |                  |                  |
| <b>Phone Type</b>                               | <b>Number</b>    | <b>Extension</b> |
| Business                                        | 205-580-1946     |                  |
| <b>Email</b>                                    |                  |                  |
| rogersmith@laytonee.com                         |                  |                  |
| <b>Address</b>                                  |                  |                  |
| [NO STREET ADDRESS SPECIFIED]                   |                  |                  |
| [NO CITY SPECIFIED], AL [NO ZIP CODE SPECIFIED] |                  |                  |

Revisions

| Revision   | Revision Date     | Revision By    |
|------------|-------------------|----------------|
| Revision 1 | 6/23/2025 9:53 AM | Trent Marshall |
| Revision 2 | 7/11/2025 3:55 PM | Roger Smith    |

# Agreements and Signature(s)

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## SUBMISSION AGREEMENTS

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

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

*"I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."*

### **NOTE: 335-6-5-.14 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.**

*The application for a permit shall be signed by a responsible official, a request for variance from categorical pretreatment standards, and a category determination request shall be signed by a responsible official, as indicated below:*

- In the case of a corporation, by a principal executive officer of at least the level of vice president;*
- In the case of a partnership, by a general partner;*
- In the case of a sole proprietorship, by the proprietor; or*
- In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official*

**Signed** Trent Marshall on 07/11/2025 at 4:40 PM  
**By**

# **NPDES Permit Application EPA Form 1**

---

**TRACK LINE, LLC**  
**5901 Vulcan Rd.**  
**Bessemer, AL 35022-4909**

**July 2025**

Prepared By:



1900 Crestwood Blvd., Suite 114  
Birmingham, Alabama 35210  
Phone: (205) 951-3700



# Application Form 1

## General Information

### NPDES Permitting Program

**Note:** All applicants to the National Pollutant Discharge Elimination System (NPDES) permits program, with the exception of publicly owned treatment works and other treatment works treating domestic sewage, must complete Form 1. Additionally, all applicants must complete one or more of the following forms: 2B, 2C, 2D, 2E, or 2F. To determine the specific forms you must complete, consult the “General Instructions” for this form.

|                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| EPA Identification Number<br>New Facility                                            |                                                                                                                                                                                                                                                                                                                                                                                                  | NPDES Permit Number<br>New Facility                                                                                                                                                                                                                                                                                 |                                                                                                                                          | Facility Name<br>Track Line, LLC |                                                                                                                                                                                                                                                                                                                         | OMB No. 2040-0004<br>Expires 07/31/2026                                                                                                                                                                                                                                       |  |
| Form<br>1<br>NPDES                                                                   |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     | <b>U.S. Environmental Protection Agency</b><br><b>Application for NPDES Permit to Discharge Wastewater</b><br><b>GENERAL INFORMATION</b> |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
| <b>SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(F) AND (F)(1))</b> |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
| Activities Requiring an NPDES Permit                                                 | <b>1.1 Applicants Not Required to Submit Form 1</b>                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
|                                                                                      | 1.1.1                                                                                                                                                                                                                                                                                                                                                                                            | Is the facility a new or existing <b>publicly owned treatment works</b> or has your permitting authority directed you to submit Form 2A?<br><br>If yes, STOP. Do NOT complete Form 1. Complete Form 2A. If the facility is also a <b>treatment works treating domestic sewage</b> , you must also complete Form 2S. |                                                                                                                                          |                                  | 1.1.2                                                                                                                                                                                                                                                                                                                   | Is the facility a <b>sludge-only facility</b> (i.e., a facility that does not discharge wastewater to surface waters)?<br><br>If yes, STOP. Do NOT complete Form 1. Complete Form 2S.                                                                                         |  |
|                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                              |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                        |  |
|                                                                                      | <b>1.2 Applicants Required to Submit Form 1</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
|                                                                                      | 1.2.1                                                                                                                                                                                                                                                                                                                                                                                            | Is the facility a <b>concentrated animal feeding operation</b> or a <b>concentrated aquatic animal production facility</b> ?<br><input type="checkbox"/> Yes → Complete Form 1 <b>and</b> <input checked="" type="checkbox"/> No Form 2B.                                                                           |                                                                                                                                          |                                  | 1.2.2                                                                                                                                                                                                                                                                                                                   | Is the facility an <b>existing</b> manufacturing, commercial, mining, or silvicultural <b>facility</b> that is <b>currently discharging process wastewater</b> ?<br><input type="checkbox"/> Yes → Complete Form 1 <b>and</b> <input checked="" type="checkbox"/> No Form 2C. |  |
|                                                                                      | 1.2.3                                                                                                                                                                                                                                                                                                                                                                                            | Is the facility a <b>new</b> manufacturing, commercial, mining, or silvicultural <b>facility</b> that has <b>not yet commenced to discharge</b> ?<br><input type="checkbox"/> Yes → Complete Form 1 <b>and</b> <input checked="" type="checkbox"/> No Form 2D.                                                      |                                                                                                                                          |                                  | 1.2.4                                                                                                                                                                                                                                                                                                                   | Is the facility a <b>new or existing</b> manufacturing, commercial, mining, or silvicultural <b>facility</b> that <b>discharges only nonprocess wastewater</b> ?<br><input type="checkbox"/> Yes → Complete Form 1 <b>and</b> <input checked="" type="checkbox"/> No Form 2E. |  |
| 1.2.5                                                                                | Is the facility a <b>new or existing facility</b> whose discharge is composed entirely of <b>stormwater associated with industrial activity</b> or whose discharge is composed of <b>both stormwater and non-stormwater</b> ?<br><input checked="" type="checkbox"/> Yes → Complete Form 1 <b>and</b> <input type="checkbox"/> No Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          | 1.2.6                            | Is the facility a new or existing <b>treatment works treating domestic sewage</b> that discharges wastewater to surface waters?<br><br><input type="checkbox"/> Yes → Complete Form 1, <input checked="" type="checkbox"/> No Form 2S, <b>and</b> any other applicable forms, as directed by your permitting authority. |                                                                                                                                                                                                                                                                               |  |
| <b>SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(F)(2))</b>          |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
| Name, Mailing Address, and Location                                                  | <b>2.1 Facility Name</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
|                                                                                      | Track Line, LLC                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
|                                                                                      | <b>2.2 EPA Identification Number</b>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
|                                                                                      | TBD - New Facility                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
|                                                                                      | <b>2.3 Facility Contact</b>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
|                                                                                      | Name (first and last)                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     | Title                                                                                                                                    |                                  | Phone number                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                               |  |
|                                                                                      | Trent Marshall                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | COO                                                                                                                                      |                                  | 810-397-2285                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                               |  |
|                                                                                      | Email address                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
|                                                                                      | tmarshall@tracklinerrail.com                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |

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| EPA Identification Number<br>New Facility |  | NPDES Permit Number<br>New Facility |  | Facility Name<br>Track Line, LLC | OMB No. 2040-0004<br>Expires 07/31/2026 |
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| Name, Mailing Address, and Location Continued                | 2.4                                                                                                                                                                                                                               | <b>Facility Mailing Address</b>                                                                                           |                                       |                        |                        |
|                                                              |                                                                                                                                                                                                                                   | Street or P.O. box<br>700 N Carroll Ave, Ste 110                                                                          |                                       |                        |                        |
|                                                              |                                                                                                                                                                                                                                   | City or town<br>Southlake                                                                                                 |                                       | State<br>TX            | ZIP code<br>76092-6459 |
|                                                              |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
|                                                              | 2.5                                                                                                                                                                                                                               | <b>Facility Location</b>                                                                                                  |                                       |                        |                        |
|                                                              |                                                                                                                                                                                                                                   | Street, route number, or other specific identifier<br>5901 Vulcan Rd                                                      |                                       |                        |                        |
|                                                              |                                                                                                                                                                                                                                   | County name<br>Jefferson                                                                                                  |                                       | County code (if known) |                        |
|                                                              |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
|                                                              |                                                                                                                                                                                                                                   | City or town<br>Bessemer                                                                                                  |                                       | State<br>AL            | ZIP code<br>35022-4909 |
|                                                              |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
| <b>SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(F)(3))</b>  |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
| SIC and NAICS Codes                                          | 3.1                                                                                                                                                                                                                               | <b>SIC Code(s)</b>                                                                                                        | <b>Description (optional)</b>         |                        |                        |
|                                                              |                                                                                                                                                                                                                                   | 2499                                                                                                                      | Wood Products                         |                        |                        |
|                                                              |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
|                                                              |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
|                                                              |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
|                                                              | 3.2                                                                                                                                                                                                                               | <b>NAICS Code(s)</b>                                                                                                      | <b>Description (optional)</b>         |                        |                        |
|                                                              |                                                                                                                                                                                                                                   | 321999                                                                                                                    | Misc. Wood Products Mfg. -- All Other |                        |                        |
|                                                              |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
|                                                              |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
|                                                              |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
| <b>SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(F)(4))</b> |                                                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
| Operator Information                                         | 4.1                                                                                                                                                                                                                               | <b>Name of Operator</b>                                                                                                   |                                       |                        |                        |
|                                                              |                                                                                                                                                                                                                                   | Track Line, LLC                                                                                                           |                                       |                        |                        |
|                                                              | 4.2                                                                                                                                                                                                                               | Is the name you listed in Item 4.1 also the owner?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |                        |                        |
|                                                              | 4.3                                                                                                                                                                                                                               | <b>Operator Status</b>                                                                                                    |                                       |                        |                        |
|                                                              | <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____<br><input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____ |                                                                                                                           |                                       |                        |                        |
| 4.4                                                          | <b>Phone Number of Operator</b>                                                                                                                                                                                                   |                                                                                                                           |                                       |                        |                        |
|                                                              | 810-397-2285                                                                                                                                                                                                                      |                                                                                                                           |                                       |                        |                        |

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| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC | OMB No. 2040-0004<br>Expires 07/31/2026 |
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|                                       |                                                           |                         |                        |
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| <b>Operator Information Continued</b> | <u>4.5</u>                                                | <b>Operator Address</b> |                        |
|                                       | Street or P.O. Box<br><br>700 N Carroll Ave, Ste 110      |                         |                        |
|                                       | City or town<br>Southlake                                 | State<br>TX             | ZIP code<br>76092-6459 |
|                                       | Email address of operator<br>tmarshall@tracklinerrail.com |                         |                        |

|                                                     |            |                                                                                                                    |  |
|-----------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------|--|
| <b>SECTION 5. INDIAN LAND (40 CFR 122.21(F)(5))</b> |            |                                                                                                                    |  |
| <b>Indian Land</b>                                  | <u>5.1</u> | Is the facility located on Indian Land?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                             |                                                              |                                                  |                                                                |                                              |                                                      |                                                                             |                                                |                                                           |                                          |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------|----------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|------------------------------------------|
| <b>SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(F)(6))</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                             |                                                              |                                                  |                                                                |                                              |                                                      |                                                                             |                                                |                                                           |                                          |
| <b>Existing Environmental Permits</b>                                  | <u>6.1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Existing Environmental Permits</b> (check all that apply and print or type the corresponding permit number for each) |                                                                             |                                                              |                                                  |                                                                |                                              |                                                      |                                                                             |                                                |                                                           |                                          |
|                                                                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> NPDES (discharges to surface water)</td> <td style="width: 33%;"><input type="checkbox"/> RCRA (hazardous wastes)</td> <td style="width: 33%;"><input type="checkbox"/> UIC (underground injection of fluids)</td> </tr> <tr> <td><input type="checkbox"/> PSD (air emissions)</td> <td><input type="checkbox"/> Nonattainment program (CAA)</td> <td><input checked="" type="checkbox"/> NESHAPs (CAA)<br/>JCDH No. 4-07-3003-001</td> </tr> <tr> <td><input type="checkbox"/> Ocean dumping (MPRSA)</td> <td><input type="checkbox"/> Dredge or fill (CWA Section 404)</td> <td><input type="checkbox"/> Other (specify)</td> </tr> </table> |                                                                                                                         |                                                                             | <input type="checkbox"/> NPDES (discharges to surface water) | <input type="checkbox"/> RCRA (hazardous wastes) | <input type="checkbox"/> UIC (underground injection of fluids) | <input type="checkbox"/> PSD (air emissions) | <input type="checkbox"/> Nonattainment program (CAA) | <input checked="" type="checkbox"/> NESHAPs (CAA)<br>JCDH No. 4-07-3003-001 | <input type="checkbox"/> Ocean dumping (MPRSA) | <input type="checkbox"/> Dredge or fill (CWA Section 404) | <input type="checkbox"/> Other (specify) |
|                                                                        | <input type="checkbox"/> NPDES (discharges to surface water)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> RCRA (hazardous wastes)                                                                        | <input type="checkbox"/> UIC (underground injection of fluids)              |                                                              |                                                  |                                                                |                                              |                                                      |                                                                             |                                                |                                                           |                                          |
|                                                                        | <input type="checkbox"/> PSD (air emissions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Nonattainment program (CAA)                                                                    | <input checked="" type="checkbox"/> NESHAPs (CAA)<br>JCDH No. 4-07-3003-001 |                                                              |                                                  |                                                                |                                              |                                                      |                                                                             |                                                |                                                           |                                          |
| <input type="checkbox"/> Ocean dumping (MPRSA)                         | <input type="checkbox"/> Dredge or fill (CWA Section 404)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Other (specify)                                                                                |                                                                             |                                                              |                                                  |                                                                |                                              |                                                      |                                                                             |                                                |                                                           |                                          |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                             |                                                              |                                                  |                                                                |                                              |                                                      |                                                                             |                                                |                                                           |                                          |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                             |                                                              |                                                  |                                                                |                                              |                                                      |                                                                             |                                                |                                                           |                                          |

|                                             |            |                                                                                                                                                                                                                                                                       |  |
|---------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SECTION 7. MAP (40 CFR 122.21(F)(7))</b> |            |                                                                                                                                                                                                                                                                       |  |
| <b>Map</b>                                  | <u>7.1</u> | Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.) |  |

|                                                            |            |                                                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(F)(8))</b> |            |                                                                                                                                                                                                                                                                  |  |
| <b>Nature of Business</b>                                  | <u>8.1</u> | Describe the nature of your business.<br><br>TL receives, stages, shreds, grinds, and loads creosote-treated railroad ties for beneficial fuel use. Operations include open yard storage, mechanical size reduction under a mobile dome, and off-site transport. |  |

|                                                                         |            |                                                                                                                                                                                                                                                                                                                                           |  |
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| <b>SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(F)(9))</b> |            |                                                                                                                                                                                                                                                                                                                                           |  |
| <b>Cooling Water Intake Structures</b>                                  | <u>9.1</u> | Does your facility use cooling water?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.                                                                                                                                                                                                     |  |
|                                                                         | <u>9.2</u> | Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.) |  |

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| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC | OMB No. 2040-0004<br>Expires 07/31/2026 |
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SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(F)(10))

|                          |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Variance Requests</b> | <u>10.1</u> | <p>Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Fundamentally different factors (CWA Section 301(n))         </div> <div style="width: 48%;"> <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2))         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g))         </div> <div style="width: 48%;"> <input type="checkbox"/> Thermal discharges (CWA Section 316(a))         </div> </div> <input checked="" type="checkbox"/> Not applicable |
|--------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))

| <b>Checklist and Certification Statement</b>                                                                                                 | <u>11.1</u>                                                                                                          | <p>In Column 1 below, mark the sections of Form 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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Column 1</th> <th style="width: 50%; text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 3: SIC Codes</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 4: Operator Information</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 5: Indian Land</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 6: Existing Environmental Permits</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 7: Map</td> <td><input checked="" type="checkbox"/> w/ topographic map    <input checked="" type="checkbox"/> w/ additional attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 8: Nature of Business</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 10.: Variance Requests</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement</td> <td><input type="checkbox"/> w/ attachments</td> </tr> </tbody> </table> |  | Column 1                                 | Column 2       | <input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit | <input type="checkbox"/> w/ attachments | <input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location | <input type="checkbox"/> w/ attachments | <input checked="" type="checkbox"/> Section 3: SIC Codes                                                                                     | <input type="checkbox"/> w/ attachments | <input checked="" type="checkbox"/> Section 4: Operator Information | <input type="checkbox"/> w/ attachments | <input checked="" type="checkbox"/> Section 5: Indian Land | <input type="checkbox"/> w/ attachments | <input checked="" type="checkbox"/> Section 6: Existing Environmental Permits | <input type="checkbox"/> w/ attachments | <input checked="" type="checkbox"/> Section 7: Map | <input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ additional attachments | <input checked="" type="checkbox"/> Section 8: Nature of Business | <input type="checkbox"/> w/ attachments | <input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures | <input type="checkbox"/> w/ attachments | <input checked="" type="checkbox"/> Section 10.: Variance Requests | <input type="checkbox"/> w/ attachments | <input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement | <input type="checkbox"/> w/ attachments |
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| Column 1                                                                                                                                     | Column 2                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit                                                          | <input type="checkbox"/> w/ attachments                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location                                                           | <input type="checkbox"/> w/ attachments                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 3: SIC Codes                                                                                     | <input type="checkbox"/> w/ attachments                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 4: Operator Information                                                                          | <input type="checkbox"/> w/ attachments                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 5: Indian Land                                                                                   | <input type="checkbox"/> w/ attachments                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 6: Existing Environmental Permits                                                                | <input type="checkbox"/> w/ attachments                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 7: Map                                                                                           | <input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ additional attachments |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 8: Nature of Business                                                                            | <input type="checkbox"/> w/ attachments                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures                                                               | <input type="checkbox"/> w/ attachments                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 10.: Variance Requests                                                                           | <input type="checkbox"/> w/ attachments                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement                                                        | <input type="checkbox"/> w/ attachments                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
|                                                                                                                                              | <u>11.2</u>                                                                                                          | <p>Provide the following certification. (See instructions to determine the appropriate person to sign the application.)</p> <p><b>Certification Statement</b></p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (print or type first and last name)</td> <td style="width: 50%;">Official title</td> </tr> <tr> <td>Trent Marshall</td> <td>Chief Operating Officer (COO)</td> </tr> <tr> <td>Signature</td> <td>Date signed</td> </tr> <tr> <td> <br/> <small>Trent Marshall (Jul 3, 2025 14:04 EDT)</small> </td> <td>07/03/2025</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Name (print or type first and last name) | Official title | Trent Marshall                                                                      | Chief Operating Officer (COO)           | Signature                                                                          | Date signed                             | <br><small>Trent Marshall (Jul 3, 2025 14:04 EDT)</small> | 07/03/2025                              |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| Name (print or type first and last name)                                                                                                     | Official title                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| Trent Marshall                                                                                                                               | Chief Operating Officer (COO)                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| Signature                                                                                                                                    | Date signed                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |
| <br><small>Trent Marshall (Jul 3, 2025 14:04 EDT)</small> | 07/03/2025                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |                |                                                                                     |                                         |                                                                                    |                                         |                                                                                                                                              |                                         |                                                                     |                                         |                                                            |                                         |                                                                               |                                         |                                                    |                                                                                                                      |                                                                   |                                         |                                                                                |                                         |                                                                    |                                         |                                                                                       |                                         |

# EPA Form 1

Final Audit Report

2025-07-03

|                 |                                              |
|-----------------|----------------------------------------------|
| Created:        | 2025-07-03                                   |
| By:             | Roger Smith (rogersmith@laytonee.com)        |
| Status:         | Signed                                       |
| Transaction ID: | CBJCHBCAABAAs5o19Q8Qna1SCAVIG69ATFisRGGKQgc4 |

## "EPA Form 1" History

-  Document created by Roger Smith (rogersmith@laytonee.com)  
2025-07-03 - 5:27:31 PM GMT
-  Document emailed to Trent Marshall (tmarshall@tracklinerrail.com) for signature  
2025-07-03 - 5:27:40 PM GMT
-  Email viewed by Trent Marshall (tmarshall@tracklinerrail.com)  
2025-07-03 - 6:02:10 PM GMT
-  Document e-signed by Trent Marshall (tmarshall@tracklinerrail.com)  
Signature Date: 2025-07-03 - 6:04:15 PM GMT - Time Source: server
-  Agreement completed.  
2025-07-03 - 6:04:15 PM GMT

# **NPDES Permit Application EPA Form 2F**

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**TRACK LINE, LLC**  
**5901 Vulcan Rd.**  
**Bessemer, AL 35022-4909**

**July 2025**

Prepared By:



1900 Crestwood Blvd., Suite 114  
Birmingham, Alabama 35210  
Phone: (205) 951-3700



# Application Form 2F

## Stormwater Discharges Associated with Industrial Activity

### NPDES Permitting Program

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

|                                           |                                     |                                  |
|-------------------------------------------|-------------------------------------|----------------------------------|
| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC |
|-------------------------------------------|-------------------------------------|----------------------------------|

OMB No. 2040-0004  
Expires 07/31/2026

|                     |                                                                                   |                                                                                                                                                                               |
|---------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form<br>2F<br>NPDES |  | <b>U.S Environmental Protection Agency</b><br><b>Application for NPDES Permit to Discharge Wastewater</b><br><b>STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY</b> |
|---------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**SECTION 1. OUTFALL LOCATION (40 CFR 122.21(G)(1))**

|                  |            |                                                                           |                             |                 |                  |
|------------------|------------|---------------------------------------------------------------------------|-----------------------------|-----------------|------------------|
| Outfall Location | <u>1.1</u> | Provide information on each of the facility's outfalls in the table below |                             |                 |                  |
|                  |            | <b>Outfall Number</b>                                                     | <b>Receiving Water Name</b> | <b>Latitude</b> | <b>Longitude</b> |
|                  |            | 001                                                                       | UT to Shades Creek          | 33.338339       | -86.968254       |
|                  |            |                                                                           |                             |                 |                  |
|                  |            |                                                                           |                             |                 |                  |
|                  |            |                                                                           |                             |                 |                  |
|                  |            |                                                                           |                             |                 |                  |
|                  |            |                                                                           |                             |                 |                  |

**SECTION 2. IMPROVEMENTS (40 CFR 122.21(G)(6))**

|              |            |                                                                                                                                                                                                                                                                                                   |                                                    |                               |                               |                  |
|--------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------|-------------------------------|------------------|
| Improvements | <u>2.1</u> | 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? |                                                    |                               |                               |                  |
|              |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.                                                                                                                                                                                                          |                                                    |                               |                               |                  |
|              | <u>2.2</u> | Briefly identify each applicable project in the table below.                                                                                                                                                                                                                                      |                                                    |                               |                               |                  |
|              |            | <b>Brief Identification and Description of Project</b>                                                                                                                                                                                                                                            | <b>Affected Outfalls</b><br>(list outfall numbers) | <b>Source(s) of Discharge</b> | <b>Final Compliance Dates</b> |                  |
|              |            |                                                                                                                                                                                                                                                                                                   |                                                    |                               | <b>Required</b>               | <b>Projected</b> |
|              |            |                                                                                                                                                                                                                                                                                                   |                                                    |                               |                               |                  |
|              |            |                                                                                                                                                                                                                                                                                                   |                                                    |                               |                               |                  |
|              |            |                                                                                                                                                                                                                                                                                                   |                                                    |                               |                               |                  |
|              | <u>2.3</u> | 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? <i>(optional item)</i>                                                                               |                                                    |                               |                               |                  |
|              |            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                          |                                                    |                               |                               |                  |

|                                           |                                     |                                  |
|-------------------------------------------|-------------------------------------|----------------------------------|
| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC |
|-------------------------------------------|-------------------------------------|----------------------------------|

OMB No. 2040-0004  
Expires 07/31/2026

### SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(C)(1)(I)(A))

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

### SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(C)(1)(I)(B))

| Pollutant Sources | <u>4.1</u>                               | Provide information on the facility's pollutant sources in the table below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                        |                                                         |                                                                      |                                |
|-------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|
|                   |                                          | Outfall Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Impervious Surface Area<br>(within a mile radius of the facility)                                                                                                                      |                                                         | Total Surface Area Drained<br>(within a mile radius of the facility) |                                |
|                   |                                          | 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6.5                                                                                                                                                                                    | specify units<br>ac                                     | 76.8                                                                 | specify units<br>ac            |
|                   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        | specify units                                           |                                                                      | specify units                  |
|                   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        | specify units                                           |                                                                      | specify units                  |
|                   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        | specify units                                           |                                                                      | specify units                  |
|                   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        | specify units                                           |                                                                      | specify units                  |
|                   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        | specify units                                           |                                                                      | specify units                  |
|                   | <u>4.2</u>                               | Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                        |                                                         |                                                                      |                                |
|                   |                                          | Creosote-treated railroad ties are received via rail car and unloaded, stacked, and stored in an open yard area. This outdoor storage allows for efficient staging and handling of incoming material prior to processing. Once ready for processing, the railroad ties are transferred to an area where they undergo mechanical shredding and grinding. The resulting wood biomass chips (~1") —produced as a beneficial fuel material—are conveyed to a live floor trailer and managed under a dome structure. This dome provides substantial protection from precipitation, effectively minimizing direct exposure of the processed wood chips to rain and runoff. The wood biomass chips remain in the trailer until a full load (~22 tons) is ready for off-site transportation. |                                                                                                                                                                                        |                                                         |                                                                      |                                |
|                   |                                          | <u>4.3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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                                                                                                                                                                                    | mobile dome (cover) - dust control/suppression          |                                                                      | n/a                            |
|                   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 001                                                                                                                                                                                    | mechanical dust suppression systems on grinder/shredder |                                                                      | n/a                            |
| 001               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | material handling/spill prevention training                                                                                                                                            |                                                         | n/a                                                                  |                                |
| 001               | routine bi-weekly visual site inspection |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | n/a                                                                                                                                                                                    |                                                         |                                                                      |                                |
| 001               | preventative maintenance                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | n/a                                                                                                                                                                                    |                                                         |                                                                      |                                |
| 001               | general housekeeping                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | n/a                                                                                                                                                                                    |                                                         |                                                                      |                                |

|                                           |                                     |                                  |
|-------------------------------------------|-------------------------------------|----------------------------------|
| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC |
|-------------------------------------------|-------------------------------------|----------------------------------|

OMB No. 2040-0004  
Expires 07/31/2026

## SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(C)(1)(I)(C))

|                           |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                    |                                                      |
|---------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------|------------------------------------------------------|
| Non-Stormwater Discharges | 5.1 | Provide the following certification. (See instructions to determine the appropriate person to sign the application.)<br><i>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.</i> |                                                       |                    |                                                      |
|                           |     | Name (print or type first and last name)                                                                                                                                                                                                                                                                                                                                                                                                                      | Official title                                        |                    |                                                      |
|                           |     | Trent Marshall                                                                                                                                                                                                                                                                                                                                                                                                                                                | COO - Chief Operating Officer                         |                    |                                                      |
|                           |     | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date signed                                           |                    |                                                      |
|                           |     | <u>Trent Marshall</u><br><small>Trent Marshall (Jul 3, 2025 14:05 EDT)</small>                                                                                                                                                                                                                                                                                                                                                                                | 07/03/2025                                            |                    |                                                      |
|                           | 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 |
|                           |     | 001                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No non-stormwater discharges; no evidence, based      | n/a                | n/a                                                  |
|                           |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | process review, review/knowledge of Western Steel     |                    |                                                      |
|                           |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | water testing history, and the absence of any process |                    |                                                      |
|                           |     | water or other non-stormwater flows at the site                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                    |                                                      |
|                           |     | -- based on assessment of Roger Smith, PE, with                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                    |                                                      |
|                           |     | Layton Environmental Engineering                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                    |                                                      |

## 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.<br>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?<br><input checked="" type="checkbox"/> Yes → See instructions regarding submission of <i>estimated</i> data. <input type="checkbox"/> No → See instructions regarding submission of <i>actual</i> data. |
|                       | Tables A, B, C, and D                                                                                                                                                                   |                                                                                                                                                                                                                                                |
|                       | 7.2                                                                                                                                                                                     | Have you completed Table A for each outfall?<br><input checked="" type="checkbox"/> Yes                                                                                                                                                        |

| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC                                                                                                                                                                                                                                                     | OMB No. 2040-0004<br>Expires 07/31/2026 |
|-------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.5.                                              |                                         |
|                                           | 7.4                                 | Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater?<br><br><input type="checkbox"/> Yes |                                         |
|                                           | 7.5                                 | Do you know or have reason to believe any pollutants in Exhibit 2F–2 are present in the discharge?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.                                                                                    |                                         |
|                                           | 7.6                                 | Have you listed all pollutants in Exhibit 2F–2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C?<br><br><input checked="" type="checkbox"/> Yes                                 |                                         |
|                                           | 7.7                                 | Do you qualify for a small business exemption under the criteria specified in the Instructions?<br><br><input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No                                                                                      |                                         |
|                                           | 7.8                                 | Do you know or have reason to believe any pollutants in Exhibit 2F–3 are present in the discharge?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.10.                                                                                   |                                         |
|                                           | 7.9                                 | Have you listed all pollutants in Exhibit 2F–3 that you know or have reason to believe are present in the discharge in Table C?<br><br><input checked="" type="checkbox"/> Yes                                                                                                       |                                         |
|                                           | 7.10                                | Do you expect any of the pollutants in Exhibit 2F–3 to be discharged in concentrations of 10 ppb or greater?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.12.                                                                         |                                         |
|                                           | 7.11                                | Have you provided quantitative data in Table C for those pollutants in Exhibit 2F–3 that you expect to be discharged in concentrations of 10 ppb or greater?<br><br><input checked="" type="checkbox"/> Yes                                                                          |                                         |
|                                           | 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.                                    |                                         |
|                                           | 7.13                                | Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater?<br><br><input type="checkbox"/> Yes                                                                              |                                         |
|                                           | 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)?<br><br><input checked="" type="checkbox"/> Yes       |                                         |
|                                           | 7.15                                | Do you know or have reason to believe any pollutants in Exhibit 2F–4 are present in the discharge?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.                                                                                   |                                         |

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| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC | OMB No. 2040-0004<br>Expires 07/31/2026 |
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|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                 |  |  |    |    |    |    |    |    |    |    |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----|----|----|----|----|----|----|----|
| <b>Discharge Information Continued</b> | <u>7.16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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?<br><br><input type="checkbox"/> Yes                                                                                                                                  |  |  |    |    |    |    |    |    |    |    |
|                                        | <u>7.17</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Have you provided information for the storm event(s) sampled in Table D?<br><br><input checked="" type="checkbox"/> Yes                                                                                                                                                                                         |  |  |    |    |    |    |    |    |    |    |
|                                        | <b>Used or Manufactured Toxics</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                 |  |  |    |    |    |    |    |    |    |    |
|                                        | <u>7.18</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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?<br><br><input type="checkbox"/> Yes <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Section 8.</span> |  |  |    |    |    |    |    |    |    |    |
|                                        | <u>7.19</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | List the pollutants below, including TCDD if applicable. Attach additional sheets, if necessary.                                                                                                                                                                                                                |  |  |    |    |    |    |    |    |    |    |
|                                        | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">1.</td> <td style="width: 33.33%; text-align: center;">4.</td> <td style="width: 33.33%; text-align: center;">7.</td> </tr> <tr> <td style="text-align: center;">2.</td> <td style="text-align: center;">5.</td> <td style="text-align: center;">8.</td> </tr> <tr> <td style="text-align: center;">3.</td> <td style="text-align: center;">6.</td> <td style="text-align: center;">9.</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                 |  |  | 1. | 4. | 7. | 2. | 5. | 8. | 3. | 6. |
| 1.                                     | 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7.                                                                                                                                                                                                                                                                                                              |  |  |    |    |    |    |    |    |    |    |
| 2.                                     | 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8.                                                                                                                                                                                                                                                                                                              |  |  |    |    |    |    |    |    |    |    |
| 3.                                     | 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9.                                                                                                                                                                                                                                                                                                              |  |  |    |    |    |    |    |    |    |    |

| SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(G)(11)) |            |                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                          |                |
|--------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------|----------------|
| <b>Biological Toxicity Testing Data</b>                            | <u>8.1</u> | 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?<br><br><input type="checkbox"/> Yes <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Section 9.</span> |                    |                                                          |                |
|                                                                    | <u>8.2</u> | Identify the tests and their purposes below.                                                                                                                                                                                                                                                                                                                              |                    |                                                          |                |
|                                                                    |            | Test(s)                                                                                                                                                                                                                                                                                                                                                                   | Purpose of Test(s) | Submitted to NPDES Permitting Authority?                 | Date Submitted |
|                                                                    |            |                                                                                                                                                                                                                                                                                                                                                                           |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
|                                                                    |            |                                                                                                                                                                                                                                                                                                                                                                           |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |

| SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(G)(12)) |                         |                                                                                                                                                                                                                                                                         |                     |                     |
|-----------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Contract Analysis Information</b>                            | <u>9.1</u>              | Were any of the analyses reported in Section 7 (in Tables A through C) performed by a contract laboratory or consulting firm?<br><br><input type="checkbox"/> Yes <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Section 10.</span> |                     |                     |
|                                                                 | <u>9.2</u>              | Provide information for each contract laboratory or consulting firm below.                                                                                                                                                                                              |                     |                     |
|                                                                 |                         | Laboratory Number 1                                                                                                                                                                                                                                                     | Laboratory Number 2 | Laboratory Number 3 |
|                                                                 | Name of laboratory/firm |                                                                                                                                                                                                                                                                         |                     |                     |
|                                                                 | Laboratory address      |                                                                                                                                                                                                                                                                         |                     |                     |
|                                                                 | Phone number            |                                                                                                                                                                                                                                                                         |                     |                     |

|                       |  |  |
|-----------------------|--|--|
| Pollutant(s) analyzed |  |  |
|-----------------------|--|--|

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| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC |
|-------------------------------------------|-------------------------------------|----------------------------------|

OMB No. 2040-0004  
Expires 07/31/2026

## SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Checklist and Certification Statement | <u>10.1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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. |                                                                                                                                                                                                                                                                                                                    |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Column 1</b>                                                                                                                                                                                                                                                                                                              | <b>Column 2</b>                                                                                                                                                                                                                                                                                                    |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Section 1                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)                                                                                                                                                                                                                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Section 2                                                                                                                                                                                                                                                                                | <input type="checkbox"/> w/ attachments                                                                                                                                                                                                                                                                            |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Section 3                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> w/ site drainage map                                                                                                                                                                                                                                                           |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Section 4                                                                                                                                                                                                                                                                                | <input type="checkbox"/> w/ attachments                                                                                                                                                                                                                                                                            |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Section 5                                                                                                                                                                                                                                                                                | <input type="checkbox"/> w/ attachments                                                                                                                                                                                                                                                                            |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Section 6                                                                                                                                                                                                                                                                                | <input type="checkbox"/> w/ attachments                                                                                                                                                                                                                                                                            |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Section 7                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request<br><input checked="" type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment<br><input checked="" type="checkbox"/> Table C <input checked="" type="checkbox"/> Table D |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Section 8                                                                                                                                                                                                                                                                                | <input type="checkbox"/> w/ attachments                                                                                                                                                                                                                                                                            |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Section 9                                                                                                                                                                                                                                                                                | <input type="checkbox"/> w/ attachments (e.g., responses for additional contact laboratories or firms)                                                                                                                                                                                                             |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Section 10                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                    |
|                                       | <u>10.2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provide the following certification. (See instructions to determine the appropriate person to sign the application.)                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                    |
|                                       | <b>Certification Statement</b><br><br><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i> |                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                    |
|                                       | Name (print or type first and last name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Official title                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                    |
|                                       | Trent Marshall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COO - Chief Operating Officer                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                    |
|                                       | Signature<br><br><small>Trent Marshall (Jul 3, 2025 14:05 EDT)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date signed<br><br>07/03/2025                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                    |

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| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC | Outfall Number<br>001 |
|-------------------------------------------|-------------------------------------|----------------------------------|-----------------------|

OMB No. 2040-0004  
Expires 07/31/2026

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(C)(1)(I)(E)(3))<sup>1</sup>**

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<br>(specify units)      |                            | Average Daily Discharge<br>(specify units)      |                            | Number of Storm<br>Events Sampled | Source of<br>Information<br>(new source/new<br>dischargers only; use<br>codes in instructions) |
|------------------------|-----------------------------------------------|-------------------------------------------------|----------------------------|-------------------------------------------------|----------------------------|-----------------------------------|------------------------------------------------------------------------------------------------|
|                        |                                               | Grab Sample Taken<br>During First<br>30 Minutes | Flow-Weighted<br>Composite | Grab Sample Taken<br>During First<br>30 Minutes | Flow-Weighted<br>Composite |                                   |                                                                                                |
| 1.                     | Oil and grease                                | 1.8 mg/L, 88 ppd                                |                            | 0.7 mg/L, 59 ppd                                |                            | 2                                 | 1,2,3,4                                                                                        |
| 2.                     | Biochemical oxygen demand (BOD <sub>5</sub> ) | 5.3 mg/L, 265 ppd                               | 5.3 mg/L, 265 ppd          | 1.8 mg/L, 147 ppd                               | 1.8 mg/L, 147 ppd          | 2                                 | 1,2,3,4                                                                                        |
| 3.                     | Chemical oxygen demand (COD)                  | 18 mg/L, 885 ppd                                | 18 mg/L, 885 ppd           | 7 mg/L, 590 ppd                                 | 7 mg/L, 590 ppd            | 2                                 | 1,2,3,4                                                                                        |
| 4.                     | Total suspended solids (TSS)                  | 11 mg/L, 531 ppd                                | 11 mg/L, 531 ppd           | 3.5 mg/L, 295 ppd                               | 3.5 mg/L, 295 ppd          | 2                                 | 1,2,3,4                                                                                        |
| 5.                     | Total phosphorus                              | 0.03 mg/L, 1.8 ppd                              | 0.03 mg/L, 1.8 ppd         | 0.02 mg/L, 1.5 ppd                              | 0.02 mg/L, 1.5 ppd         | 2                                 | 1,2,3,4                                                                                        |
| 6.                     | Total Kjeldahl nitrogen (TKN)                 | 0.2 mg/L, 8.8 ppd                               | 0.2 mg/L, 8.8 ppd          | 0.1 mg/L, 7.4 ppd                               | 0.1 mg/L, 7.4 ppd          | 2                                 | 1,2,3,4                                                                                        |
| 7.                     | Total nitrogen (as N)                         | 0.3 mg/L, 18 ppd                                | 0.3 mg/L, 18 ppd           | 0.2 mg/L, 14 ppd                                | 0.2 mg/L, 14 ppd           | 2                                 | 1,2,3,4                                                                                        |
| 8.                     | pH (minimum)                                  | 6.5                                             |                            | 6.5                                             |                            | 2                                 | 4                                                                                              |
|                        | pH (maximum)                                  | 8.0                                             |                            | 8.0                                             |                            | 2                                 | 4                                                                                              |

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

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| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC | Outfall Number<br>001 |
|-------------------------------------------|-------------------------------------|----------------------------------|-----------------------|

OMB No. 2040-0004  
Expires 07/31/2026

**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))<sup>1</sup>**

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

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

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| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC | Outfall Number<br>001 |
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OMB No. 2040-0004  
Expires 07/31/2026

**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))<sup>1</sup>**

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<br>(if available) | Maximum Daily Discharge<br>(specify units)      |                            | Average Daily Discharge<br>(specify units)      |                            | Number of Storm<br>Events Sampled | Source of<br>Information<br>(new source/new<br>dischargers only; use<br>codes in instructions) |
|--------------------------------------------|-------------------------------------------------|----------------------------|-------------------------------------------------|----------------------------|-----------------------------------|------------------------------------------------------------------------------------------------|
|                                            | Grab Sample Taken<br>During First<br>30 Minutes | Flow-Weighted<br>Composite | Grab Sample Taken<br>During First<br>30 Minutes | Flow-Weighted<br>Composite |                                   |                                                                                                |
| Chrysene (CAS 218-01-9)                    | 0.003 mg/L, 0.1 ppd                             | 0.003 mg/L, 0.1 ppd        | 0.002 mg/L, 0.2 ppd                             | 0.002 mg/L, 0.2 ppd        | 2                                 | 4, 5-material testing                                                                          |
| Fluorene (CAS 86-73-7)                     | 0.01 mg/L, 0.3 ppd                              | 0.01 mg/L, 0.3 ppd         | 0.001 mg/L, 0.07 ppd                            | 0.001 mg/L, 0.07 ppd       | 2                                 | 4, 5-material testing                                                                          |
| Acenaphthene (CAS 83-32-9)                 | 0.02 mg/L, 0.96 ppd                             | 0.02 mg/L, 0.96 ppd        | 0.004 mg/L, 0.3 ppd                             | 0.004 mg/L, 0.3 ppd        | 2                                 | 4, 5-material testing                                                                          |
| Anthracene (CAS 120-12-7)                  | 0.02 mg/L, 0.96 ppd                             | 0.02 mg/L, 0.96 ppd        | 0.001 mg/L, 0.11                                | 0.001 mg/L, 0.11           | 2                                 | 4, 5-material testing                                                                          |
| Fluoranthene (CAS 206-44-0)                | 0.04 mg/L, 1.9 ppd                              | 0.04 mg/L, 1.9 ppd         | 0.004 mg/L, 0.3 ppd                             | 0.004 mg/L, 0.3 ppd        | 2                                 | 4, 5-material testing                                                                          |
| Phenanthrene (CAS 85-01-8)                 | 0.04 mg/L, 1.9 ppd                              | 0.04 mg/L, 1.9 ppd         | 0.004 mg/L, 0.3 ppd                             | 0.004 mg/L, 0.3 ppd        | 2                                 | 4, 5-material testing                                                                          |
| Pyrene (CAS 129-00-0)                      | 0.02 mg/L, 0.96 ppd                             | 0.02 mg/L, 0.96 ppd        | 0.01 mg/L, 1 ppd                                | 0.01 mg/L, 1 ppd           | 2                                 | 4, 5-material testing                                                                          |
| 1-Methylnaphthalene (CAS 90-12-0)          | 0.01 mg/L, 0.39 ppd                             | 0.01 mg/L, 0.39 ppd        | 0.0004 mg/L, 0.03 ppd                           | 0.0004 mg/L, 0.03 ppd      | 2                                 | 4, 5-material testing                                                                          |
| 2-Methylnaphthalene (CAS 91-57-6)          | 0.01 mg/L, 0.39 ppd                             | 0.01 mg/L, 0.39 ppd        | 0.0004 mg/L, 0.03 ppd                           | 0.0004 mg/L, 0.03 ppd      | 2                                 | 4, 5-material testing                                                                          |
| Acenaphthylene (CAS 208-96-8)              | 0.001 mg/L, 0.06 ppd                            | 0.001 mg/L, 0.1 ppd        | 0.0004 mg/L, 0.03 ppd                           | 0.0004 mg/L, 0.03 ppd      | 2                                 | 4, 5-material testing                                                                          |
| Benzo[a]anthracene (CAS 56-55-3)           | 0.003 mg/L, 0.14 ppd                            | 0.003 mg/L, 0.1 ppd        | 0.001 mg/L, 0.1 ppd                             | 0.001 mg/L, 0.1 ppd        | 2                                 | 4, 5-material testing                                                                          |
| Benzo[a]pyrene (CAS 50-32-8)               | 0.002 mg/L, 0.09 ppd                            | 0.002 mg/L, 0.1 ppd        | 0.0004 mg/L, 0.03 ppd                           | 0.0004 mg/L, 0.03 ppd      | 2                                 | 4, 5-material testing                                                                          |
| Benzo[b]fluoranthene (CAS 205-99-2)        | 0.002 mg/L, 0.12 ppd                            | 0.002 mg/L, 0.1 ppd        | 0.001 mg/L, 0.1 ppd                             | 0.001 mg/L, 0.1 ppd        | 2                                 | 4, 5-material testing                                                                          |
| Benzo[g,h,i]perylene (CAS 191-24-2)        | 0.003 mg/L, 0.13 ppd                            | 0.003 mg/L, 0.1 ppd        | 0.0004 mg/L, 0.03 ppd                           | 0.0004 mg/L, 0.03 ppd      | 2                                 | 4, 5-material testing                                                                          |
| Benzo[k]fluoranthene (CAS 207-08-9)        | 0.003 mg/L, 0.14 ppd                            | 0.003 mg/L, 0.1 ppd        | 0.001 mg/L, 0.08 ppd                            | 0.001 mg/L, 0.08 ppd       | 2                                 | 4, 5-material testing                                                                          |
| Dibenz(a,h)anthracene (CAS 53-70-3)        | 0.0004 mg/L, 0.02 ppd                           | 0.0004 mg/L, 0.02 ppd      | 0.0001 mg/L, 0.01 ppd                           | 0.0001 mg/L, 0.01 ppd      | 2                                 | 4, 5-material testing                                                                          |

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

|                                           |                                     |                                  |                       |
|-------------------------------------------|-------------------------------------|----------------------------------|-----------------------|
| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC | Outfall Number<br>001 |
|-------------------------------------------|-------------------------------------|----------------------------------|-----------------------|

OMB No. 2040-0004  
Expires 07/31/2026

**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))<sup>1</sup>**

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<br>(if available) | Maximum Daily Discharge<br>(specify units)      |                            | Average Daily Discharge<br>(specify units)      |                            | Number of Storm<br>Events Sampled | Source of<br>Information<br>(new source/new<br>dischargers only; use<br>codes in instructions) |
|--------------------------------------------|-------------------------------------------------|----------------------------|-------------------------------------------------|----------------------------|-----------------------------------|------------------------------------------------------------------------------------------------|
|                                            | Grab Sample Taken<br>During First<br>30 Minutes | Flow-Weighted<br>Composite | Grab Sample Taken<br>During First<br>30 Minutes | Flow-Weighted<br>Composite |                                   |                                                                                                |
| Indeno[1,2,3-cd]pyrene (CAS 193-39-5)      | 0.003 mg/L, 0.1 ppd                             | 0.003 mg/L, 0.1 ppd        | 0.0004 mg/L, 0.03 ppd                           | 0.0004 mg/L, 0.03 ppd      | 2                                 | 4, 5-material testing                                                                          |
| Naphthalene (CAS 91-20-3)                  | 0.003 mg/L, 0.1 ppd                             | 0.003 mg/L, 0.1 ppd        | 0.0004 mg/L, 0.03 ppd                           | 0.0004 mg/L, 0.03 ppd      | 2                                 | 4, 5-material testing                                                                          |
| Aluminum (CAS 7429-90-5)                   | 0.1 mg/L, 6.7 ppd                               | 0.1 mg/L, 6.7 ppd          | 0.05 mg/L, 3.9 ppd                              | 0.05 mg/L, 3.9 ppd         | 2                                 | 4, 5-material testing                                                                          |
| Arsenic (CAS 7440-38-2)                    | 0.0004 mg/L, 0.02 ppd                           | 0.0004 mg/L, 0.02 ppd      | 0.0001 mg/L, 0.01 ppd                           | 0.0001 mg/L, 0.01 ppd      | 2                                 | 4, 5-material testing                                                                          |
| Barium (CAS 7440-39-3)                     | 0.01 mg/L, 0.3 ppd                              | 0.01 mg/L, 0.3 ppd         | 0.002 mg/L, 0.2 ppd                             | 0.002 mg/L, 0.2 ppd        | 2                                 | 4, 5-material testing                                                                          |
| Calcium (CAS 7440-70-2)                    | 0.77 mg/L, 39 ppd                               | 0.77 mg/L, 39 ppd          | 0.3 mg/L, 23 ppd                                | 0.3 mg/L, 23 ppd           | 2                                 | 4, 5-material testing                                                                          |
| Cobalt (CAS 7440-48-4)                     | 0.0002 mg/L, 0.009 ppd                          | 0.0002 mg/L, 0.009 ppd     | 0.0001 mg/L, 0.005 ppd                          | 0.0001 mg/L, 0.005 ppd     | 2                                 | 4, 5-material testing                                                                          |
| Chromium (CAS 7440-47-3)                   | 0.003 mg/L, 0.14 ppd                            | 0.003 mg/L, 0.14 ppd       | 0.001 mg/L, 0.07 ppd                            | 0.001 mg/L, 0.07 ppd       | 2                                 | 4, 5-material testing                                                                          |
| Copper (CAS 7440-50-8)                     | 0.004 mg/L, 0.18 ppd                            | 0.004 mg/L, 0.18 ppd       | 0.001 mg/L, 0.1 ppd                             | 0.001 mg/L, 0.1 ppd        | 2                                 | 4, 5-material testing                                                                          |
| Iron (CAS 7439-89-6)                       | 2.1 mg/L, 108 ppd                               | 2.1 mg/L, 108 ppd          | 0.7 mg/L, 59 ppd                                | 0.7 mg/L, 59 ppd           | 2                                 | 4, 5-material testing                                                                          |
| Magnesium (CAS 7439-95-4)                  | 0.07 mg/L, 3.7 ppd                              | 0.07 mg/L, 3.7 ppd         | 0.02 mg/L, 2 ppd                                | 0.02 mg/L, 2 ppd           | 2                                 | 4, 5-material testing                                                                          |
| Manganese (CAS 7439-96-5)                  | 0.04 mg/L, 1.8 ppd                              | 0.04 mg/L, 1.8 ppd         | 0.01 mg/L, 0.97 ppd                             | 0.01 mg/L, 0.97 ppd        | 2                                 | 4, 5-material testing                                                                          |
| Sodium (CAS 7440-23-5)                     | 0.04 mg/L, 1.4 ppd                              | 0.04 mg/L, 1.4 ppd         | 0.01 mg/L, 0.75 ppd                             | 0.01 mg/L, 0.75 ppd        | 2                                 | 4, 5-material testing                                                                          |
| Nickel (CAS 7440-02-0)                     | 0.001 mg/L, 0.07 ppd                            | 0.001 mg/L, 0.07 ppd       | 0.0005 mg/L, 0.04 ppd                           | 0.0005 mg/L, 0.04 ppd      | 2                                 | 4, 5-material testing                                                                          |
| Lead (CAS 7439-92-1)                       | 0.001 mg/L, 0.03 ppd                            | 0.001 mg/L, 0.03 ppd       | 0.0002 mg/L, 0.01 ppd                           | 0.0002 mg/L, 0.01 ppd      | 2                                 | 4, 5-material testing                                                                          |
| Vanadium (CAS 7440-62-2)                   | 0.0004 mg/L, 0.02 ppd                           | 0.0004 mg/L, 0.02 ppd      | 0.0001 mg/L, 0.01 ppd                           | 0.0001 mg/L, 0.01 ppd      | 2                                 | 4, 5-material testing                                                                          |

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

|                                           |                                     |                                  |                       |
|-------------------------------------------|-------------------------------------|----------------------------------|-----------------------|
| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility Name<br>Track Line, LLC | Outfall Number<br>001 |
|-------------------------------------------|-------------------------------------|----------------------------------|-----------------------|

OMB No. 2040-0004  
Expires 07/31/2026

**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))<sup>1</sup>**

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<br>(if available) | Maximum Daily Discharge<br>(specify units)      |                            | Average Daily Discharge<br>(specify units)      |                            | Number of Storm<br>Events Sampled | Source of<br>Information<br>(new source/new<br>dischargers only; use<br>codes in instructions) |
|--------------------------------------------|-------------------------------------------------|----------------------------|-------------------------------------------------|----------------------------|-----------------------------------|------------------------------------------------------------------------------------------------|
|                                            | Grab Sample Taken<br>During First<br>30 Minutes | Flow-Weighted<br>Composite | Grab Sample Taken<br>During First<br>30 Minutes | Flow-Weighted<br>Composite |                                   |                                                                                                |
| Zinc (CAS 7440-66-6)                       | 0.02 mg/L, 1.1 ppd                              | 0.02 mg/L, 1.1 ppd         | 0.01 mg/L, 0.58 ppd                             | 0.01 mg/L, 0.58 ppd        | 2                                 | 4, 5-material testing                                                                          |
|                                            |                                                 |                            |                                                 |                            |                                   |                                                                                                |
|                                            |                                                 |                            |                                                 |                            |                                   |                                                                                                |
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|                                            |                                                 |                            |                                                 |                            |                                   |                                                                                                |
|                                            |                                                 |                            |                                                 |                            |                                   |                                                                                                |

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

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|-------------------------------------------|-------------------------------------|----------------------------------|-----------------------|
| EPA Identification Number<br>New Facility | NPDES Permit Number<br>New Facility | Facility name<br>Track Line, LLC | Outfall Number<br>001 |
|-------------------------------------------|-------------------------------------|----------------------------------|-----------------------|

OMB No. 2040-0004  
Expires 07/31/2026

**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<br>(in hours) | Total Rainfall During Storm Event<br>(in inches) | Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event | Maximum Flow Rate During Rain Event<br>(in gpm or specify units) | Total Flow from Rain Event<br>(in gallons or specify units) |
|---------------------|---------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|
| 2/15/2025           | 6                                     | 2.5                                              | > 72 hrs.                                                                                     | 5610 (peak flow)                                                 | 4,045,956                                                   |
| 4/11/2025           | 3                                     | 1.2                                              | > 72 hrs.                                                                                     | 4210 (peak)                                                      | 4,039,493                                                   |

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

The runoff flow is calculated using the following equation:  $Q = CiA$ , where  $Q$  = volumetric flow rate (cfs),  $C$  = composite runoff coefficient (0.40),  $i$  = rainfall intensity, and  $A$  = surface area (ac) = 39.1 ac

The rain and storm event data was obtained from two storm events (February 2025 and April 2025) using the NOAA database.

# EPA Form 2F

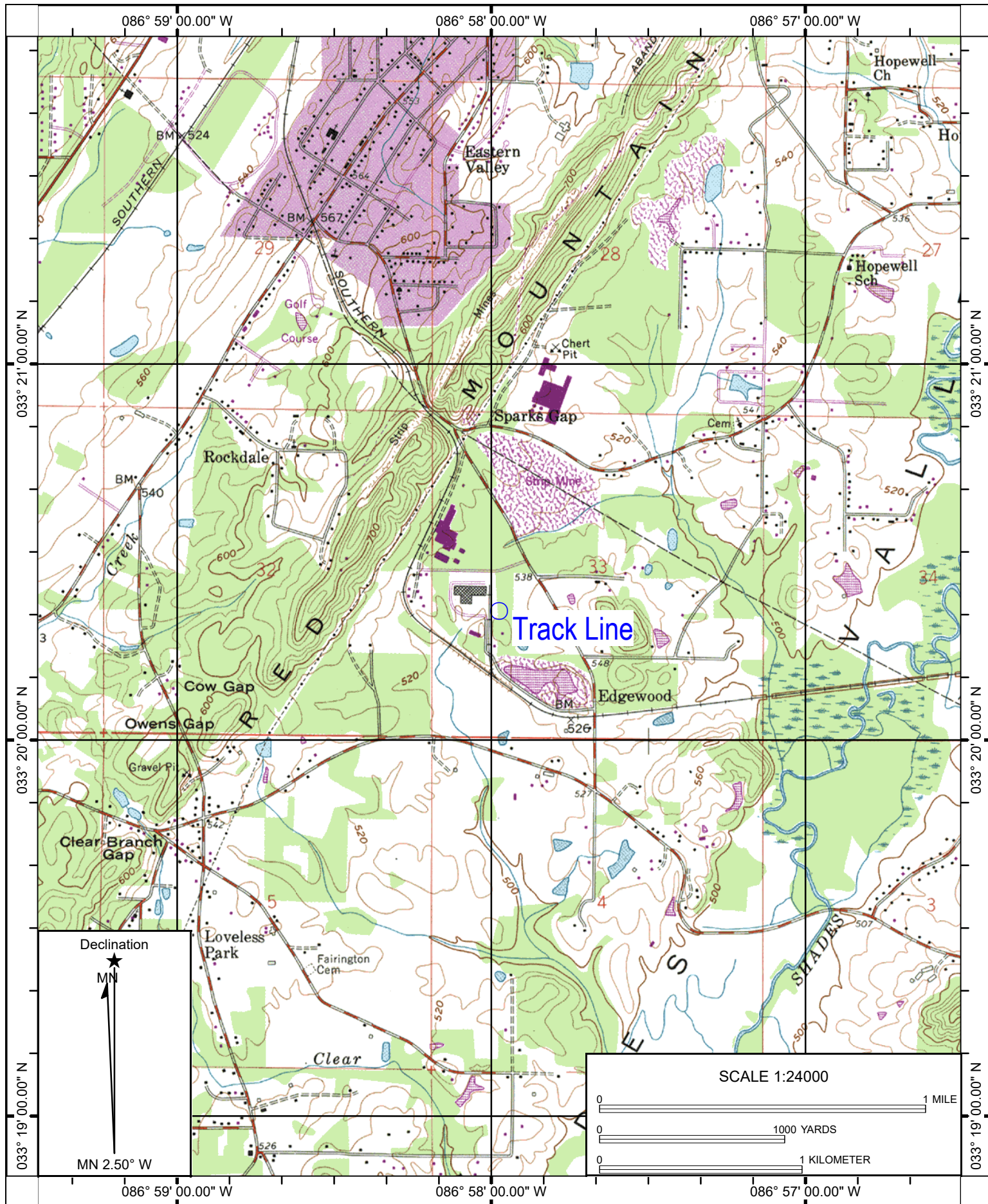
Final Audit Report

2025-07-03

|                 |                                              |
|-----------------|----------------------------------------------|
| Created:        | 2025-07-03                                   |
| By:             | Roger Smith (rogersmith@laytonee.com)        |
| Status:         | Signed                                       |
| Transaction ID: | CBJCHBCAABAAih_pFPBD_wA5HWfYd80N7DOTkCFfNBN0 |

## "EPA Form 2F" History

-  Document created by Roger Smith (rogersmith@laytonee.com)  
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Name: GREENWOOD (AL)

Date: 07/01/25

Scale: 1 inch = 2,000 ft.

Location: 033° 20' 21.37" N 086° 57' 58.50" W

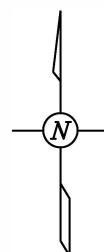
Copyright (C) 2008, MyTopo

Datum: NAD27



# **Key**

- Property Line
- ⊕ Stormwater Outfall
- Railroad Tie Unloading Area
- Railroad Tie Stacking and Staging Area
- Railroad Tie Shredding and Grinding Area



0 125 ft. 250 ft.



1900 Crestwood Blvd. Suite 114 Birmingham, AL 35210 205.951.3700 Fax 205.951.5544

TITLE

Figure 1 - Site Map

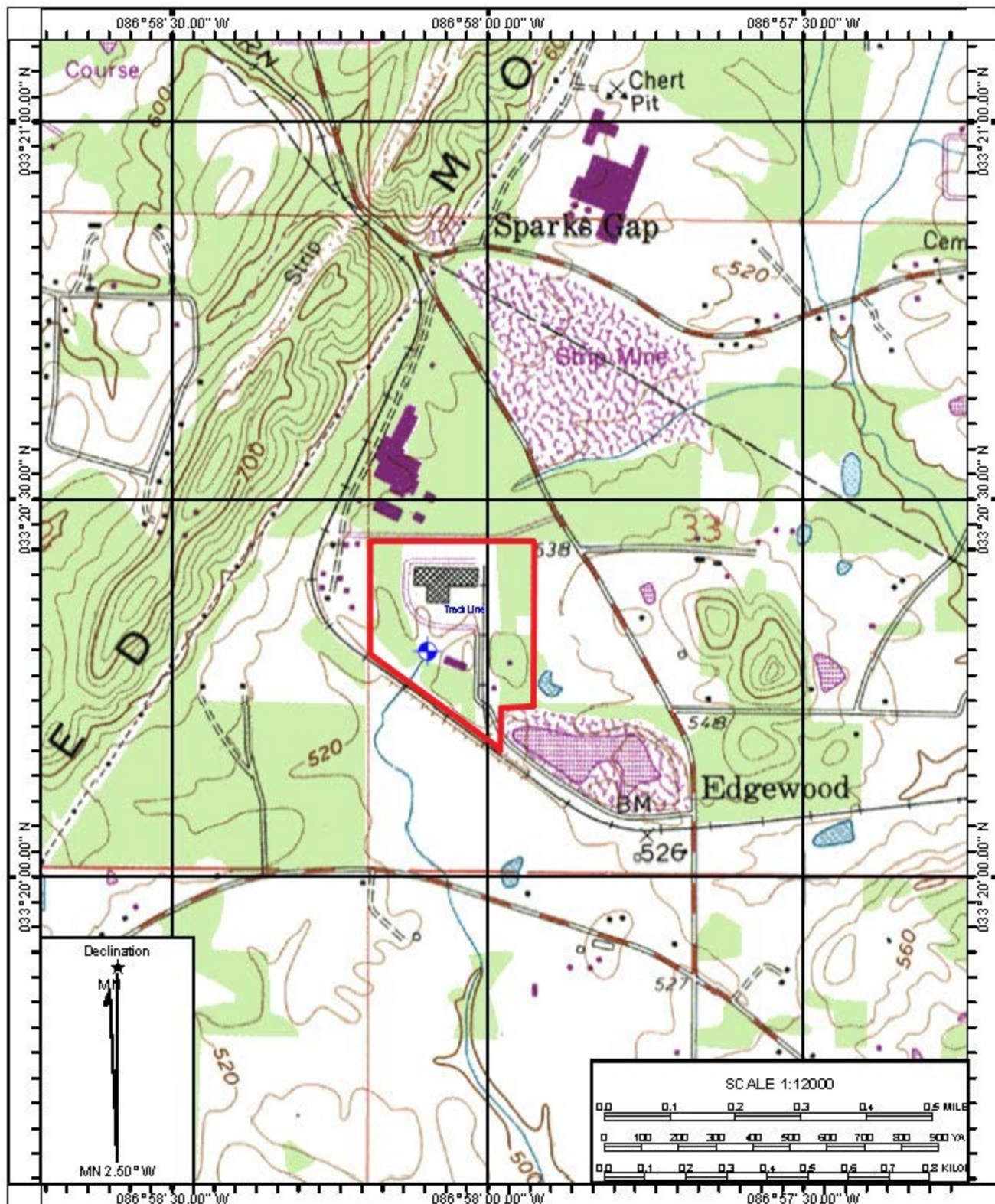
Track Line, LLC – Bessemer Facility

DRAWN BY  
R. Smith

CHECKED BY  
R. Smith

SCALE  
APPROX.

DATE  
07/01/2025



Name: GREENWOOD (AL)

Date: 07/01/25

Scale: 1 inch = 1,000 ft.

Location: 033° 20' 21.07" N 086° 57' 58.50" W