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**KAY IVEY**  
GOVERNOR

December 2, 2025

Mr. William R. Henderson, General Manager  
Montgomery Water Works & Sanitary Sewer Board  
Post Office Box 1631  
Montgomery, AL 36102

RE: Draft Permit  
NPDES Permit No. AL0022241  
Towassa WWTP  
Montgomery County, Alabama

Dear Mr. Henderson:

Transmitted herein is a draft of the referenced permit.

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

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

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

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

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



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Birmingham, AL 35209-4702  
(205) 942-6168  
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**Decatur Office**  
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**Coastal Office**  
1615 South Broad Street  
Mobile, AL 36605  
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(251) 479-2593 (FAX)

If you have questions regarding this permit or monitoring requirements, please contact Shanda Torbert at [storbert@adem.alabama.gov](mailto:storbert@adem.alabama.gov) or (334) 271-7800.

Sincerely,



Shanda Torbert  
Municipal Section  
Water Division

Enclosure

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



# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

**PERMITTEE:** MONTGOMERY WATER WORKS & SANITARY SEWER BOARD  
POST OFFICE BOX 1631  
MONTGOMERY, AL 36102

**FACILITY LOCATION:** TOWASSA WWTP (3 MGD)  
3000 WASHINGTON FERRY ROAD  
MONTGOMERY, ALABAMA  
MONTGOMERY COUNTY

**PERMIT NUMBER:** AL0022241

**RECEIVING WATERS:** ALABAMA RIVER (WOODRUFF LAKE)

*In accordance with and subject to the provisions of the Federal Water Pollution Control Act, as amended, 33 U.S.C. §§1251-1388 (the "FWPCA"), the Alabama Water Pollution Control Act, as amended, **Code of Alabama 1975**, §§ 22-22-1 to 22-22-14 (the "AWPCA"), the Alabama Environmental Management Act, as amended, **Code of Alabama 1975**, §§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         |
| 1. DSN 0011: Treated Domestic and Industrial Wastewater .....                  | 1         |
| 2. DSN 001T: Toxicity.....   | 3         |
| 3. DSN 002S: Stormwater monitoring .....                                       | 4         |
| B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS .....                  | 5         |
| 1. Representative Sampling.....  | 5         |
| 2. Measurement Frequency .....   | 5         |
| 3. Test Procedures .....   | 5         |
| 4. Recording of Results .....  | 6         |
| 5. Records Retention and Production .....                                      | 6         |
| 6. Reduction, Suspension or Termination of Monitoring and/or Reporting.....    | 6         |
| 7. Monitoring Equipment and Instrumentation .....                              | 6         |
| C. DISCHARGE REPORTING REQUIREMENTS .....                                      | 6         |
| 1. Reporting of Monitoring Requirements .....                                  | 6         |
| 2. Noncompliance Notifications and Reports.....                                | 8         |
| 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        |
| E. SCHEDULE OF COMPLIANCE .....  | 11        |
| 1. Compliance with discharge limits .....                                      | 11        |
| 2. Schedule .....  | 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. Certified Operator .....  | 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 .....  | 14        |
| 4. Permit Modification and Revocation .....                                    | 15        |
| 5. Termination.....  | 15        |
| 6. Suspension .....  | 16        |

|   |           |
|---|-----------|
| 7. Stay .....   | 16        |
| F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION .....                          | 16        |
| G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS.....  | 16        |
| H. PROHIBITIONS .....   | 16        |
| <b>PART III: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS .....</b>               | <b>18</b> |
| A. CIVIL AND CRIMINAL LIABILITY .....   | 18        |
| 1. Tampering .....  | 18        |
| 2. False Statements.....  | 18        |
| 3. Permit Enforcement .....   | 18        |
| 4. Relief from Liability .....  | 18        |
| B. OIL AND HAZARDOUS SUBSTANCE LIABILITY .....  | 18        |
| C. PROPERTY AND OTHER RIGHTS .....  | 18        |
| D. AVAILABILITY OF REPORTS.....   | 19        |
| E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES.....                             | 19        |
| F. COMPLIANCE WITH WATER QUALITY STANDARDS.....   | 19        |
| G. GROUNDWATER .....  | 19        |
| H. DEFINITIONS .....  | 20        |
| I. SEVERABILITY .....   | 22        |
| <b>PART IV: SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS.....</b>                   | <b>23</b> |
| A. SLUDGE MANAGEMENT PRACTICES.....   | 23        |
| 1. Applicability .....  | 23        |
| 2. Submitting Information.....  | 23        |
| 3. Reopener or Modification .....   | 23        |
| B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS ACUTE – NO DIFFUSER ..... | 23        |
| C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS .....                                       | 26        |
| D. PLANT CLASSIFICATION.....  | 26        |
| E. SANITARY SEWER OVERFLOW RESPONSE PLAN.....   | 26        |
| F. POLLUTANT SCANS .....  | 28        |
| G. MAJOR SOURCE STORMWATER REQUIREMENTS .....   | 29        |

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

### A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

#### 1. DSN 0011: Treated Domestic and Industrial Wastewater

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

| Parameter  | Quantity or Loading         |                            | Units   | Quality or Concentration |                             |                            | Units | Sample Freq See note (1) | Sample Type     | Seasonal See note (2) |
|--|-----------------------------|----------------------------|---------|--------------------------|-----------------------------|----------------------------|-------|--------------------------|-----------------|-----------------------|
| Oxygen, Dissolved (DO) (00300)<br>Effluent Gross Value                   | *****                       | *****                      | *****   | 2.0<br>Minimum Daily     | *****                       | *****                      | mg/l  | 3X Weekly test           | Grab            | Not Seasonal          |
| pH (00400)<br>Effluent Gross Value                                       | *****                       | *****                      | *****   | 6.0<br>Minimum Daily     | *****                       | 9.0<br>Maximum Daily       | S.U.  | 3X Weekly test           | Grab            | Not Seasonal          |
| Solids, Total Suspended (00530)<br>Effluent Gross Value                  | 750<br>Monthly Average      | 1125<br>Weekly Average     | lbs/day | *****                    | 30.0<br>Monthly Average     | 45.0<br>Weekly Average     | mg/l  | 3X Weekly test           | 24-Hr Composite | Not Seasonal          |
| Solids, Total Suspended (00530)<br>Raw Sew/Influent                      | (Report)<br>Monthly Average | (Report)<br>Weekly Average | lbs/day | *****                    | (Report)<br>Monthly Average | (Report)<br>Weekly Average | mg/l  | 3X Weekly test           | 24-Hr Composite | Not Seasonal          |
| Nitrogen, Ammonia Total (As N)<br>(00610)<br>Effluent Gross Value        | 500<br>Monthly Average      | 750<br>Weekly Average      | lbs/day | *****                    | 20.0<br>Monthly Average     | 30.0<br>Weekly Average     | mg/l  | 3X Weekly test           | 24-Hr Composite | W                     |
| Nitrogen, Ammonia Total (As N)<br>(00610)<br>Effluent Gross Value        | 250<br>Monthly Average      | 375<br>Weekly Average      | lbs/day | *****                    | 10.0<br>Monthly Average     | 15.0<br>Weekly Average     | mg/l  | 3X Weekly test           | 24-Hr Composite | S                     |
| Nitrogen, Kjeldahl Total (As N)<br>(00625)<br>Effluent Gross Value       | 1000<br>Monthly Average     | 1501<br>Weekly Average     | lbs/day | *****                    | 40.0<br>Monthly Average     | 60.0<br>Weekly Average     | mg/l  | 3X Weekly test           | 24-Hr Composite | W                     |
| Nitrogen, Kjeldahl Total (As N)<br>(00625)<br>Effluent Gross Value       | 500<br>Monthly Average      | 750<br>Weekly Average      | lbs/day | *****                    | 20.0<br>Monthly Average     | 30.0<br>Weekly Average     | mg/l  | 3X Weekly test           | 24-Hr Composite | S                     |
| Nitrite Plus Nitrate Total 1 Det. (As N) (00630)<br>Effluent Gross Value | (Report)<br>Monthly Average | (Report)<br>Weekly Average | lbs/day | *****                    | (Report)<br>Monthly Average | (Report)<br>Weekly Average | mg/l  | Monthly                  | 24-Hr Composite | Not Seasonal          |

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

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

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

See Permit Requirements for Stormwater in Part IV.G

(2) S = Summer (May – October)

W = Winter (November - April)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

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

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

**DSN 0011 (Continued): Treated Domestic and Industrial Wastewater**

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

| Parameter  | Quantity or Loading         |                            | Units   | Quality or Concentration        |                             |                            | Units     | Sample Freq See note (1) | Sample Type     | Seasonal See note (2) |
|--|-----------------------------|----------------------------|---------|---------------------------------|-----------------------------|----------------------------|-----------|--------------------------|-----------------|-----------------------|
| Phosphorus, Total (As P) (00665)<br>Effluent Gross Value                     | (Report)<br>Monthly Average | (Report)<br>Weekly Average | lbs/day | ****                            | (Report)<br>Monthly Average | (Report)<br>Weekly Average | mg/l      | Monthly                  | 24-Hr Composite | Not Seasonal          |
| Flow, In Conduit or Thru Treatment Plant (50050)<br>Effluent Gross Value     | (Report)<br>Monthly Average | (Report)<br>Maximum Daily  | MGD     | ****                            | ****                        | ****                       | ****      | Daily                    | Continuous      | Not Seasonal          |
| Chlorine, Total Residual (50060)<br>See notes (3, 4)<br>Effluent Gross Value | ****                        | ****                       | ****    | ****                            | ****                        | 1.0<br>Maximum Daily       | mg/l      | 3X Weekly test           | Grab            | Not Seasonal          |
| E. Coli (51040)<br>Effluent Gross Value                                      | ****                        | ****                       | ****    | ****                            | 548<br>Monthly Average      | 2507<br>Maximum Daily      | col/100mL | 3X Weekly test           | Grab            | ECW                   |
| E. Coli (51040)<br>Effluent Gross Value                                      | ****                        | ****                       | ****    | ****                            | 126<br>Monthly Average      | 298<br>Maximum Daily       | col/100mL | 3X Weekly test           | Grab            | ECS                   |
| BOD, Carbonaceous 05 Day, 20C (80082)<br>Effluent Gross Value                | 625<br>Monthly Average      | 938<br>Weekly Average      | lbs/day | ****                            | 25.0<br>Monthly Average     | 37.5<br>Weekly Average     | mg/l      | 3X Weekly test           | 24-Hr Composite | W                     |
| BOD, Carbonaceous 05 Day, 20C (80082)<br>Effluent Gross Value                | 550<br>Monthly Average      | 825<br>Weekly Average      | lbs/day | ****                            | 22.0<br>Monthly Average     | 33.0<br>Weekly Average     | mg/l      | 3X Weekly test           | 24-Hr Composite | S                     |
| BOD, Carbonaceous 05 Day, 20C (80082)<br>Raw Sew/Influent                    | (Report)<br>Monthly Average | (Report)<br>Weekly Average | lbs/day | ****                            | (Report)<br>Monthly Average | (Report)<br>Weekly Average | mg/l      | 3X Weekly test           | 24-Hr Composite | Not Seasonal          |
| BOD, Carb-5 Day, 20 Deg C,<br>Percent Remv (80091)<br>Percent Removal        | ****                        | ****                       | ****    | 85.0<br>Monthly Average Minimum | ****                        | ****                       | %         | Monthly                  | Calculated      | Not Seasonal          |
| Solids, Suspended Percent Removal (81011)<br>Percent Removal                 | ****                        | ****                       | ****    | 85.0<br>Monthly Average Minimum | ****                        | ****                       | %         | Monthly                  | Calculated      | Not Seasonal          |

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

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

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

See Permit Requirements for Stormwater in Part IV.G

(2) S = Summer (May – October)

W = Winter (November - April)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

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

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

## 2. DSN 001T: Toxicity

Outfall 001T represents the same physical outfall as Outfall 0011, which is described more fully in the Permittee's application. The Department use the 001T designation for all samples and analyzed for Toxicity testing. Such discharge shall be limited and monitored by the Permittee as specified below:

| Parameter  | Quantity or Loading |                    | Units         | Quality or Concentration |      |      | Units | Sample Freq<br>See note (1) | Sample Type     | Seasonal<br>See note (2) |
|--|---------------------|--------------------|---------------|--------------------------|------|------|-------|-----------------------------|-----------------|--------------------------|
| Toxicity, Ceriodaphnia Acute (61425)<br>Effluent Gross Value | ****                | 0<br>Single Sample | pass=0;fail=1 | ****                     | **** | **** | ****  | See Permit Requirements     | 24-Hr Composite | Sep                      |
| Toxicity, Pimephales Acute (61427)<br>Effluent Gross Value   | ****                | 0<br>Single Sample | pass=0;fail=1 | ****                     | **** | **** | ****  | See Permit Requirements     | 24-Hr Composite | Sep                      |

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

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

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

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

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

### 3. DSN 002S: Stormwater monitoring

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

| Parameter  | Quantity or Loading |                           | Units | Quality or Concentration  |      |                           | Units     | Sample Freq See note (1) | Sample Type See notes (3,4) | Seasonal See note (2) |
|--|---------------------|---------------------------|-------|---------------------------|------|---------------------------|-----------|--------------------------|-----------------------------|-----------------------|
| pH (00400)<br>Storm Water  | ****                | ****                      | ****  | (Report)<br>Minimum Daily | **** | (Report)<br>Maximum Daily | S.U.      | Annually                 | FFGS                        | Not Seasonal          |
| Solids, Total Suspended (00530)<br>Storm Water                     | ****                | ****                      | ****  | ****                      | **** | (Report)<br>Maximum Daily | mg/l      | Annually                 | FFGS                        | Not Seasonal          |
| Oil & Grease (00556)<br>Storm Water                                | ****                | ****                      | ****  | ****                      | **** | 15.0<br>Maximum Daily     | mg/l      | Annually                 | FFGS                        | Not Seasonal          |
| Nitrogen, Ammonia Total (As N)<br>(00610)<br>Storm Water           | ****                | ****                      | ****  | ****                      | **** | (Report)<br>Maximum Daily | mg/l      | Annually                 | FFGS                        | Not Seasonal          |
| Nitrogen, Kjeldahl Total (As N)<br>(00625)<br>Storm Water          | ****                | ****                      | ****  | ****                      | **** | (Report)<br>Maximum Daily | mg/l      | Annually                 | FFGS                        | Not Seasonal          |
| Nitrite Plus Nitrate Total 1 Det. (As N)<br>(00630)<br>Storm Water | ****                | ****                      | ****  | ****                      | **** | (Report)<br>Maximum Daily | mg/l      | Annually                 | FFGS                        | Not Seasonal          |
| Phosphorus, Total (As P) (00665)<br>Storm Water                    | ****                | ****                      | ****  | ****                      | **** | (Report)<br>Maximum Daily | mg/l      | Annually                 | FFGS                        | Not Seasonal          |
| Flow, In Conduit or Thru Treatment<br>Plant (50050)<br>Storm Water | ****                | (Report)<br>Maximum Daily | MGD   | ****                      | **** | ****                      | ****      | Annually                 | Calculated                  | Not Seasonal          |
| E. Coli (51040)<br>Storm Water                                     | ****                | ****                      | ****  | ****                      | **** | (Report)<br>Maximum Daily | col/100mL | Annually                 | FFGS                        | Not Seasonal          |
| BOD, Carbonaceous 05 Day, 20C<br>(80082)<br>Storm Water            | ****                | ****                      | ****  | ****                      | **** | (Report)<br>Maximum Daily | mg/l      | Annually                 | FFGS                        | Not Seasonal          |

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

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

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

See Permit Requirements for Stormwater in Part IV.G

(2) S = Summer (May – October)

W = Winter (November - April)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(3) See Part IV.G.3

(4) For all stormwater parameters, samples shall be first flushed grab samples (FFGS) collected during the first 30 minutes of discharge.

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

### **1. Representative Sampling**

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

### **2. Measurement Frequency**

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

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

### **3. Test Procedures**

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

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

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

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

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

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

#### 4. Recording of Results

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

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

#### 5. Records Retention and Production

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

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

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

#### 7. Monitoring Equipment and Instrumentation

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

### C. DISCHARGE REPORTING REQUIREMENTS

#### 1. Reporting of Monitoring Requirements

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

(3) **SEMIANNUAL MONITORING** shall be conducted at least once during the period of January through June and at least once during the period of July through December. The permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e., June and December DMRs).

(4) **ANNUAL MONITORING** shall be conducted at least once during the period of January through December. The permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter. Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.

b. The permittee shall submit discharge monitoring reports (DMRs) in accordance with the following schedule:

- (1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- (2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the first complete calendar quarter the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.

c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. electronically.

- (1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's electronic system (this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the date specified in Provision I.C.1.b., unless otherwise directed by the Department.

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

- (4) If a permittee is allowed to submit a hard copy DMR, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit.
- (5) If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A. of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR and the increased frequency shall be indicated on the DMR.
- (6) In the event no discharge from a point source identified in Provision I.A. of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR.
- d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and Regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear the following certification:

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

- e. Discharge Monitoring Reports required by this permit, the AWPCA, and the Department's Rules that are being submitted in hard copy shall be addressed to:

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

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

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

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

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

Certified and Registered Mail shall be addressed to:

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

- g. If this permit is a reissuance, then the permittee shall continue to submit DMRs in accordance with the requirements of their previous permit until such time as DMRs are due as discussed in Part I.C.1.b. above.
- 2. **Noncompliance Notifications and Reports**
- a. The Permittee shall notify the Department if, for any reason, the Permittee's discharge:
  - (1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I.A. of this permit which is denoted by an "(X)";
  - (2) Potentially threatens human health or welfare;

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

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

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

d. Immediate notification

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

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

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

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

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

### **1. Anticipated Noncompliance**

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

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

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

### **3. Updating Information**

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

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

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

## **E. SCHEDULE OF COMPLIANCE**

### **1. Compliance with discharge limits**

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

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

### **2. Schedule**

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

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

### A. OPERATIONAL AND MANAGEMENT REQUIREMENTS

#### 1. Facilities Operation and Maintenance

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

#### 2. Best Management Practices

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

#### 3. Certified Operator

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

### B. OTHER RESPONSIBILITIES

#### 1. Duty to Mitigate Adverse Impacts

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

#### 2. Right of Entry and Inspection

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

### C. BYPASS AND UPSET

#### 1. Bypass

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

- (2) It enters the same receiving stream as the permitted outfall; and
- (3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.

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

- (1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;
- (2) There are no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime (this condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance); and
- (3) The permittee submits a written request for authorization to bypass to the Director at least ten (10) days prior to the anticipated bypass (if possible), the permittee is granted such authorization, and the permittee complies with any conditions imposed by the Director to minimize any adverse impact on human health or the environment resulting from the bypass.

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

## 2. Upset

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

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

### 1. Duty to Comply

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

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

## 2. **Removed Substances**

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

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

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

## 4. **Compliance with Statutes and Rules**

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

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

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

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

## 2. **Change in Discharge**

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

## 3. **Transfer of Permit**

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

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

#### 4. Permit Modification and Revocation

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

#### 5. Termination

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

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

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

#### 6. Suspension

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

#### 7. Stay

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

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

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

### G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

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

### H. PROHIBITIONS

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

1. Pollutants which may create a fire or explosive hazard, including, but not limited to, waste streams with a closed cup flashpoint of less than 140 degrees Fahrenheit or 60 degrees Centigrade using the test methods specified in 40 CFR 261.21;
2. Pollutants which may cause corrosive structural damage to the treatment works, but in no case discharges with a pH lower than 5.0;
3. Solid or viscous pollutants in amounts which may cause obstruction to the flow in sewers, or other interference in the treatment works;
4. Any pollutant, including oxygen demanding pollutants (BOD, etc.) of such volume or strength as to cause interference in the treatment works;

5. Heat in amounts which may inhibit biological activity in the treatment plant resulting in interference but in no case in such quantities that the temperature of the influent, at the treatment plant, exceeds 40 degrees centigrade or 104 degrees Fahrenheit;
6. Pollutants which may result in the presence of toxic gases, vapors, or fumes within the treatment works in a quantity that may cause acute worker health and safety problems;
7. Unless specifically authorized by this permit, any pollutants not generated at the facility for which this permit was issued; or
8. Petroleum oil, biodegradable cutting oil, or products of mineral oil origin in amounts that will cause pass through or interference.

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

### A. CIVIL AND CRIMINAL LIABILITY

#### 1. Tampering

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

#### 2. False Statements

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

#### 3. Permit Enforcement

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

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

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

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

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

#### 4. Relief from Liability

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

### B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

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

### C. PROPERTY AND OTHER RIGHTS

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

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

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

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

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

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

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

#### **G. GROUNDWATER**

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

## H. DEFINITIONS

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

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

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

## **I. SEVERABILITY**

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

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

### A. SLUDGE MANAGEMENT PRACTICES

#### 1. Applicability

- a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural and non-agricultural land, or that is otherwise distributed, marketed, incinerated, or disposed in landfills or surface disposal sites.
- b. Provisions of Provision IV.A. do not apply to:
  - (1) Sewage sludge generated or treated in a privately owned treatment works operated in conjunction with industrial manufacturing and processing facilities and which receive no domestic wastewater.
  - (2) Sewage sludge that is stored in surface impoundments located at the treatment works prior to ultimate disposal.

#### 2. Submitting Information

- a. If applicable, the Permittee must submit annually with its Municipal Water Pollution Prevention (MWPP) report the following:
  - (1) Type of sludge stabilization/digestion method;
  - (2) Daily or annual sludge production (dry weight basis);
  - (3) Ultimate sludge disposal practice(s).
- b. The Permittee shall provide sludge inventory data to the Director as requested. These data may include, but are not limited to, sludge quantity and quality reported in Provision IV.A.2.a as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
- c. The Permittee shall give prior notice to the Director of at least 30 days of any change planned in the Permittee's sludge disposal practices.

#### 3. Reopener or Modification

- a. Upon review of information provided by the Permittee as required by Provision IV.A.2. or, based on the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate requirements.
- b. If an applicable "acceptable management practice" or if a numerical limitation for a pollutant in sewage sludge promulgated under Section 405 of FWPCA is more stringent than the sludge pollutant limit or acceptable management practice in this permit. This permit shall be modified or revoked or reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

### B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS ACUTE -- NO DIFFUSER

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

#### 1. Test Requirements

- a. The tests shall be performed using undiluted effluent.
- b. Any test where survival in the effluent concentration is less than 90% and statistically lower than the control indicates acute toxicity and constitutes noncompliance with this permit.

#### 2. General Test Requirements:

- a. A 24-hour composite sample shall be obtained for use in above biomonitoring tests. The holding time for each sample shall not exceed 36 hours. The control water shall be a water prepared in the laboratory in accordance with the EPA procedure described in EPA 821-R-02-012 or most current edition or another control water selected by the permittee and approved by the Department.
- b. Effluent toxicity tests in which the control survival is less than 90% or in which the other requirements of the EPA Test Procedure are not met shall be unacceptable and the permittee shall rerun the tests as soon as practical within the monitoring period.

- c. In the event of an invalid test, upon subsequent completion of a valid test, the results of all tests, valid and invalid, are reported with an explanation of the tests performed and results.
- d. Toxicity tests shall be conducted for the duration of this permit in the month of SEPTEMBER. Should results from the Annual Toxicity test indicate that **Outfall 001T** exhibits acute toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. In addition, the Permittee may then also be required to conduct toxicity testing in the months of MARCH, JUNE, SEPTEMBER, and DECEMBER.

**3. Reporting Requirements:**

- a. The permittee shall notify the Department in writing within 48 hours after toxicity has been demonstrated by the scheduled test(s).
- b. Biomonitoring test results obtained during each monitoring period shall be summarized and reported using the appropriate Discharge Monitoring Report (DMR) form approved by the Department. In accordance with Section 2 of this part, an effluent toxicity report containing the information in Section 2 and 6 shall be included with the DMR. The test results must be submitted to the Department no later than 28 days after the month in which the tests were performed.

**4. Additional Testing Requirements:**

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

**5. Test Methods:**

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

**6. Effluent Toxicity Testing Reports**

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

- a. Introduction
  - (1) Facility Name, location and county
  - (2) Permit number
  - (3) Toxicity testing requirements of permit
  - (4) Name of receiving water body
  - (5) Contract laboratory information (if tests are performed under contract)
    - (i) Name of firm
    - (ii) Telephone number
    - (iii) Address
  - (6) Objective of test
- b. Plant Operations
  - (1) Discharge operating schedule (if other than continuous)

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

- (3) Dilution water utilized in reference toxicant test
- (4) Results of reference toxicant test(s) (LC50, etc.), report concentration-response relationship and evaluate test sensitivity. The most recent reference toxicant test shall be conducted within 30-days of the routine.
- (5) Physical and chemical methods utilized

g. Results

- (1) Provide raw toxicity data in tabular form, including daily records of affected organisms in each concentration (including controls) and replicate
- (2) Provide table of endpoints: LC50, NOEC, Pass/Fail (as required in the applicable NPDES permit)
- (3) Indicate statistical methods used to calculate endpoints
- (4) Provide all physical and chemical data required by method
- (5) Results of test(s) (LC50, NOEC, Pass/Fail, etc.), report concentration-response relationship (definitive test only), report percent minimum significant difference (PMSD)

h. Conclusions and Recommendations

- (1) Relationship between test endpoints and permit limits
- (2) Action to be taken

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

## C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

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

## D. PLANT CLASSIFICATION

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

## E. SANITARY SEWER OVERFLOW RESPONSE PLAN

### 1. SSO Response Plan

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

a. General Information

- (1) Approximate population of City/Town, if applicable
- (2) Approximate number of customers served by the Permittee

- (3) Identification of any subbasins designated by the Permittee, if applicable
- (4) Identification of estimated linear feet of sanitary sewers
- (5) Number of Pump/Lift Stations in the collection system

b. Responsibility Information

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

c. SSO and Surface Water Assessment

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

d. Public Reporting of SSOs

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

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

f. Public Notification Methods for SSOs

- (1) A listing of methods that are feasible, as determined by the Permittee, for public notifications (e.g., flyers distributed to nearby residents; signs posted at the location of the SSO, where the SSO enters a water of the state, and/or at a central public location; signs posted at fishing piers, boat launches, parks, swimming waterbodies, etc.; website and/or social media notifications; local print or radio and broadcast media notifications; “opt in” email, text message, or automated phone message notifications)
  - (i) If signage is a feasible method for public notification, procedures for use and removal of signage (e.g., availability and maintenance of signs, appropriate duration of postings)
- (2) Minimum information to be included in public notifications (e.g., identification that an SSO has occurred, date, duration if known, estimated volume if known, location of the SSO by street address or other appropriate method, initial destination of the SSO)

- (3) Procedures developed by the Permittee for determining the appropriate public notification method(s) based upon the potential for public exposure to health risks associated with the SSO
- g. Standard Procedures shall be developed by the Permittee and shall include, at a minimum
  - (1) General SSO Response Procedures (e.g., procedures for dispatching staff to assess/correct an SSO; procedures for routine SSO corrective actions such as those for sewer blockages, overflowing manholes, line breakages, pump station power failure, etc.; procedures for disinfection of affected area, if applicable);
  - (2) Procedures for collection and proper disposal of the SSO, if feasible.
  - (3) General procedures for coordinating instream water quality monitoring, including, but not limited to, procedures for mobilizing staff, collecting samples, and typical test methods should the Department or the Permittee determine monitoring is appropriate following an SSO. Identification of a contractor who will collect and analyze the sample(s) may be listed in lieu of the procedures.
  - (4) References to other documents (such as Standard Operating Procedures for SSO Responses) may be acceptable for this section; however, the referenced document shall be identified and shall be reviewed at a frequency of at least that required by the Administrative Procedures Section.
- h. Date of the SSO Response Plan, dates of all modifications and/or reviews, the title and signature of the reviewer(s) for each date and the signature of the responsible official or the appropriate designee.

## 2. SSO Response Plan Implementation

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

## 3. Department Review of the SSO Response Plan

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

## 4. SSO Response Plan Administrative Procedures

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

## F. POLLUTANT SCANS

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

## **G. MAJOR SOURCE STORMWATER REQUIREMENTS**

### **1. Prohibitions**

- a. The Permittee shall not allow the discharge of non-storm water into permitted storm water outfall(s) unless said discharge is already subject to an NPDES permit.
- b. Pollutants removed in the course of treatment or control shall be disposed in a manner that complies with all applicable Department rules and regulations.

### **2. Operational and Management Practices**

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

- a. In the SWPP Plan, the Permittee shall:

- (1) Assess the treatment plant site by developing and presenting site drainage maps, materials inventory, and best management operational practices. The plan shall also include a description of all spill or leak sources;
- (2) Describe mechanisms and procedures to prevent the contact of sewage sludge, screenings, raw or partially treated wastewater, or any other waste product or pollutant with storm water discharged from the facility;
- (3) Provide for daily inspection on workdays of any structures that function to prevent storm water pollution or that remove pollutants from storm water;
- (4) Provide for daily inspection of the facility in general to ensure that the SWPP Plan is continually implemented and effective;
- (5) Include a Best Management Practices (BMP) Plan that, as a minimum, addresses housekeeping, preventative maintenance, spill prevention and response, and non-storm water discharges;
- (6) Describe mechanisms and procedures to provide sediment control sufficient to prevent or control storm water pollution storm water by particles resulting from soil or sediment migration from the site due to significant clearing, grading, or excavation activities;
- (7) Designate by position or name the person or persons responsible for the day to day implementation of the SWPP Plan; and
- (8) Bear the signature of an individual meeting signatory requirements as defined in ADEM Administrative Code, Rule 335-6-6-09.

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

#### **c. Administrative Procedures**

- (1) A copy of the SWPP Plan shall be maintained at the facility and shall be available for inspection by the Department.
- (2) A log of daily inspections required by Provision IV.G.2.a.(3.) of the permit shall be maintained at the facility and shall be made available for inspection by the Department upon request. The log shall contain records of all inspections performed and each daily entry shall be signed by the person performing the inspection.
- (3) The Permittee shall provide training for any personnel required to implement the SWPP Plan and shall retain documentation of such training at the facility. Training records for all personnel shall be available for inspection by the Department. Training shall be performed prior to the date implementation is required.

### **3. Monitoring Requirements**

- a. Storm water discharged through each storm water outfall shall be sampled once per calendar year, using first flush grab samples (FFGS) collected during the first 30 minutes of discharge.
- b. The total volume of storm water discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for the storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded as part of the sampling procedure and records retained in accordance with

Provision I.B.5. of this permit. The volume may be measured using flow measurement devices or may be estimated using any method approved in writing by the Department.

## NPDES PERMIT RATIONALE

NPDES Permit No: **AL0022241**

Date: February 25, 2025

Permit Applicant: Montgomery Water Works & Sanitary Sewer Board  
Post Office Box 1631  
Montgomery, AL 36102

Location: Towassa WWTP  
3000 Washington Ferry Road  
Montgomery, AL 36108  
Montgomery County

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

Basis for Limitations: Water Quality Model: CBOD<sub>5</sub>, NH<sub>3</sub>N, TKN, and DO  
Reissuance with no modification: CBOD<sub>5</sub>, NH<sup>3</sup>N, TKN, DO, pH, TRC, TSS, E. coli, and Percent Removals  
Instream calculation at 7Q10: IWC ≈ <1%  
Toxicity based: TRC  
Secondary Treatment Levels: TSS and Percent Removals  
Other (described below): E. coli and pH

Design Flow (MGD): 3 MGD

Major: Yes

Description of Discharge:

| Feature ID | Description                                | Receiving Water               | Waterbody Use Classification | 303(d) | TMDL |
|------------|--|-------------------------------|------------------------------|--------|------|
| 001        | Treated Domestic and Industrial Wastewater | Alabama River (Woodruff Lake) | Fish and Wildlife (F&W)      | No     | No   |
| 002        | Stormwater monitoring                      | Alabama River (Woodruff Lake) | Fish and Wildlife (F&W)      | No     | No   |

Discussion: This permit is a reissuance due to expiration. The effluent limits for Five-Day Carbonaceous Biochemical Oxygen Demand (CBOD<sub>5</sub>), Total Ammonia as Nitrogen (NH<sub>3</sub>N), Total Kjeldahl Nitrogen (TKN), and Dissolved Oxygen (DO) were developed based on a Waste Load Allocation (WLA) model completed by the Department's Water Quality Branch on April 18, 2019.

The summer (May through October) and winter (November through April) monthly average limits for CBOD<sub>5</sub> are 22.0 mg/L and 25.0 mg/L, respectively; while, the summer and winter monthly average limits for NH<sub>3</sub>N are 10.0 mg/L and 20.0 mg/L, respectively. The summer and winter monthly average limits for TKN are 20.0 mg/L and 40.0 mg/L, while DO has a daily minimum limit of 2.0 mg/L.

The pH limits were developed in accordance with the Water-Use designation of the receiving stream and the Municipal Section's Permit Development Guidance. The daily minimum and daily maximum limits are 6.0 s.u. and 9.0 s.u., respectively.

The monthly average Total Suspended Solids (TSS) limit is established at 30.0 mg/L in accordance with ADEM's Permit Development Rationale and 40 CFR 133.102. Minimum percent removal limits of 85 percent are imposed for both CBOD<sub>5</sub> and TSS in accordance with 40 CFR 133.102.

The segment of the Alabama River (Woodruff Lake) containing the discharge is a Tier I waterbody and is not listed on the most recent 303(d) list. There are no State of Alabama TMDLs affecting this discharge.

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

This Permittee treats municipal and industrial wastewater and is classified as a major municipality. Therefore, the Department completed a numeric Reasonable Potential Analysis (RPA) of the wastewater data submitted in Table C of the Permittee's application (i.e., per 40 CFR Par 122 Appendix J – Table 2) and data from the Permittee's Discharge Monitoring Reports. The RPA indicated whether any pollutants in the treated effluent have the potential to contribute to excursions of Alabama's in-stream water quality standards. The RPA was based on a 7Q10 of 3917 cfs, a mean annual flow of 23,334 cfs, and a hardness of 50.0 mg/L. Additional instream background data was not available. For this discharge, the RPA indicates that no pollutants in the treated effluent would likely contribute to excursions of Alabama's instream water quality standards.

The imposed E. coli limits were determined based on the water-use classification of the receiving stream. Since the segment of the Alabama River (Woodruff Lake) containing this discharge is classified as Fish & Wildlife, the E. coli limits for summer (May through October) are 126 col/100 mL (monthly average) and 298 col/100 mL (daily maximum), while the limits for the winter (November through April) are 548 col/100 mL (monthly average) and 2507 col/100 mL (daily maximum).

A daily maximum Total Residual Chlorine (TRC) limit of 1.0 mg/L is being imposed in this proposed permit. The TRC limit was developed based on EPA WQ criteria and the Department's Permit Development Rationale, and should be protective of acute and chronic toxicity criteria in the receiving stream. If monitoring is not applicable during the monitoring periods, enter “\*9” on the monthly DMR.

Based on the Department's review of the application and receiving water conditions, 48 hour acute with no diffuser toxicity testing with two species (Ceriodaphnia and Pimephales) is warranted. The Permittee will be required to test annually in the month of September.

Storm water runoff monitoring is being imposed by this permit based on 40 CFR Part 122. In the permit application, the Permittee reported one storm water outfall from the permitted area, Outfall 002S, respectively, in the permit. Storm water monitoring will be required on an annual basis.

The monitoring frequency for most parameters is three days per week. The monitoring frequency for nutrient-related parameters (TP and NO<sub>2</sub>+NO<sub>3</sub>N) is once per month. Flow is to be monitored continuously. The monitoring frequency percent removals will be monthly.

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

## TOXICITY AND DISINFECTION RATIONALE

|  |                                      |   |
|--|--------------------------------------|---|
| Facility Name:                                 | <b>Montgomery Towassa WWTP</b>       |   |
| NPDES Permit Number:                           | <b>AL0022241</b>                     |   |
| Receiving Stream:                              | <b>Alabama River (Woodruff Lake)</b> |   |
| Facility Design Flow (Q <sub>w</sub> ):        | <b>3.000 MGD</b>                     |   |
| Receiving Stream 7Q <sub>10</sub> :            | <b>3917.000 cfs</b>                  |   |
| Receiving Stream 1Q <sub>10</sub> :            | <b>2937.750 cfs</b>                  | <b>(Estimated at 0.75 * 7Q10)</b>                       |
| Winter Headwater Flow (WHF):                   | <b>6098.00 cfs</b>                   |   |
| Summer Temperature for CCC:                    | <b>30 deg. Celsius</b>               |   |
| Winter Temperature for CCC:                    | <b>20 deg. Celsius</b>               |   |
| Headwater Background NH <sub>3</sub> -N Level: | <b>0.09 mg/l</b>                     |   |
| Receiving Stream pH:                           | <b>7.0 s.u.</b>                      |   |
| Headwater Background FC Level (summer):        | <b>N/A.</b>                          | <b>(Only applicable for facilities with diffusers.)</b> |
| (winter):                                      | <b>N/A.</b>                          |   |

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

$$\text{Stream Dilution Ration (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = \mathbf{0.12\%}$$

### **AMMONIA TOXICITY LIMITATIONS**

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

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

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

$$\text{Limiting Dilution} = \frac{Q_w}{7Q_{10} + Q_w} = \mathbf{0.12\%} \quad \text{Stream-Dominated, CMC Applies}$$

Criterion Maximum Concentration (CMC):

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

Criterion Continuous Concentration (CCC):

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

|   | <u>CMC</u>        | <u>CCC</u>       |
|---|-------------------|------------------|
| Allowable Summer Instream NH <sub>3</sub> -N: | <b>36.09 mg/l</b> | <b>2.18 mg/l</b> |
| Allowable Winter Instream NH <sub>3</sub> -N: | <b>36.09 mg/l</b> | <b>4.15 mg/l</b> |

$$\text{Summer NH}_3\text{-N Toxicity Limit} = \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} = \mathbf{30417.9 \text{ mg/l NH}_3\text{-N at 7Q10}}$$

$$\text{Winter NH}_3\text{-N Toxicity Limit} = \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} = \mathbf{47334.6 \text{ mg/l NH}_3\text{-N at Winter Flow}}$$

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

|        | <u>DO-based NH<sub>3</sub>-N limit</u> | <u>Toxicity-based NH<sub>3</sub>-N limit</u> |
|--------|--|--|
| Summer | <b>10.00 mg/l NH<sub>3</sub>-N</b>     | <b>30417.90 mg/l NH<sub>3</sub>-N</b>        |
| Winter | <b>20.00 mg/l NH<sub>3</sub>-N</b>     | <b>47334.60 mg/l NH<sub>3</sub>-N</b>        |

**Summer: The DO based limit of 10.00 mg/l NH<sub>3</sub>-N applies.**

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

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

The following factors trigger toxicity testing requirements:

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

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

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

### **Acute toxicity testing is required**

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{1Q_{10} + Q_w} = 0.16\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

## **DISINFECTION REQUIREMENTS**

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

See the attached Disinfection Guidance for applicable stream standards.

**(Non-coastal limits apply)**

Applicable Stream Classification: **Fish & Wildlife**

Disinfection Type: **Chlorination**

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

|  | <b>Stream Standard</b><br>(colonies/100ml) | <b>Effluent Limit</b><br>(colonies/100ml) |
|--|--|---|
|--|--|---|

### **E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)**

Monthly limit as monthly average (November through April): 548 548

Monthly limit as monthly average (May through October): 126 126

Daily Max (November through April): 2507 2507

Daily Max (May through October): 298 298

### **Enterococci (applies to Coastal)**

Monthly limit as geometric mean (November through April): Not applicable Not applicable

Monthly limit as geometric mean (May through October): Not applicable Not applicable

Daily Max (November through April): Not applicable Not applicable

Daily Max (May through October): Not applicable Not applicable

## **MAXIMUM ALLOWABLE CHLORINATION LIMITS**

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

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

Maximum allowable TRC in effluent: 9.294 mg/l (chronic) (0.011)/(SDR)

Maximum allowable TRC in effluent: 16.053 mg/l (acute) (0.019)/(SDR)

NOTE: A maximum chlorine limit will be imposed such that the instream concentration will not exceed acutely toxic concentrations in A & I streams and chronically toxic concentrations in all other streams, but may not exceed 1.0 mg/l.

Prepared By:

Shanda Torbert

Date:

3/13/2025

LANCE R. LEFLEUR  
DIRECTOR



Alabama Department of Environmental Management

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Montgomery, Alabama 36130-1463

(334) 271-7700 ■ FAX (334) 271-7950

KAY IVEY  
GOVERNOR

## FACT SHEET

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

**Date Prepared:** February 24, 2025

**By:** Shanda Torbert

**NPDES Permit No.** AL0022241

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

Montgomery Water Works & Sanitary Sewer Board  
Post Office Box 1631  
Montgomery, AL 36102

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

Towassa WWTP  
3000 Washington Ferry Road  
Montgomery, AL 36108

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

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

#### 4. Applicant's Receiving Waters

| Feature ID | Receiving Water               | Classification          |
|------------|-------------------------------|-------------------------|
| 001        | Alabama River (Woodruff Lake) | Fish and Wildlife (F&W) |
| 002        | Alabama River (Woodruff Lake) | Fish and Wildlife (F&W) |

For the Outfall latitude and longitude see the permit application.

#### 5. Permit Conditions:

See attached Rationale and Draft Permit.

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

##### a. Comment Period

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

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

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

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

**b. Public Hearing**

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

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

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

**c. Issuance of the Permit**

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

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

**d. Appeal Procedures**

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

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

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

# Waste Load Allocation Summary

Page 1

## REQUEST INFORMATION

Request Number:

3532

|  |                               |                    |  |                   |     |
|--|-------------------------------|--------------------|--|-------------------|-----|
| From:  | Shanda Torbert                |                    | In Branch/Section                        | Municipal         |     |
| Date Submitted   | 12/20/2018                    | Date Required      | 1/19/2019                                | FUND Code         | 605 |
| Date Permit application received by NPDES program 12/19/2018 |                               |                    |  |                   |     |
| Receiving Waterbody  | Alabama River (Woodruff Lake) |                    |  |                   |     |
| Previous Stream Name   |                               |                    |  |                   |     |
| Facility Name  | Montgomery Towassa WWTP       |                    | (Name of Discharger-WQ will use to file) |                   |     |
| River Basin  | Alabama                       | Outfall Latitude   | 32.398828                                | (decimal degrees) |     |
| *County  | Montgomery                    | Outfall Longitude  | -86.362747                               | (decimal degrees) |     |
| Permit Number  | AL0022241                     | Permit Type        | Permit Reissuance                        |                   |     |
|  |                               | Permit Status      | Active                                   |                   |     |
|  |                               | Type of Discharger | MUNICIPAL                                |                   |     |

Do other discharges exist that may impact the model?

Yes

No

|                                      |   |                                       |   |
|--------------------------------------|---|---------------------------------------|---|
| If yes, impacting dischargers names. | Wetumpka Wilako WWTP<br>Millbrook WWTP<br>Montgomery Econchate WWTP<br>Pine Creek WWTP<br>Montgomery Catoma Creek WWTP<br>International Paper-Prattville<br>SABIC | Impacting dischargers permit numbers. | AL0064025<br>AL0049921<br>AL0022225<br>AL0027723<br>AL0027863<br>AL0003115<br>AL0054704 |
|--------------------------------------|---|---------------------------------------|---|

|                                |   |     |  |
|--------------------------------|---|-----|--|
| Existing Discharge Design Flow | 3 | MGD | Note: The flow rates given should be those requested for modeling. |
| Proposed Discharge Design Flow | 3 | MGD |  |

|                   |   |                         |     |                         |
|-------------------|---|-------------------------|-----|-------------------------|
| Comments included | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Information Verified By | KDP | Year File Was Created   |
|                   |   |                         |     | Response ID Number 1679 |

Lat/Long Method GPS

|                       |   |  |                                |
|-----------------------|---|--|--------------------------------|
| 12 Digit HUC Code     | 031502010106                            |  |                                |
| Use Classification    | F&W                                     |  |                                |
| Site Visit Completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | Date of Site Visit 1/15/2019   |
| Waterbody Impaired?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Date of WLA Response 4/18/2019 |
| Antidegradation       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Approved TMDL?                 |
| Waterbody Tier Level  | Tier I                                  |  |                                |
| Use Support Category  | 1                                       |  |                                |
| Approval Date of TMDL |   |  |                                |

## Waste Load Allocation Information

|                         |                      |                    |                              |
|-------------------------|----------------------|--------------------|------------------------------|
| Modeled Reach Length    | 63.5                 | Miles              | Date of Allocation 4/18/2019 |
| Name of Model Used      | QUAL2E               | Allocation Type    | 2 Seasons                    |
| Model Completed by      | KDP                  | Type of Model Used | Desk-top                     |
| Allocation Developed by | Water Quality Branch |                    |                              |

# Waste Load Allocation Summary

Page 2

| Annual Effluent<br>Limits | Conventional Parameters |        |      |         | Other Parameters |      |         |     |         |     |
|---------------------------|-------------------------|--------|------|---------|------------------|------|---------|-----|---------|-----|
|                           | Qw                      | 3      | MGD  | Qw      | 3                | MGD  | Qw      | MGD | Qw      | MGD |
| CBOD5                     | Season                  | Summer |      | Season  | Winter           |      | Season  |     | Season  |     |
|                           | From                    | May    |      | From    | Nov              |      | From    |     | From    |     |
|                           | Through                 | Oct    |      | Through | Apr              |      | Through |     | Through |     |
| NH3-N                     | CBOD5                   | 22     | mg/L | CBOD5   | 25               | mg/L | TP      |     | TP      |     |
| TKN                       | NH3-N                   | 10     | mg/L | NH3-N   | 20               | mg/L | TN      |     | TN      |     |
| D.O.                      | TKN                     | 20     | mg/L | TKN     | 40               | mg/L | TSS     |     | TSS     |     |
|                           | D.O.                    | 2      | mg/L | D.O.    | 2                | mg/L |         |     |         |     |

| "Monitor Only" Parameters for Effluent: | Parameter                           | Frequency | Parameter | Frequency |
|---|-------------------------------------|-----------|-----------|-----------|
|   | TP                                  | Monthly   |           |           |
|   | NO <sub>2</sub> +NO <sub>3</sub> -N | Monthly   |           |           |
|   |                                     |           |           |           |
|   |                                     |           |           |           |
|   |                                     |           |           |           |

## Water Quality Characteristics Immediately Upstream of Discharge

| Parameter          | Summer            |           | Winter            |           |
|--------------------|-------------------|-----------|-------------------|-----------|
|                    | CBOD <sub>5</sub> | 1.32 mg/l | CBOD <sub>5</sub> | 1.51 mg/l |
| NH <sub>3</sub> -N |                   | 0.09 mg/l |                   | 0.16 mg/l |
| Temperature        |                   | 30 °C     |                   | 20 °C     |
| pH                 |                   | 7 su      |                   | 7 su      |

### Hydrology at Discharge Location

| Drainage Area<br>Qualifier | Drainage Area  | Summer      |           | Method Used to Calculate       |
|----------------------------|----------------|-------------|-----------|--------------------------------|
|                            |                | 15063 sq mi | 15063 cfs |                                |
| Exact                      | Stream 7Q10    | 3917        | cfs       | ADEM Estimate w/USGS Gage Data |
|                            | Stream 1Q10    | 2938        | cfs       | 75% of 7Q10                    |
|                            | Stream 7Q2     | 6098        | cfs       | ADEM Estimate w/USGS Gage Data |
|                            | Annual Average | 23334       | cfs       | ADEM Estimate w/USGS Gage Data |

Comments  
and/or  
Notations

| ID  | Pollutant                       | $Q_d^*C_d + Q_{d2}^*C_{d2} + Q_s^*C_s = Q_r^*C_r$ |        |   |  |   |   | Enter Max Daily Discharge as reported by Applicant ( $C_d$ ) Max | Enter Avg Daily Discharge as reported by Applicant ( $C_d$ ) Ave | Partition Coefficient (Stream / Lake) |
|-----|---------------------------------|---|--------|---|--|---|---|--|--|---------------------------------------|
|     |                                 | Carcogen "yes"                                    | Type   | Background from upstream sources ( $C_{d2}$ ) Daily Max | Background from upstream source ( $C_{d2}$ ) Monthly Ave | Background Instream ( $C_r$ ) Daily Max | Background Instream ( $C_r$ ) Monthly Ave |  |  |                                       |
| 1   | Antimony                        |   | Metals | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 2   | <b>Arsenic**</b>                | YES   | Metals | 0   | 0  | 0                                       | 0   | 14   | 13.5   | 0.574                                 |
| 3   | Beryllium                       |   | Metals | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 4   | Cadmium**                       |   | Metals | 0   | 0  | 0                                       | 0   | 0  | 0  | 0.236                                 |
| 5   | Chromium / Chromium III**       |   | Metals | 0   | 0  | 0                                       | 0   | 0  | 0  | 0.210                                 |
| 6   | Chromium / Chromium VI**        |   | Metals | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 7   | Copper**                        |   | Metals | 0   | 0  | 0                                       | 0   | 21.5   | 13.4   | 0.388                                 |
| 8   | Lead**                          |   | Metals | 0   | 0  | 0                                       | 0   | 0  | 0  | 0.206                                 |
| 9   | Mercury**                       |   | Metals | 0   | 0  | 0                                       | 0   | 0.19   | 0.19   | 0.302                                 |
| 10  | Nickel**                        |   | Metals | 0   | 0  | 0                                       | 0   | 0  | 0  | 0.505                                 |
| 11  | Selenium                        |   | Metals | 0   | 0  | 0                                       | 0   | 12.8   | 12.3   | -                                     |
| 12  | Silver                          |   | Metals | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 13  | Thallium                        |   | Metals | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 14  | Zinc**                          |   | Metals | 0   | 0  | 0                                       | 0   | 22.2   | 13.9   | 0.330                                 |
| 15  | Cyanide                         |   | Metals | 0   | 0  | 0                                       | 0   | 3  | 2  | -                                     |
| 16  | Total Phenolic Compounds        |   | Metals | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 17  | Hardness (As CaCO3)             |   | Metals | 0   | 0  | 0                                       | 0   | 41200  | 35600  | -                                     |
| 18  | Acrolein                        |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 19  | Acrylonitrile*                  |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 20  | Aldrine                         | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 21  | Benzene*                        | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 22  | Benzo(a)anthracene*             |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 23  | Carbon Tetrachloride*           |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 24  | Chlordene                       | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 25  | Chlordene                       |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 26  | Chlorodibromo-Methane*          |   | VOC    | 0   | 0  | 0                                       | 0   | 5.3  | 5  | -                                     |
| 27  | Chloroethane                    |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 28  | 2-Chloro-Ethylvinyl Ether       |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 29  | Chloroform*                     | YES   | VOC    | 0   | 0  | 0                                       | 0   | 44.3   | 40.2   | -                                     |
| 30  | 4,4'-DDD                        | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 31  | 4,4'-DDD                        | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 32  | 4,4'-DDT                        | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 33  | Dichloroethane-Methane*         | YES   | VOC    | 0   | 0  | 0                                       | 0   | 19.8   | 13.5   | -                                     |
| 34  | 1, 1-Dichloroethane             |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 35  | 1, 2-Dichloroethane*            | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 36  | Trans-1, 2-Dichloro-Ethylene    |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 37  | 1, 1-Dichloroethylene*          | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 38  | 1, 2-Dichloropropane            |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 39  | 1, 3-Dichloro-Propylene         |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 40  | Dieldrin                        | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 41  | Ethylbenzene                    |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 42  | Methyl Bromide                  |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 43  | Methyl Chloride                 |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 44  | Methylene Chloride*             |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 45  | 1, 1, 2, 2-Tetrachloro-Ethane*  |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 46  | Tetrachloro-Ethylene*           |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 47  | Toluene                         |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 48  | Toxaphene                       |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 49  | TributylRine (TBT)              |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 50  | 1, 1, 1-Trichloroethane         |   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 51  | 1, 2-Trichloroethane*           | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 52  | Trichloroethylene*              | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 53  | Vinyl Chloride*                 | YES   | VOC    | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 54  | P-Chloro-M-Cresol               |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 55  | 2-Chlorophenol                  |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 56  | 2, 4-Dichlorophenol             |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 57  | 2, 4-Dimethylphenol             |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 58  | 4, 6-Dinitro-O-Cresol           |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 59  | 2, 4-Dinitrophenol              |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 60  | 2, 4-Dinitrophenol-methylphenol |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 61  | Dioxin (2,3,7,8-TCDD)           |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 62  | 2-Nitrophenol                   |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 63  | 4-Nitrophenol                   |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 64  | Pentachlorophenol*              |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 65  | Phenol                          |   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 66  | 2, 4, 6-Trichlorophenol*        | YES   | Acids  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 67  | Acenaphthene                    |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 68  | Acenaphthylene                  |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 69  | Anthracene                      |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 70  | Benzidine                       |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 71  | Benzo(a)Anthracene*             | YES   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 72  | Benzo(a)Pyrene*                 | YES   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 73  | 3, 4 Benzo-Fluoranthene         |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 74  | Benzo(GH)Perylene               |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 75  | Benzo(K)Fluoranthene            |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 76  | Bis (2-Chloroethoxy) Methane    |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 77  | Bis (2-Chloroethyl)-Ether*      |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 78  | Bis (2-Chloro-Propyl) Ether     |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 79  | Bis (2-Ethylhexyl) Phthalate*   | YES   | Bases  | 0   | 0  | 0                                       | 0   | 5  | 0  | -                                     |
| 80  | 4-Bromophenyl Phenyl Ether      |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 81  | Butyl Benzyl Phthalate          |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 82  | 2-Chlorophenylbenzene           |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 83  | 4-Chlorophenyl Phenyl Ether     |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 84  | Chrysene*                       |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 85  | Di-N-Butyl Phthalate            |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 86  | Di-N-Octyl Phthalate            |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 87  | Diphenyl(A,H)Anthracene*        | YES   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 88  | 1, 2-Dichloroethane             |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 89  | 3-Dichlorobenzene               |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 90  | 1, 4-Dichlorobenzene            |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 91  | 3, 3-Dichlorobenzidine*         | YES   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 92  | Diethyl Phthalate               |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 93  | Dimethyl Phthalate              |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 94  | 2, 4-Dinitrotoluene*            |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 95  | 2, 6-Dinitrotoluene             |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 96  | 1, 2-Diphenylhydrazine          |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 97  | Endosulfan (alpha)              | YES   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 98  | Endosulfan (beta)               | YES   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 99  | Endosulfan sulfate              | YES   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 100 | Endrin                          | YES   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 101 | Endrin Aldehyde                 | YES   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 102 | Fluoranthene                    |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 103 | Fluorene                        |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 104 | Heptachlor                      |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 105 | Heptachlor Epoxy                |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 106 | Hexachlorobenzene*              |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 107 | Hexachlorobutadiene*            |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 108 | Hexachlorocyclohexan (alpha)    |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 109 | Hexachlorocyclohexan (beta)     |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 110 | Hexachlorocyclohexan (gamma)    |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 111 | HeptachloroPentadiene           |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 112 | Heptachloroethane               |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 113 | Indeno(1, 2, 3-CK)Pyrene*       | YES   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 114 | Isophorone                      |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 115 | Naphthalene                     |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 116 | Nitrobenzene                    |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 117 | N-Nitrosoo-N-Propylamine*       |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 118 | N-Nitrosoo-N-Methylamine*       |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 119 | N-Nitrosoo-N-Phenylamine*       |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 120 | PCB-101                         |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 121 | PCB-121                         |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 122 | PCB-1232                        |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 123 | PCB-1242                        |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 124 | PCB-1248                        |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 125 | PCB-1254                        |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 126 | PCB-1260                        |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 127 | Phenanthrene                    |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 128 | Pyrene                          |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |
| 129 | 1, 2, 4-Trichlorobenzene        |   | Bases  | 0   | 0  | 0                                       | 0   | 0  | 0  | -                                     |

|               |   |
|---------------|---|
| 3             | Enter $Q_d$ = wastewater discharge flow (cfs) (this value is calculated from the MGD)   |
| 4.641687      |   |
| 0             | Enter flow from upstream discharge $Q_{d2}$ = background stream flow in MGD above point of discharge                              |
| 0             | $Q_{d2}$ = background stream flow in cfs above point of discharge   |
| 3917          | Enter $Q_{d2}$ = background stream flow in cfs above point of discharge   |
| 2938          | Enter or estimated, 1010, $Q_r$ = background stream flow in cfs above point of discharge (1010 estimated at 75% of TQ10)          |
| 23334         | Enter Mean Annual Flow, $Q_r$ = background stream flow in cfs above point of discharge  |
| 6098          | Enter TQ10, $Q_r$ = background stream flow in cfs above point of discharge (For LWF class streams)                                |
| Enter to Left | Enter $C_r$ = background in-stream pollutant concentration in $\mu\text{g/l}$ (assuming this is zero "0" unless there is a value) |
| 7.00 k.u.     | Enter, Background pH above point of discharge   |
| YES           | Enter, Is discharge to a stream? "YES" Other option would be to a lake.   |

| Facility Name: Montgomery Towassa WWTP<br>NPDES No.: AL0022241 |                                  |     |                   |   |   |  |                           |            |  |   |  |                           |  |  |  |                           |          |          |    |
|--|----------------------------------|-----|-------------------|---|---|--|---------------------------|------------|--|---|--|---------------------------|--|--|--|---------------------------|----------|----------|----|
| Freshwater F&W classification.                                 |                                  |     |                   |   | Human Health Consumption Fish only (ug/l)     |  |                           |            |  |   |  |                           | Carcinogen Q <sub>a</sub> = Annual Average<br>Non-Carcinogen Q <sub>a</sub> = 7Q10 |  |  |                           |          |          |    |
| ID   | Pollutant                        | RP? | Carcinogen<br>yes | Background<br>from upstream<br>source (Cd22)<br>Daily Max | Freshwater Acute (ug/l) Q <sub>a</sub> = 1Q10 |  |                           |            | Avg Daily<br>Discharge as<br>reported by<br>Applicant<br>(C <sub>ave</sub> ) | Freshwater Chronic (ug/l) Q <sub>a</sub> = 7Q10 |  |                           |  | Carcinogen Q <sub>a</sub> = Annual Average<br>Non-Carcinogen Q <sub>a</sub> = 7Q10 |  |                           |          |          |    |
|  |                                  |     |                   |   | Water Quality Criteria (C <sub>a</sub> )      | Draft Permit Limit (C <sub>dep</sub> ) | 20% of Draft Permit Limit | RP?        |  | Water Quality Criteria (C <sub>a</sub> )        | Draft Permit Limit (C <sub>dep</sub> ) | 20% of Draft Permit Limit | RP?  | Water Quality Criteria (C <sub>a</sub> )   | Draft Permit Limit (C <sub>dep</sub> ) | 20% of Draft Permit Limit | RP?      |          |    |
| 1  | Antimony                         |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | 0   | -                                      | -                         | -  | 3.73E+02   | 3.15E+05                               | 6.31E+04                  | No       |          |    |
| 2  | Arsenic                          | YES |                   | 0   | 14  | 692.354                                | 375516.095                | 75103.219  | No   | 0   | 13.5                                   | 361.354                   | 220785.946   | 44157.189  | No                                     | 3.03E-01                  | 1.52E+03 | 3.05E+02 | No |
| 3  | Beryllium                        |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | 0   | -                                      | -                         | -  | -  | -                                      | -                         | -        | -        |    |
| 4  | Cadmium                          |     |                   | 0   | 4.347   | 2755.94                                | 551.181                   | No         | 0  | 0   | 0.644                                  | 543.769                   | 108.754  | No   | -                                      | -                         | -        | -        |    |
| 5  | Chromium/ Chromium III           |     |                   | 0   | 0   | 1537.913                               | 974974.540                | 194994.908 | No   | 0   | 0                                      | 200.051                   | 169017.826   | 33803.565  | No                                     | -                         | -        | -        | -  |
| 6  | Chromium/ Chromium VI            |     |                   | 0   | 16.000  | 10143.352                              | 2028.670                  | No         | 0  | 0   | 11.003                                 | 9293.616                  | 1858.723   | No   | -                                      | -                         | -        | -        |    |
| 7  | Copper                           |     |                   | 0   | 21.5  | 18.078                                 | 11427.993                 | 2285.599   | No   | 0   | 13.4                                   | 12.759                    | 10785.300  | 2157.080   | No                                     | -                         | -        | -        | -  |
| 8  | Lead                             |     |                   | 0   | 0   | 160.001                                | 92742.473                 | 18548.495  | No   | 0   | 0                                      | 6.701                     | 4816.412   | 963.282  | No                                     | -                         | -        | -        | -  |
| 9  | Mercury                          |     |                   | 0.19  | 3.400   | 1521.503                               | 304.301                   | No         | 0.19   | 0.012   | 10.138                                 | 2.028                     | No   | 4.24E-02   | 3.58E+01                               | 7.17E+00                  | No       |          |    |
| 10   | Nickel                           |     |                   | 0   | 0   | 519.854                                | 327011.763                | 65402.353  | No   | 0   | 0                                      | 57.250                    | 48404.670  | 9680.934   | No                                     | 9.93E-02                  | 8.39E+05 | 1.68E+05 | No |
| 11   | Seleniun                         |     |                   | 12.8  | 20.000  | 12679.191                              | 2535.838                  | No         | 12.3   | 5.000   | 4224.371                               | 844.874                   | No   | 2.43E+03   | 2.05E+08                               | 4.11E+05                  | No       |          |    |
| 12   | Silver                           |     |                   | 0   | 0.878   | 619.025                                | 123.805                   | No         | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 13   | Thallium                         |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | 0   | -                                      | -                         | -  | 2.74E+01   | 2.31E+02                               | 4.62E+01                  | No       |          |    |
| 14   | Zinc                             |     |                   | 22.2  | 187.398                                       | 125123.837                             | 25024.767                 | No         | 13.9   | 198.583   | 168115.642                             | 33623.168                 | No   | 1.49E+04   | 1.26E+07                               | 2.52E+06                  | No       |          |    |
| 15   | Cyanide                          |     |                   | 3   | 22.000  | 13947.110                              | 2789.422                  | No         | 2  | 5.200   | 4393.346                               | 878.669                   | No   | 9.33E+03   | 7.89E+08                               | 1.58E+06                  | No       |          |    |
| 16   | Total Phenolic Compounds         |     |                   | 41200   | -   | -                                      | -                         | -          | 35600  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 17   | Hardness (As CaCO <sub>3</sub> ) |     |                   | -   | -   | -                                      | -                         | -          | -  | -   | -                                      | -                         | -  | 3.43E+00   | 4.58E+03                               | 9.17E+02                  | No       |          |    |
| 18   | Acrolein                         |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.48E+01   | 7.24E+02                               | 1.45E+02                  | No       |          |    |
| 19   | Acrylonitrile                    |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 2.84E+05   | 1.48E+01                               | 2.98E+02                  | No       |          |    |
| 20   | Aldrin                           | YES |                   | 0   | 0   | 3.000                                  | 1901.879                  | 380.378    | No   | 0   | -                                      | -                         | -  | 1.88E+01   | 7.78E+04                               | 1.56E+04                  | No       |          |    |
| 21   | Benzene                          | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 7.84E+01   | 3.98E+05                               | 7.92E+04                  | No       |          |    |
| 22   | Bromofrom                        | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 8.87E+01   | 4.81E+03                               | 9.83E+02                  | No       |          |    |
| 23   | Carbon Tetrachloride             | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 24   | Chloralane                       | YES |                   | 0   | 0   | 11.400                                 | 1521.503                  | 304.301    | No   | 0   | 0                                      | 0.0043                    | 3.633  | 0.727  | No                                     | 4.73E+04                  | 2.38E+00 | 4.75E+01 | No |
| 25   | Chlorobenzene                    |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 9.05E+02   | 7.68E+05                               | 1.53E+05                  | No       |          |    |
| 26   | Chlorodibromo-Methane            | YES |                   | 0   | 5.3   | -                                      | -                         | -          | 5  | -   | -                                      | -                         | -  | 7.41E+03   | 3.72E+04                               | 7.45E+03                  | No       |          |    |
| 27   | Chloroethane                     |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 28   | 2-Chloro-Ethylvinyl Ether        |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 29   | ChloroForm                       | YES |                   | 0   | 44.3  | -                                      | -                         | -          | 40.2   | -   | -                                      | -                         | -  | 1.02E+02   | 5.13E+05                               | 1.03E+05                  | No       |          |    |
| 30   | 4,4' - DDD                       | YES |                   | 0   | -   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.81E+04   | 9.12E+01                               | 1.82E+01                  | No       |          |    |
| 31   | 4,4' - DDE                       | YES |                   | 0   | -   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.32E+04   | 6.44E+01                               | 1.29E+01                  | No       |          |    |
| 32   | 4,4' - DDT                       | YES |                   | 0   | 1.100   | 697.355                                | 139.471                   | No         | 0  | 0.001   | 0.645                                  | 0.169                     | No   | 1.22E+04   | 6.44E+01                               | 1.29E+01                  | No       |          |    |
| 33   | Dichlorobromo-Methane            | YES |                   | 19.8  | -   | -                                      | -                         | -          | 13.5   | -   | -                                      | -                         | -  | 1.03E+01   | 5.05E+04                               | 1.01E+04                  | No       |          |    |
| 34   | 1, 1-Dichloroethane              |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 35   | 1, 2-Dichloroethane              | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 2.14E+01   | 1.07E+05                               | 2.15E+04                  | No       |          |    |
| 36   | Trans-1, 2-Dichloro-Ethylene     |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 5.81E+03   | 4.99E+08                               | 9.98E+05                  | No       |          |    |
| 37   | 1, 1-Dichloroethylene            | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 4.17E+03   | 2.10E+07                               | 4.19E+06                  | No       |          |    |
| 38   | 1, 2-Dichloropropane             |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 8.49E+03   | 7.18E+03                               | 1.44E+03                  | No       |          |    |
| 39   | 1, 3-Dichloro-Propylene          |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.32E+01   | 1.04E+03                               | 2.08E+03                  | No       |          |    |
| 40   | Dieldrin                         | YES |                   | 0   | 0   | 0.240                                  | 152.150                   | 30.430     | No   | 0   | 0                                      | 0.0092                    | 47.313   | 9.463  | No                                     | 1.12E+06                  | 1.57E+01 | 3.14E+02 | No |
| 41   | Ethylbenzene                     |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.34E+03   | 1.05E+08                               | 2.10E+05                  | No       |          |    |
| 42   | Methyl Bromide                   |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 8.71E+02   | 7.36E+05                               | 1.47E+05                  | No       |          |    |
| 43   | Methyl Chloride                  |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 44   | Methylene Chloride               | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 4.49E+02   | 1.74E+05                               | 3.48E+05                  | No       |          |    |
| 45   | 1, 1, 2, 2-Tetrachloro-Ethane    | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 3.33E+00   | 1.17E+04                               | 2.35E+03                  | No       |          |    |
| 46   | Tetrachloro-Ethylene             | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.92E+00   | 9.64E+03                               | 1.93E+03                  | No       |          |    |
| 47   | Toluene                          |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 8.72E+03   | 7.37E+08                               | 1.47E+08                  | No       |          |    |
| 48   | Toxaphene                        | YES |                   | 0   | 0   | 0.230                                  | 462.780                   | 92.558     | No   | 0   | 0                                      | 0.0002                    | 0.169  | 0.034  | No                                     | 1.82E+04                  | 8.14E+01 | 1.63E+01 | No |
| 49   | Tributyltin (TBT)                | YES |                   | 0   | 0   | 0.240                                  | 291.621                   | 58.324     | No   | 0   | 0                                      | 0.0013                    | 60.631   | 12.166   | No                                     | -                         | -        | -        | -  |
| 50   | 1, 1, 1-Trichloroethane          |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 51   | 1, 1, 2-Trichloroethane          | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 2.14E+01   | 1.07E+05                               | 2.15E+04                  | No       |          |    |
| 52   | Trichloroethylene                | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 5.81E+03   | 4.99E+08                               | 9.98E+05                  | No       |          |    |
| 53   | Vinyl Chloride                   | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 4.17E+03   | 2.10E+07                               | 4.19E+06                  | No       |          |    |
| 54   | P-Chloro-M-Cresol                |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.42E+01   | 7.16E+03                               | 1.43E+03                  | No       |          |    |
| 55   | 2-Chlorophenol                   |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 3.71E+01   | 7.36E+04                               | 1.47E+04                  | No       |          |    |
| 56   | 2, 4-Dichlorophenol              |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.72E+02   | 1.45E+05                               | 2.91E+04                  | No       |          |    |
| 57   | 2, 4-Dimethylphenol              |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 4.38E+02   | 4.20E+05                               | 8.41E+04                  | No       |          |    |
| 58   | 4, 6-Dinitro-O-Cresol            |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 8.11E+03   | 2.63E+08                               | 5.26E+05                  | No       |          |    |
| 59   | 2, 4-Dinitrophenol               |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 8.16E+02   | 8.32E+05                               | 1.68E+05                  | No       |          |    |
| 60   | 4,6-Dinitro-2-methylphenol       |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 2.07E+08   | 1.34E+04                               | 2.68E+05                  | No       |          |    |
| 61   | Dioxin (2,3,7,8-TCDD)            | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 62   | 2-Nitrophenol                    |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 63   | 4-Nitrophenol                    |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 64   | Pentachlorophenol                | YES |                   | 0   | 0   | 8.710                                  | 5530.232                  | 1108.046   | No   | 0   | 0                                      | 8.590                     | 5654.391   | 1130.678   | No                                     | 1.77E+00                  | 8.89E+03 | 1.78E+03 | No |
| 65   | Phenol                           |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 5.00E+03   | 4.22E+08                               | 8.45E+07                  | No       |          |    |
| 66   | 2, 4, 4-Trichlorophenol          | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.61E+01   | 7.11E+02                               | 1.42E+03                  | No       |          |    |
| 67   | Acenaphthene                     |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 9.39E+02   | 4.89E+05                               | 9.78E+04                  | No       |          |    |
| 68   | Acenaphthylene                   |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 69   | Anthracene                       |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 70   | Benzidine                        |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 71   | Benzol(A)Anthracene              | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.05E+01   | 4.57E+04                               | 9.15E+03                  | No       |          |    |
| 72   | Benzol(A)Pyrene                  | YES |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 2.14E+01   | 8.78E+04                               | 1.76E+04                  | No       |          |    |
| 73   | Benzol(b)fluoranthene            |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | 1.42E+01   | 7.16E+03                               | 1.43E+03                  | No       |          |    |
| 74   | Benzol(GH)Perylene               |     |                   | 0   | 0   | -                                      | -                         | -          | 0  | -   | -                                      | -                         | -  | -  | -                                      | -                         | -        |          |    |
| 75   | Benzol(K)Fluoranthene            |     |                   | 0   | 0   | -                                      | -                         | -          | 0</  |   |  |                           |  |  |  |                           |          |          |    |

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

version 1.11

(Submission #: HQ2-G07J-977HY, version 1)

Digitally signed by:  
AEPACS  
Date: 2024.06.27 13:09:46 -05:00  
Reason: Copy Of Record  
Location: State of Alabama

## Details

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Submission ID HQ2-G07J-977HY

## Form Input

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### General Instructions

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

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

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

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

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

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

Reissuance of a permit due to approaching expiration

Revocation and Reissuance of permit prior to its scheduled expiration

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

#### Applicable Fees:

Permit Transfers and/or Permittee/Facility Name Changes

\$800

Minor Modifications

\$800

Major Modifications (No Effluent Limit Change)

\$3,140 (Major Sources)

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

Major Modifications (Effluent Limit Change)

\$7,060 (Major Sources)

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

Reissuances

\$7,060 (Major Sources)

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

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

## Processing Information

**Purpose of Application**

Reissuance of Permit Due to Approaching Expiration

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

None

**Action Type**

Reissuance

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

None

**Do you have additional contacts associated with this site?**

No

**Permit Information****Permit Number**

AL0022241

**Current Permittee Name**

Montgomery Water Works & Sanitary Sewer Board

**Permittee****Permittee Name**

*Montgomery Water Works & Sanitary Sewer Board*

**Mailing Address**

Post Office Box 1631

Montgomery, AL 36102

**Is the Operator the same as the Permittee?**

Yes

**Has the Operator's scope of responsibility changed?**

No

**Responsible Official****Prefix**

*Mr.*

**First Name**

William R.

**Last Name**

*Henderson*

**Title**

*General Manager*

**Organization Name**

*Montgomery Water Works & Sanitary Sewer Board*

**Phone Type****Number****Extension**

Business

3342061607

**Email**

*bhenders@mwwssb.com*

**Mailing Address**

Post Office Box 1631

Montgomery, AL 36102

**Existing Permit Contacts**

| Affiliation Type | Contact Information                           | Remove? |
|------------------|---|---------|
| Permittee        | Montgomery Water Works & Sanitary Sewer Board | Keep    |

| Affiliation Type                                 | Contact Information   | Remove? |
|--|---|---------|
| DMR Contact, Emergency Contact, Facility Contact | Tim Logiotatos, Montgomery Water Works & Sanitary Sewer Board       | Remove  |
| Notification Recipient, Responsible Official     | William R. Henderson, Montgomery Water Works & Sanitary Sewer Board | Keep    |

## Facility/Site Information

### Facility/Site Name

Towassa WWTP

### Organization/Ownership Type

Water/Sewer/Utility District or Board

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

### Facility/Site Physical Location Address

3000 Washington Ferry Road  
Montgomery, AL 36108

### Facility/Site County

Montgomery

### Facility/Site Contact

#### Prefix

Mr.

**First Name**      **Last Name**  
Robert              Allen

#### Title

Water Pollution Control Superintendent

#### Organization Name

Montgomery Water Works and Sanitary Sewer Board

**Phone Type**      **Number**      **Extension**

Business              3342061713

#### Email

allenr@mwwssb.com

### Note

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

### Detailed Directions to the Facility/Site

Google Maps.

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

[Map Instruction Help](#)

### Facility/Site Front Gate Latitude and Longitude

32.39503600000000,-86.36445300000000

3000 Washington Ferry Road, Montgomery, AL

### Primary SIC Code

4952-Sewerage Systems

**Primary NAICS Code**  
221320-Sewage Treatment Facilities

**Emergency Contact**

**Prefix**

*Mr.*

**First Name      Last Name**

Robert      *Allen*

**Title**

*Water Pollution Control Superintendent*

**Phone Type      Number      Extension**

Business      3342061713

**Email**

*allenr@mwwssb.com*

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

No

**Enforcement History**

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

No

**Wastewater Treatment & Discharge Information**

**Please indicate which type of operations occur at this facility:**

Treatment Works Treating Domestic Sewage

**What treatment type is used at this facility:**

Mechanical (WWTP)

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

Surface Water

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

3

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

1.1

**Does this facility have any current or proposed stormwater outfalls from the treatment facility?**

Yes

**Process Flow Schematic**

[process\\_flow\\_ADEMForm188\\_2024.pdf](#) - 05/22/2024 10:55 AM

Comment

NONE PROVIDED

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

No

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

| Current                                       | Yes/No |
|---|--------|
| Continuous Wastewater Flow Metering Equipment | Yes    |
| Automatic Sampling Equipment                  | Yes    |

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

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

#### Schematic Diagram

[site\\_plan\\_schematic\\_form188\\_2024.pdf - 05/22/2024 10:56 AM](#)

#### Comment

NONE PROVIDED

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

No

## Treatment Methods (TWTDS)

#### Treatment Level

Preliminary Treatment (e.g., grit removal, flow equalization, screening)

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

Secondary Treatment [e.g., suspended growth biological treatment; attached growth and combined biological treatment].

#### Wastewater Disinfection Technology Information

Chlorination

Dechlorination

Please select all POTW Treatment Categories that apply.

Aeration

Disinfection

Clarification

Dechlorination

Land Application

Please select all unit operations that apply for Aeration:

Aeration (pre-treatment)

Please select all unit operations that apply for Clarification:

Clarification, Intermediate

Clarification, Secondary

Please select all unit operations that apply for Disinfection:

Disinfection, Other

Disinfection, Other Chemical

Please select all unit operations that apply for Land Application:

Land Application, Slow Rate, W/O Underdrain

Please select all unit operations that apply for Preliminary Treatment:

Grit Removal

Screen, Mechanical Bar

Scum Removal

## Waste Storage & Disposal Information

Any storage of solids or liquids at the facility that have any potential for accidental discharge to a water of the state?

No

## Collection System Information

#### Collection Systems

| Collection System ID | Collection System Name | Owner Type of Collection System | Population of Collection System |
|----------------------|------------------------|---------------------------------|---------------------------------|
| NONE PROVIDED        | NONE PROVIDED          | NONE PROVIDED                   | NONE PROVIDED                   |

### Industrial Indirect Discharge Contributors

**Does this wastewater treatment system receive or plan to receive industrial source wastewater contributions?**  
Yes

**How will you be submitting the list of existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system?**  
I want to add my data directly on this form.

**List the existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system:**

| Company Name                     | Description of Industrial Wastewater                   | Existing or Proposed | Flow (MGD) | Subject to SID Permit? |
|----------------------------------|--|----------------------|------------|------------------------|
| Birmingham Hide and Tallow, Inc. | process wastewater resulting from rendering operations | Existing             | 0.001500   | Yes                    |
| Maxwell AFB                      | military air base operation                            | Existing             | 0.600000   | No                     |

**Are industrial wastewater contributions regulated via a locally approved sewer use ordinance?**  
Yes

**Please attach a copy of the ordinance.**  
Regs Rules and Regulations Dec-2023.pdf - 04/30/2024 12:51 PM  
**Comment**  
NONE PROVIDED

### Coastal Zone Information

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

### Anti-Degradation Evaluation

**Does this modification/reissuance include a new or increased discharge that began after April 3, 1991?**  
No

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

No

### EPA Application Forms

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

The EPA application forms must be submitted as follows:

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

The EPA application forms are found on the Department's website here.

**EPA Form 2A**

Towassa2024\_EPA Form 2A with attachments\_signed.pdf - 06/12/2024 08:23 AM

**Comment**

NONE PROVIDED

**EPA Form 2F**

Towassa2024\_EPA Form 2F with attachments\_signed.pdf - 06/12/2024 08:23 AM

**Comment**

NONE PROVIDED

**EPA form 2S**

Towassa2024\_EPA Form 2S with attachments\_signed.pdf - 06/12/2024 08:24 AM

**Comment**

NONE PROVIDED

**Other attachments (as needed)**

NONE PROVIDED

**Comment**

NONE PROVIDED

## **Topographic Map**

**Attach topographic map here.**

map\_form188\_epa\_form2a-2024.pdf - 04/01/2024 01:34 PM

**Comment**

NONE PROVIDED

## **Engineering Report/BMP Plan Requirements**

**Engineering Report/BMP Plan Requirements**

NONE PROVIDED

**Comment**

NONE PROVIDED

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

**Outfall: 001****Do you want to remove this outfall from the modified/reissued permit?**

No

**Outfall Identifier**

001

**Is this Outfall equipped with a diffuser?**

No

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

1.1

**Receiving Water**

Alabama River (Woodruff Lake)

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

NONE PROVIDED

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

Map Instruction Help

**Location of Outfall or Discharge Point/Receiving Water**

32.39882800000000, -86.36274700000000

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

**303(d) Segment?**

No

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

**TMDL Segment?**

No

**NOTE**

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

**TMDL Attachments**

NONE PROVIDED

**Comment**

NONE PROVIDED

**Stormwater Outfall(s) (1 of 1)****Stormwater Outfall: 002****Do you want to remove this outfall from the modified/reissued permit?**

No

**Stormwater Outfall Identifier**

002

**Receiving Water**

Alabama River (Woodruff Lake)

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

NONE PROVIDED

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

[Map Instruction Help](#)

**Location of Outfall or Discharge Point/Receiving Water**

32.39472200000000, -86.36277800000001

**303(d) Segment?**

No

**TMDL Segment?**

No

**Fee**

**Fee**  
7060

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

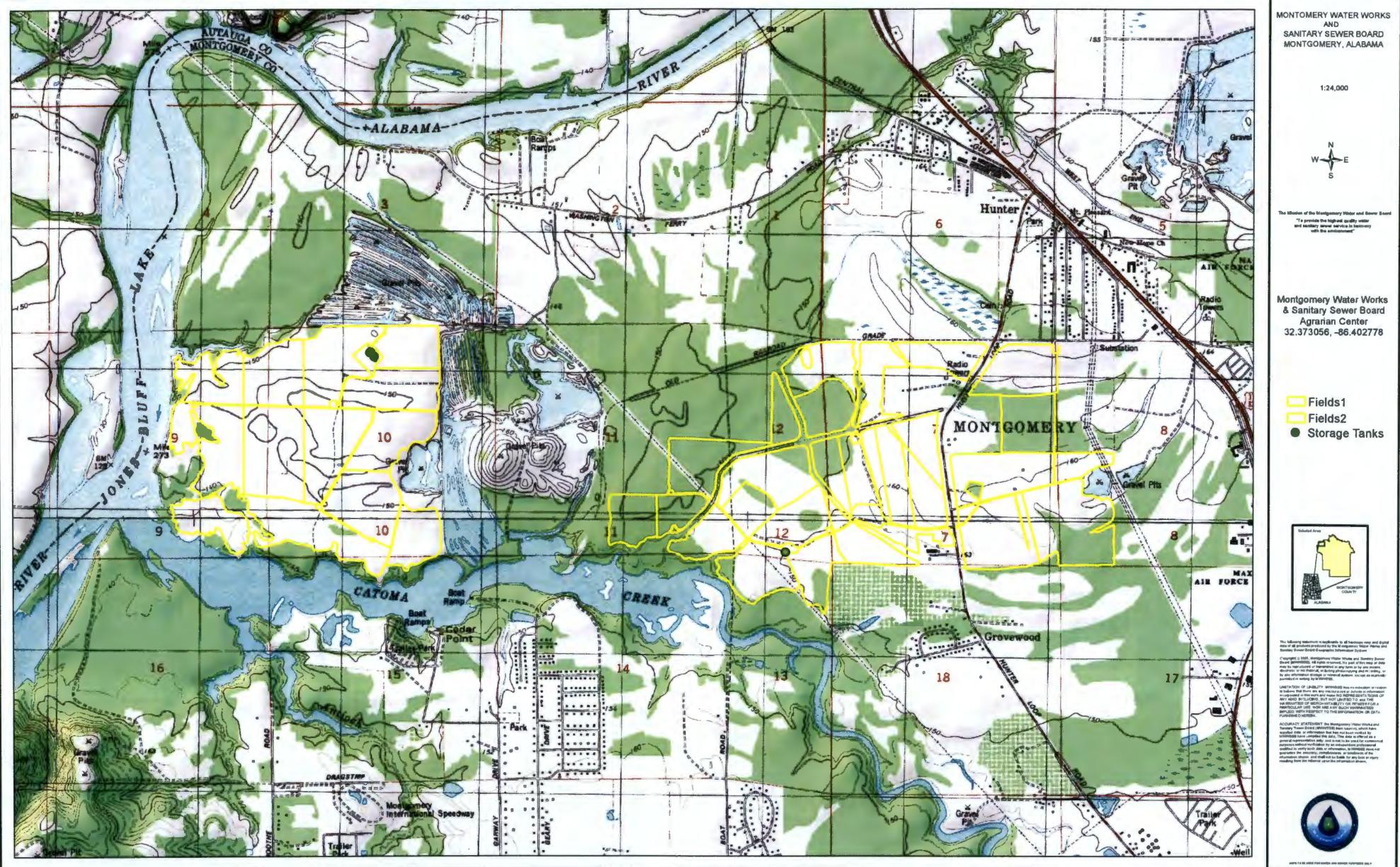
Modeling with Data Collection (10 Stations) - \$60,390  
Modeling with Data Collection (5 Stations) - \$49,315  
Modeling - desktop - \$4,855  
Review of Model Performed by Others - \$2,705  
Seasonal Limits - \$4,855/additional season  
Biomonitoring & Toxicity Limits - \$1,015

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

## **Application Preparer**

### **Application Preparer**

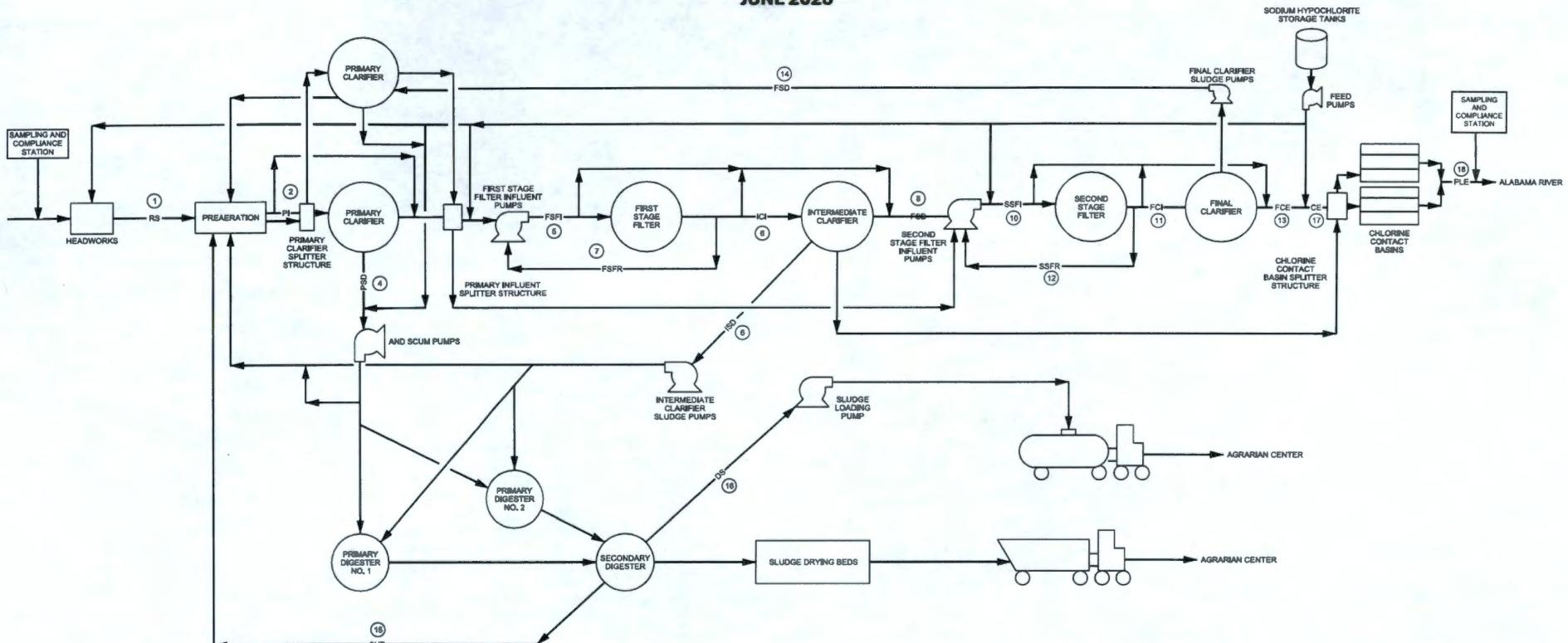
**Prefix***NONE PROVIDED***First Name***NONE PROVIDED***Last Name***NONE PROVIDED***Title***NONE PROVIDED***Organization Name***NONE PROVIDED***Phone Type***NONE PROVIDED***Number****Extension****Email***NONE PROVIDED***Address***[NO STREET ADDRESS SPECIFIED]**[NO CITY SPECIFIED], AL [NO ZIP CODE SPECIFIED]*



# TOWASSA WATER POLLUTION CONTROL PLANT

## PROCESS AND FLOW LOADING DIAGRAM

JUNE 2025



### PIPE LEGEND:

|      |                                      |
|------|--------------------------------------|
| CE   | CLARIFIER EFFLUENT                   |
| DS   | DIGESTED SLUDGE                      |
| FCI  | FINAL CLARIFIER INFLUENT             |
| FCE  | FINAL CLARIFIER EFFLUENT             |
| PSO  | DRAIN, FINAL SLUDGE                  |
| PSFI | FIRST STAGE FILTER INFLUENT          |
| PSR  | RETURN, FIRST STAGE FILTER           |
| ICI  | INTERMEDIATE CLARIFIER INFLUENT      |
| ICSO | DRAIN, INTERMEDIATE CLARIFIER SLUDGE |
| PI   | PRIMARY INFLUENT                     |
| PLE  | PLANT EFFLUENT                       |
| PSO  | DRAIN, PRIMARY SLUDGE                |
| RS   | RAW SEWAGE                           |
| SSFI | SECOND STAGE FILTER INFLUENT         |
| SUP  | SUPERNATE                            |

RECEIVED

OCT 23 2025

MUNICIPAL SECTION

Figure 3-34. Towassa WPCP Process Flow Diagram

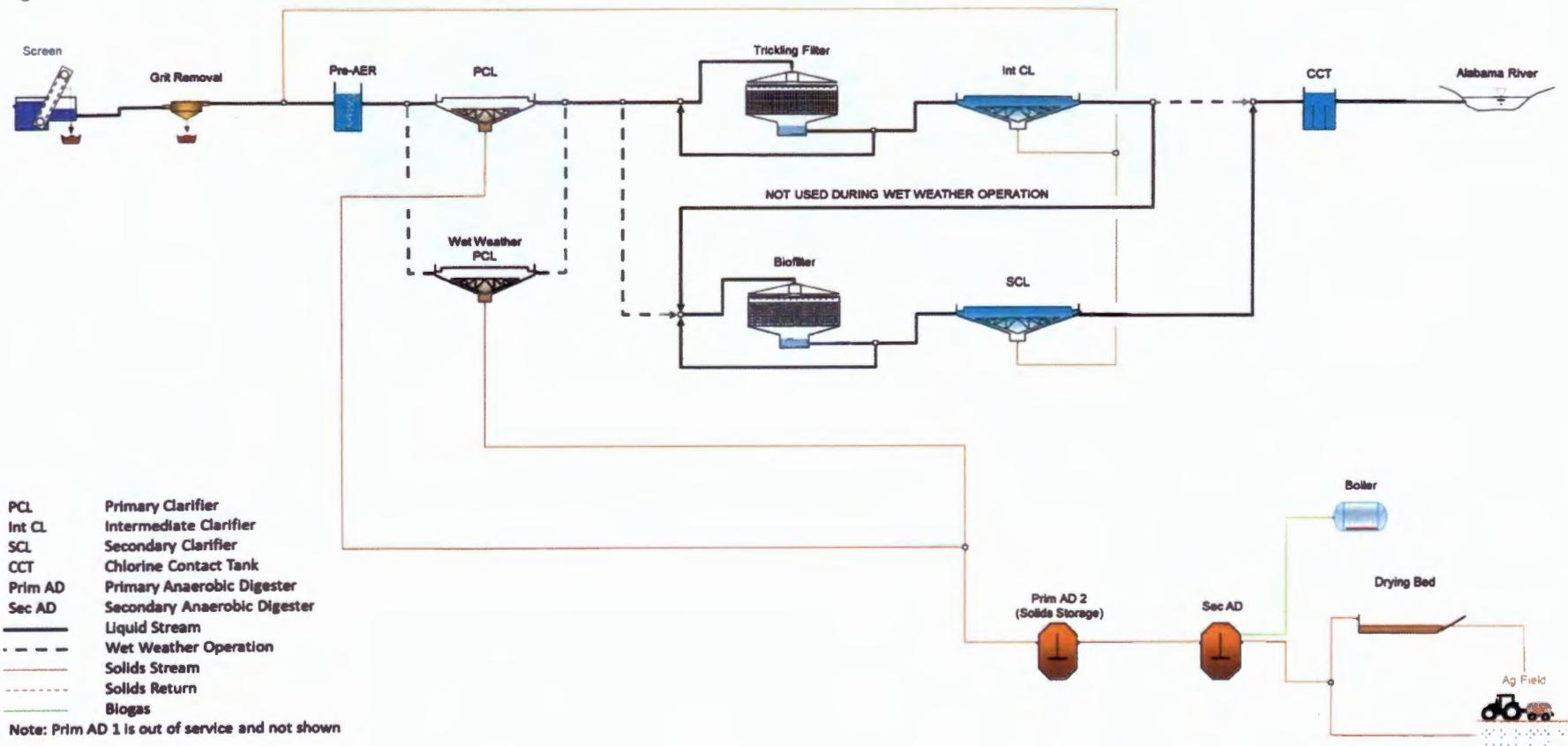
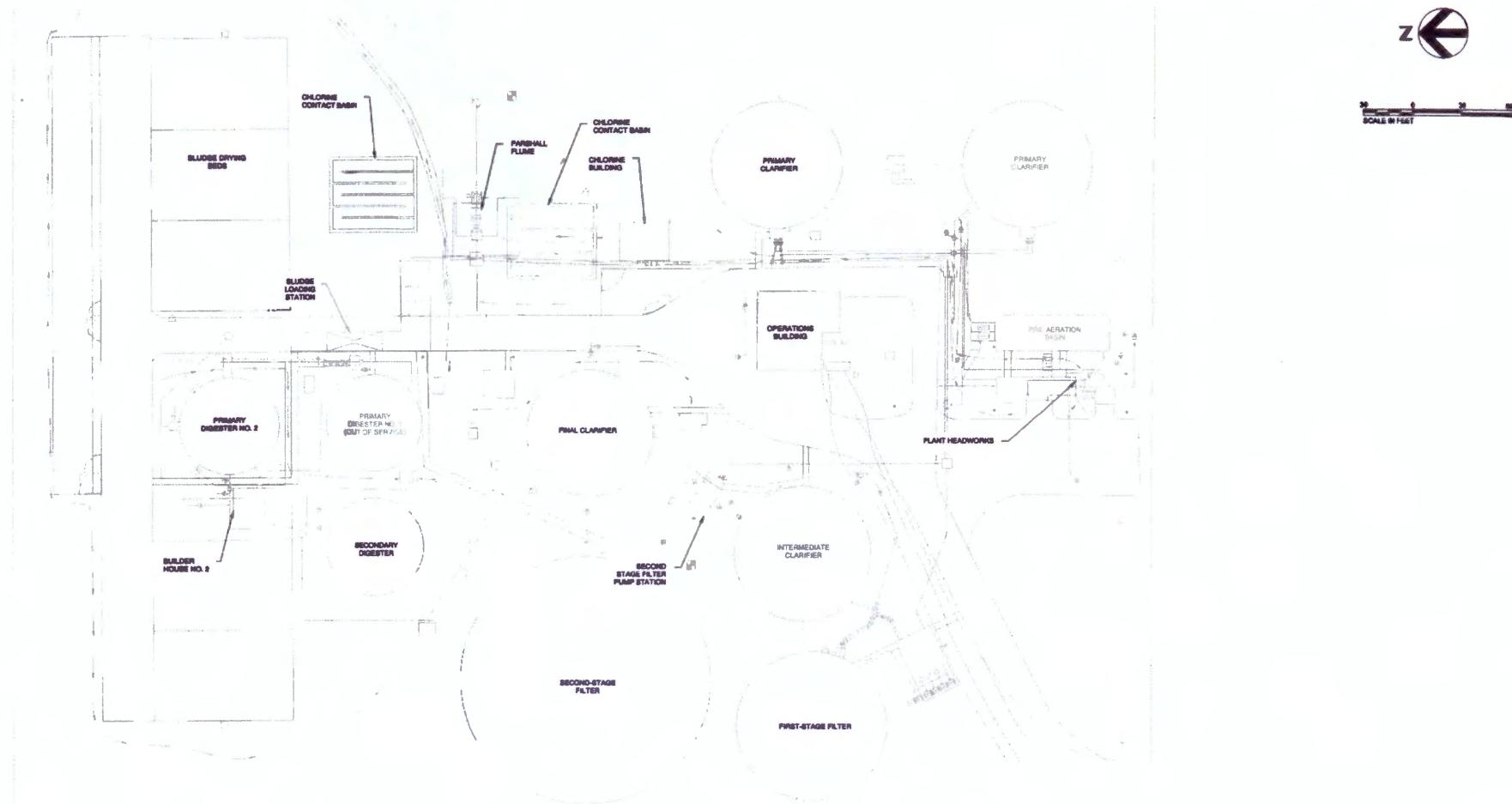
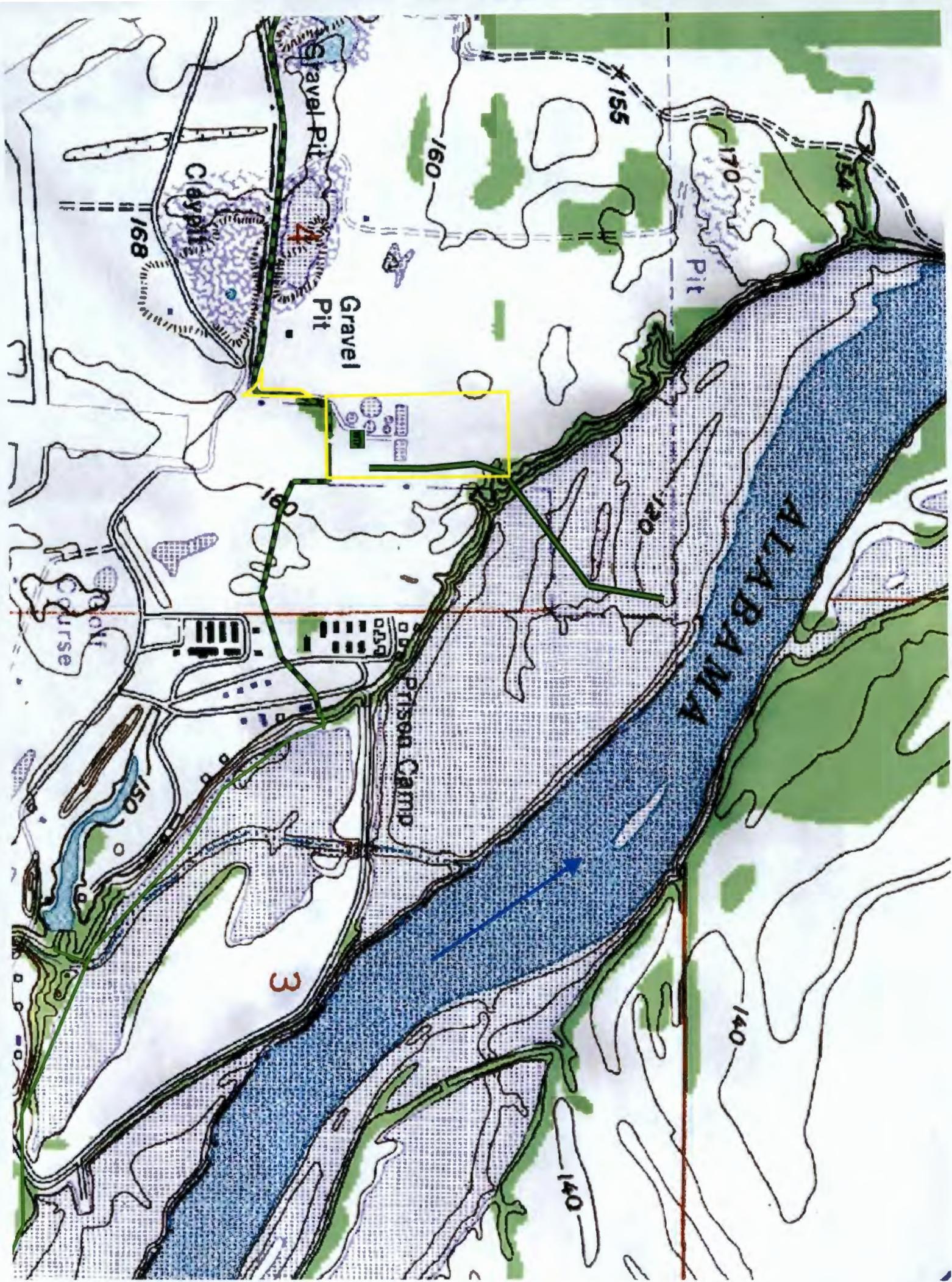


Figure 3-35. Towassa WPCP Site Plan





|  |   |   |  |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
|--|---|---|--|--|----------------------------|--|---|--|--|--|--|---|---|--|--|----------------------------|-------------|-------------------|--|
| EPA Identification Number<br>110002042931  |   | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP  | OMB No. 2040-0004<br>Expires 07/31/2026                      |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
| Form<br>2A<br>NPDES  |                  | <b>U.S. Environmental Protection Agency</b><br><b>Application for NPDES Permit to Discharge Wastewater</b><br><b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>  |  |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
| <b>SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) AND (9))</b> |   |   |  |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
| Facility Information   | <u>1.1</u>  | <p>Facility name<br/>Towassa Wastewater Treatment Plant / Montgomery Water Works and Sanitary Sewer Board</p> <p>Mailing address (street or P.O. box)<br/>PO Box 1631</p> <table border="1"> <tr> <td>City or town<br/>Montgomery</td> <td>State<br/>AL</td> <td>ZIP code<br/>36102</td> </tr> <tr> <td>Contact name (first and last)<br/>Robert Allen</td> <td>Title<br/>WPC Superintendent</td> <td>Phone number<br/>(334) 206-1713</td> <td>Email address<br/>allenr@mwwssb.com</td> </tr> <tr> <td colspan="2">Location address (street, route number, or other specific identifier)<br/>3000 Washington Ferry Rd</td> <td colspan="2"><input type="checkbox"/> Same as mailing address</td> </tr> <tr> <td>City or town<br/>Montgomery</td> <td>State<br/>AL</td> <td>ZIP code<br/>36108</td> <td></td> </tr> </table> |  |  | City or town<br>Montgomery | State<br>AL  | ZIP code<br>36102                               | Contact name (first and last)<br>Robert Allen                | Title<br>WPC Superintendent                  | Phone number<br>(334) 206-1713                       | Email address<br>allenr@mwwssb.com     | Location address (street, route number, or other specific identifier)<br>3000 Washington Ferry Rd |   | <input type="checkbox"/> Same as mailing address                           |  | City or town<br>Montgomery | State<br>AL | ZIP code<br>36108 |  |
|  | City or town<br>Montgomery  | State<br>AL   | ZIP code<br>36102  |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
|  | Contact name (first and last)<br>Robert Allen   | Title<br>WPC Superintendent   | Phone number<br>(334) 206-1713   | Email address<br>allenr@mwwssb.com                           |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
|  | Location address (street, route number, or other specific identifier)<br>3000 Washington Ferry Rd |   | <input type="checkbox"/> Same as mailing address   |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
|  | City or town<br>Montgomery  | State<br>AL   | ZIP code<br>36108  |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
|  | <u>1.2</u>  | <p>Is this application for a facility that has yet to commence discharge?</p> <p><input type="checkbox"/> Yes → See instructions on data submission      <input checked="" type="checkbox"/> No<br/>requirements for new dischargers.</p>   |  |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
|  | Applicant Information   | <u>1.3</u>  | <p>Is applicant different from entity listed under Item 1.1 above?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No → SKIP to Item 1.4.</p> <p>Applicant name</p> <p>Applicant address (street or P.O. box)</p> <table border="1"> <tr> <td>City or town</td> <td>State</td> <td>ZIP code</td> </tr> <tr> <td>Contact name (first and last)</td> <td>Title</td> <td>Phone number</td> <td>Email address</td> </tr> </table>   |  |                            | City or town   | State   | ZIP code   | Contact name (first and last)                | Title  | Phone number                           | Email address   |   |  |  |                            |             |                   |  |
| City or town   |   | State   | ZIP code   |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
| Contact name (first and last)  |   | Title   | Phone number   | Email address  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
| <u>1.4</u>   |   | <p>Is the applicant the facility's owner, operator, or both? (Check only one response.)</p> <p><input type="checkbox"/> Owner      <input type="checkbox"/> Operator      <input checked="" type="checkbox"/> Both</p>  |  |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
| <u>1.5</u>   |   | <p>To which entity should the NPDES permitting authority send correspondence? (Check only one response.)</p> <p><input type="checkbox"/> Facility      <input type="checkbox"/> Applicant      <input checked="" type="checkbox"/> Facility and applicant<br/>(they are one and the same)</p>   |  |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
| Existing Environmental Permits   |   | <u>1.6</u>  | <p>Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)</p> <p><b>Existing Environmental Permits</b></p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> NPDES (discharges to surface water)<br/>AL0022241</td> <td><input type="checkbox"/> RCRA (hazardous waste)</td> <td><input type="checkbox"/> UIC (underground injection control)</td> </tr> <tr> <td><input type="checkbox"/> PSD (air emissions)</td> <td><input type="checkbox"/> Nonattainment program (CAA)</td> <td><input type="checkbox"/> NESHAPs (CAA)</td> </tr> <tr> <td><input type="checkbox"/> Ocean dumping (MPRSA)</td> <td><input type="checkbox"/> Dredge or fill (CWA Section 404)</td> <td><input checked="" type="checkbox"/> Other (specify)<br/>AL0022241/BUG008649</td> </tr> </table> |  |                            | <input checked="" type="checkbox"/> NPDES (discharges to surface water)<br>AL0022241 | <input type="checkbox"/> RCRA (hazardous waste) | <input type="checkbox"/> UIC (underground injection control) | <input type="checkbox"/> PSD (air emissions) | <input type="checkbox"/> Nonattainment program (CAA) | <input type="checkbox"/> NESHAPs (CAA) | <input type="checkbox"/> Ocean dumping (MPRSA)  | <input type="checkbox"/> Dredge or fill (CWA Section 404) | <input checked="" type="checkbox"/> Other (specify)<br>AL0022241/BUG008649 |  |                            |             |                   |  |
|  |   | <input checked="" type="checkbox"/> NPDES (discharges to surface water)<br>AL0022241  | <input type="checkbox"/> RCRA (hazardous waste)  | <input type="checkbox"/> UIC (underground injection control) |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
|  | <input type="checkbox"/> PSD (air emissions)  | <input type="checkbox"/> Nonattainment program (CAA)  | <input type="checkbox"/> NESHAPs (CAA)   |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |
|  | <input type="checkbox"/> Ocean dumping (MPRSA)  | <input type="checkbox"/> Dredge or fill (CWA Section 404)   | <input checked="" type="checkbox"/> Other (specify)<br>AL0022241/BUG008649   |  |                            |  |   |  |  |  |  |   |   |  |  |                            |             |                   |  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| EPA Identification Number<br>110002042931        |   | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP                          | OMB No. 2040-0004<br>Expires 07/31/2026                                      |  |
| Outfalls and Other Discharge or Disposal Methods | <b>Outfalls Other Than to Waters of the United States</b>                         |   |  |  |  |
|  | <u>1.12</u>   | Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States? |  |  |  |
|  | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No → SKIP to Item 1.14.   |  |  |  |
|  | <u>1.13</u>   | Provide the location of each surface impoundment and associated discharge information in the table below.   |  |  |  |
|  | <b>Surface Impoundment Location and Discharge Data</b>                            |   |  |  |  |
|  | Location  |   | Average Daily Volume Discharged to Surface Impoundment | Continuous or Intermittent (check one)                                       |  |
|  |   |   | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |  |
|  |   |   | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |  |
|  |   |   | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |  |
|  | <u>1.14</u>   | Is wastewater applied to land?  |  |  |  |
|  | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No → SKIP to Item 1.16.   |  |  |  |
|  | <u>1.15</u>   | Provide the land application site and discharge data requested below.   |  |  |  |
|  | <b>Land Application Site and Discharge Data</b>                                   |   |  |  |  |
|  | Location  |   | Size   | Average Daily Volume Applied   |  |
|  |   |   | acres  | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |
|  |   |   | acres  | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |
|  |   |   | acres  | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |
|  | <u>1.16</u>   | Is effluent transported to another facility for treatment prior to discharge?   |  |  |  |
|  | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No → SKIP to Item 1.21.   |  |  |  |
| <u>1.17</u>                                      | Describe the means by which the effluent is transported (e.g., tank truck, pipe). |   |  |  |  |
| <u>1.18</u>                                      | Is the effluent transported by a party other than the applicant?                  |   |  |  |  |
| <input type="checkbox"/> Yes                     | <input type="checkbox"/> No → SKIP to Item 1.20.                                  |   |  |  |  |
| <u>1.19</u>                                      | Provide information on the transporter below.                                     |   |  |  |  |
| <b>Transporter Data</b>                          |   |   |  |  |  |
| Entity name                                      |   | Mailing address (street or P.O. box)  |  |  |  |
| City or town                                     |   | State   | ZIP code   |  |  |
| Contact name (first and last)                    |   | Title   |  |  |  |
| Phone number                                     |   | Email address   |  |  |  |

|   |  |   |                                      |  |  |
|---|--|---|--------------------------------------|--|--|
| EPA Identification Number<br>110002042931                                 |  | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP        | OMB No. 2040-0004<br>Expires 07/31/2026                                      |  |
| Outfalls and Other Discharge or Disposal Methods <b>Continued</b>         | <u>1.20</u>  | In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.   |                                      |  |  |
|   | <b>Receiving Facility Data</b>   |   |                                      |  |  |
|   | Facility name  |   | Mailing address (street or P.O. box) |  |  |
|   | City or town   |   | State                                | ZIP code   |  |
|   | Contact name (first and last)  |   | Title                                |  |  |
|   | Phone number   |   | Email address                        |  |  |
| NPDES number of receiving facility (if any) <input type="checkbox"/> None |  | Average daily flow rate   |                                      | mgd  |  |
| Variance Requests   | <u>1.21</u>  | Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?           |                                      |  |  |
|   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.   |   |                                      |  |  |
|   | <u>1.22</u>  | Provide information in the table below on these other disposal methods.   |                                      |  |  |
|   | <b>Information on Other Disposal Methods</b>   |   |                                      |  |  |
|   | <b>Disposal Method Description</b>   | <b>Location of Disposal Site</b>  | <b>Size of Disposal Site</b>         | <b>Annual Average Daily Discharge Volume</b>                                 | <b>Continuous or Intermittent (check one)</b>                                |
|   |  |   | acres                                | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |
|   |  | acres   | gpd                                  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |  |
|   |  | acres   | gpd                                  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |  |
| Contractor Information  | <u>1.23</u>  | Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) |                                      |  |  |
|   | <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) |   |                                      |  |  |
|   | <input checked="" type="checkbox"/> Not applicable   |   |                                      |  |  |
|   | <u>1.24</u>  | Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?  |                                      |  |  |
|   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.   |   |                                      |  |  |
|   | <u>1.25</u>  | Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.   |                                      |  |  |
| <b>Contractor Information</b>   |  |   |                                      |  |  |
|   | <b>Contractor 1</b>  | <b>Contractor 2</b>   | <b>Contractor 3</b>                  |  |  |
| Contractor name (company name)  |  |   |                                      |  |  |
| Mailing address (street or P.O. box)                                      |  |   |                                      |  |  |
| City, state, and ZIP code   |  |   |                                      |  |  |
| Contact name (first and last)   |  |   |                                      |  |  |
| Phone number  |  |   |                                      |  |  |
| Email address   |  |   |                                      |  |  |
| Operational and maintenance responsibilities of contractor                |  |   |                                      |  |  |

|   |                                  |                               |
|---|----------------------------------|-------------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP |
|---|----------------------------------|-------------------------------|

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

| SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(J)(1) AND (2)) |   |  |   |  |   |   |
|---|---|--|---|--|---|---|
| Design Flow   | <b>Outfalls to Waters of the United States</b>  |  |   |  |   |   |
|   | <u>2.1</u>  | Does the treatment works have a design flow greater than or equal to 0.1 mgd?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.                                      |   |  |   |   |
| Inflow and Infiltration   | <u>2.2</u>  | Provide the treatment works' current average daily volume of inflow and infiltration.  | <b>Average Daily Volume of Inflow and Infiltration</b><br>325,000 gpd |  |   |   |
|   |   | Indicate the steps the facility is taking to minimize inflow and infiltration.<br>Inflow and infiltration monitoring of the Towassa Basin has been ongoing. The Board continues rehabilitation of sewer mains. |   |  |   |   |
| Topographic Map   | <u>2.3</u>  | Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.)<br><input checked="" type="checkbox"/> Yes                   |   |  |   |   |
| Flow Diagram  | <u>2.4</u>  | Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.)<br><input checked="" type="checkbox"/> Yes |   |  |   |   |
| Scheduled Improvements and Schedules of Implementation          | <u>2.5</u>  | Are improvements to the facility scheduled?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.  |   |  |   |   |
|   |   | Briefly list and describe the scheduled improvements.<br>1. Plant will be decommissioned in 2025-2026  |   |  |   |   |
|   |   | 2.   |   |  |   |   |
|   |   | 3.   |   |  |   |   |
|   |   | 4.   |   |  |   |   |
|   | <u>2.6</u>  | Provide scheduled or actual dates of completion for improvements.  |   |  |   |   |
|   |   | <b>Scheduled or Actual Dates of Completion for Improvements</b>  |   |  |   |   |
|   |   | <b>Scheduled Improvement<br/>(from above)</b>  | <b>Affected Outfalls<br/>(list outfall number)</b>                    | <b>Begin Construction<br/>(MM/DD/YYYY)</b> | <b>End Construction<br/>(MM/DD/YYYY)</b>  | <b>Begin Discharge<br/>(MM/DD/YYYY)</b> |
|   |   | 1.   |   |  |   |   |
|   |   | 2.   |   |  |   |   |
|   | 3.  |  |   |  |   |   |
|   | 4.  |  |   |  |   |   |
| <u>2.7</u>  | Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. |  |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable |   |
|   | Explanation:  |  |   |  |   |   |

|  |   |  |  |                               |   |
|--|---|--|--|-------------------------------|---|
| EPA Identification Number<br>110002042931                                  |   | NPDES Permit Number<br>AL0022241   |  | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |
| SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(J)(3) TO (5)) |   |  |  |                               |   |
| Description of Outfalls  | 3.1                                     | Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)                 |  |                               |   |
|  |   |  | Outfall Number <u>0011</u>             | Outfall Number _____          | Outfall Number _____                    |
|  |   | State  | Alabama                                |                               |   |
|  |   | County   | Montgomery                             |                               |   |
|  |   | City or town   | Montgomery                             |                               |   |
|  |   | Distance from shore  | unknow <u>n</u>                        | ft.                           | ft.                                     |
|  |   | Depth below surface  | unknown                                | ft.                           | ft.                                     |
|  |   | Average daily flow rate  | 1.1 mgd                                |                               |   |
|  |   | Latitude   | 32.40167                               |                               |   |
| Longitude  | -86.36000                               |  |  |                               |   |
| Seasonal or Periodic Discharge Data  | 3.2                                     | Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges?  |  |                               |   |
|  |   | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No | → SKIP to Item 3.4.           |   |
|  | 3.3                                     | If so, provide the following information for each applicable outfall.  |  |                               |   |
|  |   |  | Outfall Number _____                   | Outfall Number _____          | Outfall Number _____                    |
|  |   | Number of times per year discharge occurs  |  |                               |   |
|  |   | Average duration of each discharge (specify units)   |  |                               |   |
| Average flow of each discharge   |   | mgd  | mgd                                    | mgd                           |   |
| Diffuser Type  | 3.4                                     | Are any of the outfalls listed under Item 3.1 equipped with a diffuser?  |  |                               |   |
|  |   | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No | → SKIP to Item 3.6.           |   |
|  | 3.5                                     | Briefly describe the diffuser type at each applicable outfall.   |  |                               |   |
|  |   | Outfall Number _____   | Outfall Number _____                   | Outfall Number _____          |   |
| Waters of the U.S.   | 3.6                                     | Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? |  |                               |   |
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  | → SKIP to Section 6.                   |                               |   |

|   |  |   |   |   |
|---|--|---|---|---|
| EPA Identification Number<br>110002042931 |  | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP   | OMB No. 2040-0004<br>Expires 07/31/2026   |
| <b>Receiving Water Description</b>        | <u>3.7</u>   | Provide the receiving water and related information (if known) for each outfall.  |   |   |
|   |  | Outfall Number <u>0011</u>  | Outfall Number _____  | Outfall Number _____  |
|   | Receiving water name   | Alabama River   |   |   |
|   | Name of watershed, river, or stream system                     | Alabama   |   |   |
|   | Natural Resources Conservation Service 14-digit watershed code | 031502010311  |   |   |
|   | Name of state management/river basin                           | Alabama Basin (upper)   |   |   |
|   | U.S. Geological Survey 8-digit hydrologic cataloging unit code | 03150201  |   |   |
|   | Critical low flow (acute)                                      | 3917  | cfs   | cfs   |
|   | Critical low flow (chronic)                                    |   | cfs   | cfs   |
| Total hardness at critical low flow       | 50   | mg/L of CaCO <sub>3</sub>   | mg/L of CaCO <sub>3</sub>   | mg/L of CaCO <sub>3</sub>   |
| <b>Treatment Description</b>              | <u>3.8</u>   | Provide the following information describing the treatment provided for discharges from each outfall.   |   |   |
|   |  | Outfall Number <u>0011</u>  | Outfall Number _____  | Outfall Number _____  |
|   | Highest Level of Treatment (check all that apply per outfall)  | <input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> Equivalent to secondary<br><input checked="" type="checkbox"/> Secondary<br><input type="checkbox"/> Advanced<br><input type="checkbox"/> Other (specify) | <input type="checkbox"/> Primary<br><input type="checkbox"/> Equivalent to secondary<br><input type="checkbox"/> Secondary<br><input type="checkbox"/> Advanced<br><input type="checkbox"/> Other (specify) | <input type="checkbox"/> Primary<br><input type="checkbox"/> Equivalent to secondary<br><input type="checkbox"/> Secondary<br><input type="checkbox"/> Advanced<br><input type="checkbox"/> Other (specify) |
|   | Design Removal Rates by Outfall                                |   |   |   |
|   | BOD <sub>5</sub> or CBOD <sub>5</sub>                          | 85.0 %  | %   | %   |
|   | TSS  | 85.0 %  | %   | %   |
|   | Phosphorus   | <input checked="" type="checkbox"/> Not applicable<br>%   | <input type="checkbox"/> Not applicable<br>%  | <input type="checkbox"/> Not applicable<br>%  |
|   | Nitrogen   | <input checked="" type="checkbox"/> Not applicable<br>%   | <input type="checkbox"/> Not applicable<br>%  | <input type="checkbox"/> Not applicable<br>%  |
|   | Other (specify)  | <input checked="" type="checkbox"/> Not applicable<br>%   | <input type="checkbox"/> Not applicable<br>%  | <input type="checkbox"/> Not applicable<br>%  |

|   |  |  |  |  |                      |   |
|---|--|--|--|--|----------------------|---|
| EPA Identification Number<br>110002042931 |  | NPDES Permit Number<br>AL0022241   |  | Facility Name<br>Towassa WWTP  |                      | OMB No. 2040-0004<br>Expires 07/31/2026 |
| Treatment Description Continued           | <u>3.9</u>   | Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe in the table below.   |  |  |                      |   |
|   |  |  | Outfall Number 0011  | Outfall Number _____   | Outfall Number _____ |   |
|   |  | Disinfection type  | chlorination   |  |                      |   |
|   |  | Seasons used   | year round   |  |                      |   |
|   | Dechlorination used?   | <input type="checkbox"/> Not applicable<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |   |
|   | <u>3.10</u>  | Have you completed monitoring for all Table A parameters and attached the results to the application package?<br><input checked="" type="checkbox"/> Yes   |  |  |                      |   |
|   | <u>3.11</u>  | Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points?<br><input checked="" type="checkbox"/> Yes |  |  |                      |   |
|   |  | <input type="checkbox"/> No ➔ SKIP to Item 3.13.   |  |  |                      |   |
|   | <u>3.12</u>  | Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.                              |  |  |                      |   |
|   |  |  | Outfall Number 0011  | Outfall Number _____   | Outfall Number _____ |   |
|   |  | Acute  | Chronic  | Acute  | Chronic              |   |
| Number of tests of discharge water        | 4  |  |  |  |                      |   |
| Number of tests of receiving water        |  |  |  |  |                      |   |
| <u>3.13</u>                               | Does the treatment works have a design flow greater than or equal to 0.1 mgd?<br><input checked="" type="checkbox"/> Yes   |  |  |  |                      |   |
|   | <input type="checkbox"/> No ➔ SKIP to Item 3.16.   |  |  |  |                      |   |
| <u>3.14</u>                               | Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent?<br><input checked="" type="checkbox"/> Yes ➔ Complete Table B, including chlorine.   |  |  |  |                      |   |
|   | <input type="checkbox"/> No ➔ Complete Table B, omitting chlorine.   |  |  |  |                      |   |
| <u>3.15</u>                               | Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package?<br><input checked="" type="checkbox"/> Yes   |  |  |  |                      |   |
| <u>3.16</u>                               | Does one or more of the following conditions apply? <ul style="list-style-type: none"> <li>• The facility has a design flow greater than or equal to 1 mgd.</li> <li>• The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>• The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).</li> </ul> |  |  |  |                      |   |
|   | <input checked="" type="checkbox"/> Yes ➔ Complete Tables C, D, and E as applicable. <input type="checkbox"/> No ➔ SKIP to Section 4.  |  |  |  |                      |   |
| <u>3.17</u>                               | Have you completed monitoring for all Table C pollutants and attached the results to this application package?<br><input checked="" type="checkbox"/> Yes  |  |  |  |                      |   |
| <u>3.18</u>                               | Have you completed monitoring for all Table D pollutants required by your NPDES permitting authority and attached the results to this application package?<br><input type="checkbox"/> Yes   |  |  |  |                      |   |
|   | <input checked="" type="checkbox"/> No additional sampling required by NPDES permitting authority.   |  |  |  |                      |   |

|   |  |   |  |   |
|---|--|---|--|---|
| EPA Identification Number<br>110002042931   |  | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP                                      | OMB No. 2040-0004<br>Expires 07/31/2026 |
| Effluent Testing Data Continued   | <u>3.19</u>  | Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? |  |   |
|   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.  |   |  |   |
|   | <u>3.20</u>  | Have you previously submitted the results of the above tests to your NPDES permitting authority?  |  |   |
|   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.  |   |  |   |
|   | <u>3.21</u>  | Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.   |  |   |
|   |  | Date(s) Submitted<br>(MM/DD/YYYY)   | Summary of Results   |   |
|   |  | 10/25/2023  | 10/23/2020 pass; 10/27/2021 pass; 10/26/2022 pass; 10/25/2023 pass |   |
|   | <u>3.22</u>  | Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?  |  |   |
|   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.26.   |   |  |   |
|   | <u>3.23</u>  | Describe the cause(s) of the toxicity:  |  |   |
| <u>3.24</u>   | Has the treatment works conducted a toxicity reduction evaluation?   |   |  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.   |  |   |  |   |
| <u>3.25</u>   | Provide details of any toxicity reduction evaluations conducted.   |   |  |   |
| <u>3.26</u>   | Have you completed Table E for all applicable outfalls and attached the results to the application package?  |   |  |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority. |  |   |  |   |
| SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(J)(6) AND (7))   |  |   |  |   |
| Industrial Discharges and Hazardous Wastes  | <u>4.1</u>   | Does the POTW receive discharges from SIUs or NSCIUs? (See instructions for definitions of SIUs and NSCIUs.)  |  |   |
|   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7.  |   |  |   |
|   | <u>4.2</u>   | Indicate the number of SIUs and NSCIUs that discharge to the POTW.  |  |   |
|   | Number of SIUs   |   | Number of NSCIUs   |   |
|   | 1  |   | 1  |   |
|   | <u>4.3</u>   | Does the POTW have an approved pretreatment program?  |  |   |
|   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |   |
| <u>4.4</u>  | Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? |   |  |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.6.   |  |   |  |   |
| <u>4.5</u>  | Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.   |   |  |   |
| <u>4.6</u>  | Have you completed and attached Table F to this application package?   |   |  |   |
| <input checked="" type="checkbox"/> Yes   |  |   |  |   |

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| EPA Identification Number<br>110002042931                        |  | NPDES Permit Number<br>AL0022241   | Facility Name<br>Towassa WWTP  | OMB No. 2040-0004<br>Expires 07/31/2026 |   |
| Industrial Discharges and Hazardous Wastes Continued             | <u>4.7</u>   | Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261?   |  |   |   |
|  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.  |  |   |   |
|  | <u>4.8</u>   | If yes, provide the following information:   |  |   |   |
|  |  | <b>Hazardous Waste Number</b><br><b>Waste Transport Method</b><br>(check all that apply)   |  | <b>Annual Amount of Waste Received</b>  | <b>Units</b>  |
|  |  | <input type="checkbox"/> Truck<br><input type="checkbox"/> Dedicated pipe  | <input type="checkbox"/> Rail<br><input type="checkbox"/> Other (specify)<br><hr/> |   |   |
|  |  | <input type="checkbox"/> Truck<br><input type="checkbox"/> Dedicated pipe  | <input type="checkbox"/> Rail<br><input type="checkbox"/> Other (specify)<br><hr/> |   |   |
|  |  | <input type="checkbox"/> Truck<br><input type="checkbox"/> Dedicated pipe  | <input type="checkbox"/> Rail<br><input type="checkbox"/> Other (specify)<br><hr/> |   |   |
|  | <u>4.9</u>   | Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA?   |  |   |   |
|  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.   |  |   |   |
|  | <u>4.10</u>  | Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)?  |  |   | <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No |
|  | <u>4.11</u>  | Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? |  |   | <input type="checkbox"/> Yes  |
| <b>SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(J)(8))</b> |  |  |  |   |   |
| CSO Map and Diagram  | <u>5.1</u>   | Does the treatment works have a combined sewer system?   |  |   |   |
|  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.   |  |   |   |
|  | <u>5.2</u>   | Have you attached a CSO system map to this application? (See instructions for map requirements.)   |  |   |   |
|  | <input type="checkbox"/> Yes   |  |  |   |   |
| <u>5.3</u>   | Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) |  |  |   |   |
|  | <input type="checkbox"/> Yes   |  |  |   |   |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| EPA Identification Number<br>110002042931         |   | NPDES Permit Number<br>AL0022241  |   | Facility Name<br>Towassa WWTP   | OMB No. 2040-0004<br>Expires 07/31/2026 |
| <b>CSO Outfall Description</b>                    | <b>5.4</b>  | For each CSO outfall, provide the following information. (Attach additional sheets as necessary.) |   |   |   |
|   |   | CSO Outfall Number _____  | CSO Outfall Number _____  | CSO Outfall Number _____  |   |
|   | City or town  |   |   |   |   |
|   | State and ZIP code  |   |   |   |   |
|   | County  |   |   |   |   |
|   | Latitude  |   |   |   |   |
|   | Longitude   |   |   |   |   |
|   | Distance from shore   | ft.   | ft.   | ft.   |   |
| Depth below surface                               | ft.   | ft.   | ft.   |   |   |
| <b>CSO Monitoring</b>                             | <b>5.5</b>  | Did the POTW monitor any of the following items in the past year for its CSO outfalls?            |   |   |   |
|   |   | CSO Outfall Number _____  | CSO Outfall Number _____  | CSO Outfall Number _____  |   |
|   | Rainfall  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No              | <input type="checkbox"/> Yes <input type="checkbox"/> No              |   |
|   | CSO flow volume   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No              | <input type="checkbox"/> Yes <input type="checkbox"/> No              |   |
|   | CSO pollutant concentrations  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No              | <input type="checkbox"/> Yes <input type="checkbox"/> No              |   |
|   | Receiving water quality   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No              | <input type="checkbox"/> Yes <input type="checkbox"/> No              |   |
|   | CSO frequency   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No              | <input type="checkbox"/> Yes <input type="checkbox"/> No              |   |
|   | Number of storm events  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No              | <input type="checkbox"/> Yes <input type="checkbox"/> No              |   |
| <b>CSO Events in Past Year</b>                    | <b>5.6</b>  | Provide the following information for each of your CSO outfalls.                                  |   |   |   |
|   |   | CSO Outfall Number _____  | CSO Outfall Number _____  | CSO Outfall Number _____  |   |
|   | Number of CSO events in the past year                                 | events  | events  | events  |   |
|   | Average duration per event  | hours   | hours   | hours   |   |
|   |   | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated                             | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |   |
|   | Average volume per event  | million gallons   | million gallons   | million gallons   |   |
|   | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated                             | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |   |   |
| Minimum rainfall causing a CSO event in last year | inches of rainfall  | inches of rainfall  | inches of rainfall  |   |   |
|   | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated                             | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |   |   |

|  |            |   |  |   |                                  |
|--|------------|---|--|---|----------------------------------|
| EPA Identification Number<br>110002042931  |            | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP  | OMB No. 2040-0004<br>Expires 07/31/2026   |                                  |
| CSO Receiving Waters   | <b>5.7</b> | Provide the information in the table below for each of your CSO outfalls.   |  |   |                                  |
|  |            |   | CSO Outfall Number _____   | CSO Outfall Number _____  | CSO Outfall Number _____         |
|  |            | Receiving water name  |  |   |                                  |
|  |            | Name of watershed/<br>stream system   |  |   |                                  |
|  |            | Natural Resources<br>Conservation Service 14-<br>digit watershed code<br>(if known)   | <input type="checkbox"/> Unknown   | <input type="checkbox"/> Unknown  | <input type="checkbox"/> Unknown |
|  |            | Name of state<br>management/river basin   |  |   |                                  |
|  |            | U.S. Geological Survey<br>8-Digit Hydrologic Unit<br>Code (if known)  | <input type="checkbox"/> Unknown   | <input type="checkbox"/> Unknown  | <input type="checkbox"/> Unknown |
|  |            | Description of known<br>water quality impacts on<br>receiving stream by CSO<br>(see instructions for<br>examples)   |  |   |                                  |
| <b>SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))</b>               |            |   |  |   |                                  |
| Checklist and Certification Statement  | <b>6.1</b> | In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.   |  |   |                                  |
|  |            | <b>Column 1</b>   |  | <b>Column 2</b>   |                                  |
|  |            | <input checked="" type="checkbox"/> Section 1: Basic Application<br>Information for All Applicants  | <input type="checkbox"/> w/ variance request(s)  | <input type="checkbox"/> w/ additional attachments  |                                  |
|  |            | <input checked="" type="checkbox"/> Section 2: Additional<br>Information  | <input checked="" type="checkbox"/> w/ topographic map<br><input type="checkbox"/> w/ additional attachments                                       | <input checked="" type="checkbox"/> w/ process flow diagram   |                                  |
|  |            | <input checked="" type="checkbox"/> Section 3: Information on<br>Effluent Discharges  | <input checked="" type="checkbox"/> w/ Table A<br><input checked="" type="checkbox"/> w/ Table B<br><input checked="" type="checkbox"/> w/ Table C | <input checked="" type="checkbox"/> w/ Table D<br><input type="checkbox"/> w/ Table E<br><input type="checkbox"/> w/ additional attachments |                                  |
|  |            | <input checked="" type="checkbox"/> Section 4: Industrial<br>Discharges and Hazardous<br>Wastes   | <input checked="" type="checkbox"/> w/ SIU and NSCIU attachments<br><input type="checkbox"/> w/ additional attachments                             | <input checked="" type="checkbox"/> w/ Table F  |                                  |
|  |            | <input checked="" type="checkbox"/> Section 5: Combined Sewer<br>Overflows  | <input type="checkbox"/> w/ CSO map<br><input type="checkbox"/> w/ CSO system diagram  | <input type="checkbox"/> w/ additional attachments  |                                  |
|  |            | <input checked="" type="checkbox"/> Section 6: Checklist and<br>Certification Statement   | <input type="checkbox"/> w/ attachments  |   |                                  |
|  | <b>6.2</b> | Provide the following certification. (See instructions to determine the appropriate person to sign the application.)  |  |   |                                  |
|  |            | <b>Certification Statement</b>  |  |   |                                  |
|  |            | <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> |  |   |                                  |
|  |            | Name (print or type first and last name)<br>William R. Henderson, P.E.  |  | Official title<br>General Manager   |                                  |
| Signature<br> |            | Date signed<br>6-11-24  |  |   |                                  |

|   |                                  |                               |                        |
|---|----------------------------------|-------------------------------|------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>0011 |
|---|----------------------------------|-------------------------------|------------------------|

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

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

| Pollutant  | Maximum Daily Discharge |            | Average Daily Discharge |            |                   | Analytical Method <sup>1</sup> | ML or MDL (include units)   |
|--|-------------------------|------------|-------------------------|------------|-------------------|--------------------------------|---|
|  | Value                   | Units      | Value                   | Units      | Number of Samples |                                |   |
| Biochemical oxygen demand<br>□ BOD <sub>5</sub> or <input checked="" type="checkbox"/> CBOD <sub>5</sub><br>(report one) | 11.8                    | mg/L       | 2.96                    | mg/L       | 153               | SM 5210 B                      | 0.1 mg/L <input checked="" type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Fecal coliform (E. coli)   | 160                     | MPN/100 mL | <10                     | MPN/100 mL | 153               | SM 9223 B                      | NA <input type="checkbox"/> ML<br><input type="checkbox"/> MDL                  |
| Design flow rate   | 5.7                     | MGD        | 1.1                     | MGD        | 366               |                                |   |
| pH (minimum)   | 6.83                    | S.U.       |                         |            |                   |                                |   |
| pH (maximum)   | 8.08                    | S.U.       |                         |            |                   |                                |   |
| Temperature (winter)   | 24.4                    | C          | 15.9                    | C          | 366               |                                |   |
| Temperature (summer)   | 28.9                    | C          | 24.9                    | C          | 366               |                                |   |
| Total suspended solids (TSS)   | 22.6                    | mg/L       | 4.81                    | mg/L       | 153               | SM 2540 D                      | 1 mg/L <input checked="" type="checkbox"/> ML<br><input type="checkbox"/> MDL   |

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

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| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>0011 |
|---|----------------------------------|-------------------------------|------------------------|

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

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

| Pollutant                                   | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL<br>(include units)   |
|---|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|--|
|   | Value                   | Units | Value                   | Units | Number of Samples |                                |  |
| Ammonia (as N)                              | 1.39                    | mg/L  | 0.139                   | mg/L  | 153               | EPA 350.1                      | 0.126 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chlorine (total residual, TRC) <sup>2</sup> | 0.76                    | mg/L  | 0.04                    | mg/L  | 157               | SM4500-CL G                    | 0 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL     |
| Dissolved oxygen                            | 12.11                   | mg/L  | 8.45                    | mg/L  | 157               | SM4500-O G                     | NA <input type="checkbox"/> ML <input type="checkbox"/> MDL                    |
| Nitrate/nitrite                             | 23.7                    | mg/L  | 16.7                    | mg/L  | 12                | EPA 353.2                      | 0.121 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Kjeldahl nitrogen                           | 3.29                    | mg/L  | 1.27                    | mg/L  | 153               | EPA 351.2                      | 0.16 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Oil and grease                              | <5                      | mg/L  | <5                      | mg/L  | 3                 | EPA 1664 B                     | 5 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL     |
| Phosphorus                                  | 3.73                    | mg/L  | 2.50                    | mg/L  | 12                | EPA 365.1                      | 0.105 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL |
| Total dissolved solids                      | 400                     | mg/L  | 311                     | mg/L  | 3                 | SM 2540 C                      | 50 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL    |

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

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

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| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>0011 |
|---|----------------------------------|-------------------------------|------------------------|

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant                                 | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL (include units)  |
|---|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|--|
|   | Value                   | Units | Value                   | Units | Number of Samples |                                |  |
| <b>Metals, Cyanide, and Total Phenols</b> |                         |       |                         |       |                   |                                |  |
| Hardness (as CaCO <sub>3</sub> )          | 41.2                    | mg/L  | 35.6                    | mg/L  | 3                 | EPA 130.1                      | 19.2 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Antimony, total recoverable               | <21                     | ug/L  | <21                     | ug/L  | 3                 | EPA 200.7                      | 21 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL    |
| Arsenic, total recoverable                | 14.0                    | ug/L  | <13.5                   | ug/L  | 15                | EPA 200.7                      | 13.5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Beryllium, total recoverable              | <3.37                   | ug/L  | <3.37                   | ug/L  | 3                 | EPA 200.7                      | 3.37 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Cadmium, total recoverable                | <4.71                   | ug/L  | <4.71                   | ug/L  | 15                | EPA 200.7                      | 4.71 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Chromium, total recoverable               | <3.94                   | ug/L  | <3.94                   | ug/L  | 15                | EPA 200.7                      | 3.94 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Copper, total recoverable                 | 21.5                    | ug/L  | 13.4                    | ug/L  | 15                | EPA 200.7                      | 7.22 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Lead, total recoverable                   | <8.92                   | ug/L  | <8.92                   | ug/L  | 15                | EPA 200.7                      | 8.92 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Mercury, total recoverable                | <0.19                   | ug/L  | <0.19                   | ug/L  | 3                 | EPA 245.1                      | 0.19 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Nickel, total recoverable                 | <11.5                   | ug/L  | <11.5                   | ug/L  | 15                | EPA 200.7                      | 11.5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Selenium, total recoverable               | 12.8                    | ug/L  | <12.3                   | ug/L  | 15                | EPA 200.7                      | 12.3 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Silver, total recoverable                 | <0.84                   | ug/L  | <0.84                   | ug/L  | 15                | EPA 200.7                      | 0.84 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Thallium, total recoverable               | <6.35                   | ug/L  | <6.35                   | ug/L  | 3                 | EPA 200.7                      | 6.35 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Zinc, total recoverable                   | 22.2                    | ug/L  | 13.9                    | ug/L  | 15                | EPA 200.7                      | 11.2 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Cyanide                                   | 0.003                   | mg/L  | <0.002                  | mg/L  | 3                 | EPA 335.4                      | 0.002 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL |
| Total phenolic compounds                  | <0.05                   | mg/L  | <0.05                   | mg/L  | 3                 | EPA 420.1                      | 0.05 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| <b>Volatile Organic Compounds</b>         |                         |       |                         |       |                   |                                |  |
| Acrolein                                  | <500                    | ug/L  | <500                    | ug/L  | 3                 | EPA 624.1                      | 500 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL   |
| Acrylonitrile                             | <500                    | ug/L  | <500                    | ug/L  | 3                 | EPA 624.1                      | 500 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL   |
| Benzene                                   | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL     |
| Bromoform                                 | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL     |

|   |                                  |                               |                        |
|---|----------------------------------|-------------------------------|------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>0011 |
|---|----------------------------------|-------------------------------|------------------------|

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant                  | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL (include units)  |
|----------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|--|
|                            | Value                   | Units | Value                   | Units | Number of Samples |                                |  |
| Carbon tetrachloride       | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Chlorobenzene              | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Chlorodibromomethane       | 5.3                     | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Chloroethane               | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 2-chloroethylvinyl ether   | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Chloroform                 | 44.3                    | ug/L  | 40.2                    | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Dichlorobromomethane       | 19.8                    | ug/L  | 13.5                    | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 1,1-dichloroethane         | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 1,2-dichloroethane         | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| trans-1,2-dichloroethylene | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 1,1-dichloroethylene       | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 1,2-dichloropropane        | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 1,3-dichloropropylene      | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Ethylbenzene               | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Methyl bromide             | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Methyl chloride            | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Methylene chloride         | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 1,1,2,2-tetrachloroethane  | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Tetrachloroethylene        | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Toluene                    | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 1,1,1-trichloroethane      | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 1,1,2-trichloroethane      | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |

|   |                                  |                               |                        |
|---|----------------------------------|-------------------------------|------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>0011 |
|---|----------------------------------|-------------------------------|------------------------|

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant                         | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL (include units)   |
|-----------------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
|                                   | Value                   | Units | Value                   | Units | Number of Samples |                                |   |
| Trichloroethylene                 | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| Vinyl chloride                    | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| <b>Acid-Extractable Compounds</b> |                         |       |                         |       |                   |                                |   |
| p-chloro-m-cresol                 | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 2-chlorophenol                    | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 2,4-dichlorophenol                | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 2,4-dimethylphenol                | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 4,6-dinitro-o-cresol              | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 2,4-dinitrophenol                 | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 2-nitrophenol                     | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 4-nitrophenol                     | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Pentachlorophenol                 | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Phenol                            | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 2,4,6-trichlorophenol             | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| <b>Base-Neutral Compounds</b>     |                         |       |                         |       |                   |                                |   |
| Acenaphthene                      | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Acenaphthylene                    | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Anthracene                        | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Benzidine                         | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Benzo(a)anthracene                | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Benzo(a)pyrene                    | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 3,4-benzofluoranthene             | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |

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|---|----------------------------------|-------------------------------|------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>0011 |
|---|----------------------------------|-------------------------------|------------------------|

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant                     | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL (include units)   |
|-------------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
|                               | Value                   | Units | Value                   | Units | Number of Samples |                                |   |
| Benzo(ghi)perylene            | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Benzo(k)fluoranthene          | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Bis (2-chloroethoxy) methane  | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Bis (2-chloroethyl) ether     | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Bis (2-chloroisopropyl) ether | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Bis (2-ethylhexyl) phthalate  | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 4-bromophenyl phenyl ether    | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Butyl benzyl phthalate        | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 2-chloronaphthalene           | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 4-chlorophenyl phenyl ether   | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Chrysene                      | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| di-n-butyl phthalate          | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| di-n-octyl phthalate          | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Dibenzo(a,h)anthracene        | <10                     | ug/L  | 10                      | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 1,2-dichlorobenzene           | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| 1,3-dichlorobenzene           | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| 1,4-dichlorobenzene           | <5                      | ug/L  | <5                      | ug/L  | 3                 | EPA 624.1                      | 5 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL  |
| 3,3-dichlorobenzidine         | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Diethyl phthalate             | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Dimethyl phthalate            | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 2,4-dinitrotoluene            | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 2,6-dinitrotoluene            | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |

|   |                                  |                               |                        |
|---|----------------------------------|-------------------------------|------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>0011 |
|---|----------------------------------|-------------------------------|------------------------|

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant                  | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL (include units)   |
|----------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
|                            | Value                   | Units | Value                   | Units | Number of Samples |                                |   |
| 1,2-diphenylhydrazine      | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Fluoranthene               | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Fluorene                   | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Hexachlorobenzene          | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Hexachlorobutadiene        | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Hexachlorocyclo-pentadiene | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Hexachloroethane           | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Indeno(1,2,3-cd)pyrene     | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Isophorone                 | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Naphthalene                | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Nitrobenzene               | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| N-nitrosodi-n-propylamine  | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| N-nitrosodimethylamine     | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| N-nitrosodiphenylamine     | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Phenanthrene               | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| Pyrene                     | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |
| 1,2,4-trichlorobenzene     | <10                     | ug/L  | <10                     | ug/L  | 3                 | EPA 625.1                      | 10 ug/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL |

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

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<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>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>0011 |
|---|----------------------------------|-------------------------------|------------------------|

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

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

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

##### Test Information

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

|   |                                  |                               |                        |
|---|----------------------------------|-------------------------------|------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>0011 |
|---|----------------------------------|-------------------------------|------------------------|

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

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

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

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

|   |                                  |                               |                        |
|---|----------------------------------|-------------------------------|------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>0011 |
|---|----------------------------------|-------------------------------|------------------------|

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

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

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

|   | Test Number _____            | Test Number _____           | Test Number _____            |                             |                              |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <b>Acute Test Results Continued</b>                     |                              |                             |                              |                             |                              |                             |
| Other (describe)  |                              |                             |                              |                             |                              |                             |
| <b>Chronic Test Results</b>                             |                              |                             |                              |                             |                              |                             |
| NOEC  | %                            | %                           | %                            |                             |                              |                             |
| IC <sub>25</sub>  | %                            | %                           | %                            |                             |                              |                             |
| Control percent survival                                | %                            | %                           | %                            |                             |                              |                             |
| Other (describe)  |                              |                             |                              |                             |                              |                             |
| <b>Quality Control/Quality Assurance</b>                |                              |                             |                              |                             |                              |                             |
| Is reference toxicant data available?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was reference toxicant test within acceptable bounds?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What date was reference toxicant test run (MM/DD/YYYY)? |                              |                             |                              |                             |                              |                             |
| Other (describe)  |                              |                             |                              |                             |                              |                             |

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|   |                                  |                               |
|---|----------------------------------|-------------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP |
|---|----------------------------------|-------------------------------|

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

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

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

|   | SIU <u>IU#</u>  | SIU <u>n/a</u>  | SIU <u>  </u>  |
|---|---|---|--|
| Name of SIU   | Birmingham Hide and Tallow IU375100146  | Maxwell AFB   |  |
| Mailing address (street or P.O. box)  | P.O. Box 1596   | 400 Canon 42 CES-CEOE Street  |  |
| City, state, and ZIP code   | Birmingham, AL 35201  | Montgomery, AL 36112  |  |
| Describe all industrial processes that affect or contribute to the discharge.                   | process wastewater resulting from rendering operations  | military air base operation   |  |
| List the principal products and raw materials that affect or contribute to the SIU's discharge. | fats, greases, bone, fat scraps, etc. from cooking oil recovery, sustainable rendering, and grease trap solutions, grease and fat transfer operations | oil and grease, laundry, cafeteria                                  |  |
| Indicate the average daily volume of wastewater discharged by the SIU.                          | 1,500 gpd   | 600,000 gpd   | gpd  |
| How much of the average daily volume is attributable to process flow?                           | 1,500 gpd   | 600,000 gpd   | gpd  |
| How much of the average daily volume is attributable to non-process flow?                       | 0 gpd   | gpd   | gpd  |
| Is the SIU subject to local limits?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the SIU subject to categorical standards?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |                                  |                               |
|---|----------------------------------|-------------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP |
|---|----------------------------------|-------------------------------|

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

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

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

|  | SIU <u>IU+</u>  | SIU <u>n/a</u>  | SIU <u>  </u>  |
|--|---|---|--|
| Under what categories and subcategories is the SIU subject?  | Non Categorical<br>SIC 2077 - Animals and Marine Fats and Oils      | Non Categorical<br>SIC 9711 - National Security                     |  |
| Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe.  |   |   |  |

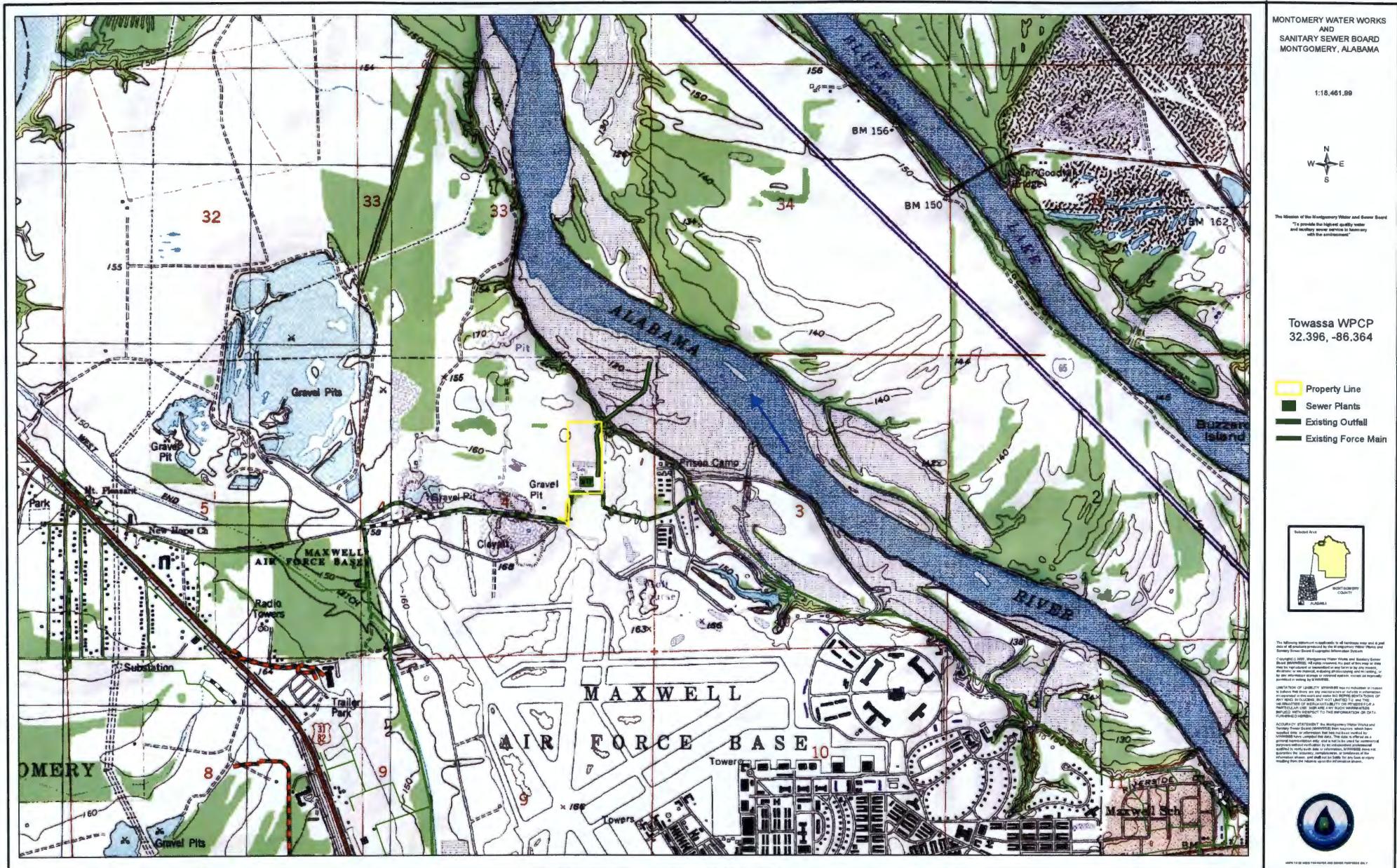
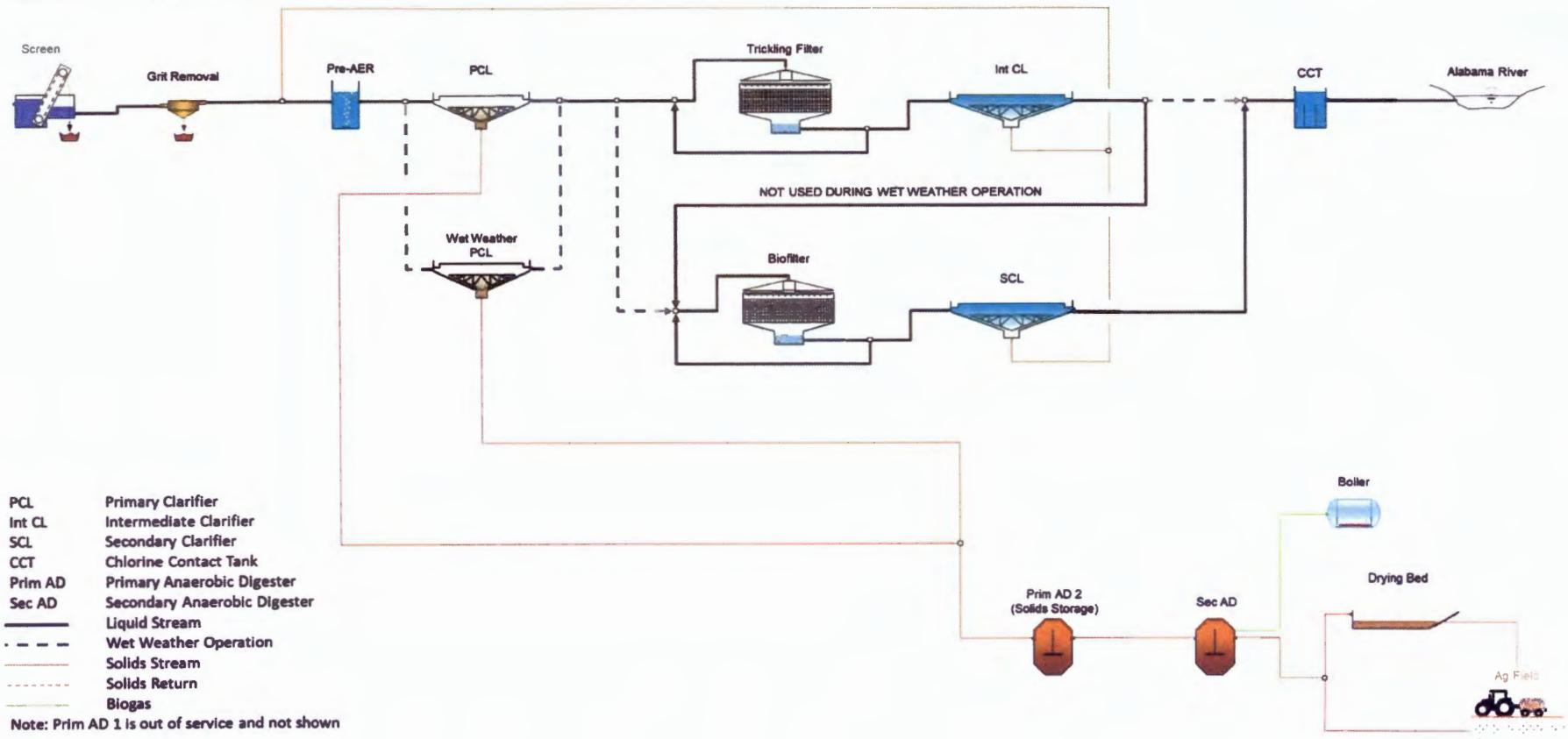


Figure 3-34. Towassa WPCP Process Flow Diagram



|   |   |   |  |                               |                        |  |
|---|---|---|--|-------------------------------|------------------------|--|
| EPA Identification Number<br>110002042931         |   | NPDES Permit Number<br>AL0022241  |  | Facility Name<br>Towassa WWTP |                        |  |
|   |   | OMB No. 2040-0004<br>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   |  |                               |                        |  |
|   | Outfall Number  | Receiving Water Name  | Latitude                                 | Longitude                     |                        |  |
|   | 002S  | Alabama River   | 32.396389                                | -86.362778                    |                        |  |
|   |   |   |  |                               |                        |  |
|   |   |   |  |                               |                        |  |
|   |   |   |  |                               |                        |  |
|   |   |   |  |                               |                        |  |
|   |   |   |  |                               |                        |  |
| 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.  |  |                               |                        |  |
|   |   | Brief Identification and Description of Project   | Affected Outfalls (list outfall numbers) | Source(s) of Discharge        | Final Compliance Dates |  |
|   |   |   |  |                               | Required               | Projected  |
|   |   |   |  |                               |                        |  |
|   |   |   |  |                               |                        |  |
|   |   |   |  |                               |                        |  |
|   |   |   |  |                               |                        |  |
|   | <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? (optional item)  |  |                               |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |                                  |                               |
|---|----------------------------------|-------------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP |
|---|----------------------------------|-------------------------------|

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<br>Number  | Impervious Surface Area<br>(within a mile radius of the facility)  | Total Surface Area Drained<br>(within a mile radius of the facility) |  |
|                   |            | 002S   | 5<br>specify units<br>acres  | 13   | specify units<br>acres                           |
|                   |            |  | specify units  |  | specify units                                    |
|                   |            |  | specify units  |  | specify units                                    |
|                   |            |  | 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.)  |  |  |  |
|                   |            | All materials stored indoors with no exposure to rainfall. Areas kept grassed as much as possible.   |  |  |  |
|                   | <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<br>Number  | Control Measures and Treatment   |  | Codes<br>from<br>Exhibit<br>2F-1<br>(list)       |
|                   |            | 002S   | All materials stored indoors with no exposure to rainfall. Areas kept grassed as much as possible. Spill Prevention Control and Countermeasures (SPCC) is reviewed and updated as needed. Employees trained on SPCC and best management practices. |  | 1M, 1T, 1U<br>2E, 2H, 3C<br>3E, 3H, 4A<br>5B, 5F |
|                   |            |  |  |  |  |
|                   |            |  |  |  |  |
|                   |            |  |  |  |  |
|                   |            |  |  |  |  |

|   |                                  |                               |   |
|---|----------------------------------|-------------------------------|---|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>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><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)<br><br>Robert A. Allen   | Official title<br><br>WPCP Superintendent |  |
|                           |   | Signature<br><br><i>Robert A. Allen</i>   | Date signed<br><br><i>05.16.2025</i>      |  |
| 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 |
|                           | 002S  | Fluorometric dye test   | 05/16/2025                                | 1  |
|                           |   |   |   |  |
|                           |   |   |   |  |
|                           |   |   |   |  |
|                           |   |   |   |  |
|                           |   |   |   |  |

#### 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><br>NA |  |  |
|                             |     |  |  |  |

#### SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(C)(1)(I)(E))

|                       |   |  |  |  |
|-----------------------|---|--|--|--|
| Discharge Information | See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table. |  |  |  |
|                       | 7.1   | Is this a new source or new discharge?<br><br><input type="checkbox"/> Yes → See instructions regarding submission of <i>estimated data</i> . <input checked="" type="checkbox"/> No → See instructions regarding submission of <i>actual data</i> . |  |  |
|                       | Tables A, B, C, and D   |  |  |  |
|                       | 7.2   | Have you completed Table A for each outfall?<br><br><input checked="" type="checkbox"/> Yes  |  |  |

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|   |   |  |                               |   |
|---|---|--|-------------------------------|---|
| EPA Identification Number<br>110002042931 |   | NPDES Permit Number<br>AL0022241   | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |
| Discharge Information Continued           | <u>7.3</u>  | Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater?   |                               |   |
|   | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No → SKIP to Item 7.5.  |                               |   |
|   | <u>7.4</u>  | Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? |                               |   |
|   | <input checked="" type="checkbox"/> Yes   |  |                               |   |
|   | <u>7.5</u>  | Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge?   |                               |   |
|   | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No → SKIP to Item 7.7.  |                               |   |
|   | <u>7.6</u>  | Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C?  |                               |   |
|   | <input checked="" type="checkbox"/> Yes   |  |                               |   |
|   | <u>7.7</u>  | Do you qualify for a small business exemption under the criteria specified in the Instructions?  |                               |   |
|   | <input type="checkbox"/> Yes → SKIP to Item 7.18.   | <input checked="" type="checkbox"/> No   |                               |   |
|   | <u>7.8</u>  | Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge?   |                               |   |
|   | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No → SKIP to Item 7.10.  |                               |   |
|   | <u>7.9</u>  | Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C?  |                               |   |
|   | <input type="checkbox"/> Yes  |  |                               |   |
|   | <u>7.10</u>   | Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater?   |                               |   |
| <input type="checkbox"/> Yes              | <input checked="" type="checkbox"/> No → SKIP to Item 7.12.   |  |                               |   |
| <u>7.11</u>                               | Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater?  |  |                               |   |
| <input type="checkbox"/> Yes              |   |  |                               |   |
| <u>7.12</u>                               | Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater?   |  |                               |   |
| <input type="checkbox"/> Yes              | <input checked="" type="checkbox"/> No → SKIP to Item 7.14.   |  |                               |   |
| <u>7.13</u>                               | Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater?   |  |                               |   |
| <input type="checkbox"/> Yes              |   |  |                               |   |
| <u>7.14</u>                               | Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? |  |                               |   |
| <input type="checkbox"/> Yes              |   |  |                               |   |
| <u>7.15</u>                               | Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge?  |  |                               |   |
| <input type="checkbox"/> Yes              | <input checked="" type="checkbox"/> No → SKIP to Item 7.17.   |  |                               |   |

| EPA Identification Number<br>110002042931                                 |  | NPDES Permit Number<br>AL0022241   | Facility Name<br>Towassa WWTP                            | OMB No. 2040-0004<br>Expires 07/31/2026                      |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|---|--|--|--|--|--|---------------------|-------------------------|--|--|--|--------------------|--|--|--|--------------|--|--|--|-----------------------|--|--|--|--|
| Discharge Information Continued   | <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?   |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | <input type="checkbox"/> Yes   |  |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | <u>7.17</u>  | Have you provided information for the storm event(s) sampled in Table D?   |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | <input 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?   |  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8. |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | <u>7.19</u>  | List the pollutants below, including TCDD if applicable. Attach additional sheets, if necessary.   |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | 1.   | 4.   | 7.   |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | 2.   | 5.   | 8.   |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | 3.   | 6.   | 9.   |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
| <b>SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(G)(11))</b> |  |  |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
| Biological Toxicity Testing Data  | <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? |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | <input type="checkbox"/> Yes   |  |  | <input checked="" type="checkbox"/> No → SKIP to Section 9.  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | <u>8.2</u>   | Identify the tests and their purposes below.   |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | <table border="1"> <thead> <tr> <th>Test(s)</th> <th>Purpose of Test(s)</th> <th>Submitted to NPDES Permitting Authority?</th> <th>Date Submitted</th> </tr> </thead> <tbody> <tr><td></td><td></td><td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td><td></td></tr> <tr><td></td><td></td><td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td><td></td></tr> <tr><td></td><td></td><td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td><td></td></tr> </tbody> </table> |  | 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 |  |              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                       |  |  |  |  |
|   | 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   |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
| <b>SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(G)(12))</b>    |  |  |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
| Contract Analysis Information   | <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?  |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | <input type="checkbox"/> Yes   |  |  | <input checked="" type="checkbox"/> No → SKIP to Section 10. |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | <u>9.2</u>   | Provide information for each contract laboratory or consulting firm below.   |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | <table border="1"> <thead> <tr> <th></th> <th>Laboratory Number 1</th> <th>Laboratory Number 2</th> <th>Laboratory Number 3</th> </tr> </thead> <tbody> <tr><td>Name of laboratory/firm</td><td></td><td></td><td></td></tr> <tr><td>Laboratory address</td><td></td><td></td><td></td></tr> <tr><td>Phone number</td><td></td><td></td><td></td></tr> <tr><td>Pollutant(s) analyzed</td><td></td><td></td><td></td></tr> </tbody> </table>  |  |  | Laboratory Number 1  | Laboratory Number 2  | Laboratory Number 3 | Name of laboratory/firm |  |  |  | Laboratory address |  |  |  | Phone number |  |  |  | Pollutant(s) analyzed |  |  |  |  |
|   |  | Laboratory Number 1  | Laboratory Number 2                                      | Laboratory Number 3  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | Name of laboratory/firm  |  |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
|   | Laboratory address   |  |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
| Phone number  |  |  |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |
| Pollutant(s) analyzed   |  |  |  |  |  |                     |                         |  |  |  |                    |  |  |  |              |  |  |  |                       |  |  |  |  |

|   |                                  |                               |   |
|---|----------------------------------|-------------------------------|---|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |
|---|----------------------------------|-------------------------------|---|

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

|  |  |  |                 |
|--|--|--|-----------------|
| <b>Checklist and Certification Statement</b> | <b>10.1</b>  | 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>10.2</b>  | Provide the following certification. (See instructions to determine the appropriate person to sign the application.)   |                 |
|  | <b>Certification Statement</b>   |  |                 |
|  | <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> |  |                 |
|  | Name (print or type first and last name)   |  | Official title  |
|  | William R. Henderson, P.E.   |  | General Manager |
|  | Signature  |  | Date signed     |
|  |   |  | 6-11-24         |

|   |                                  |                               |                        |
|---|----------------------------------|-------------------------------|------------------------|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>002S |
|---|----------------------------------|-------------------------------|------------------------|

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                | <5 mg/L <8.5 lbs/day                            |                            | <5 mg/L <5.8 lbs/day                            |                            | 3                                 |  |
| 2. Carb BOD (CBOD <sub>5</sub> ) | 8 mg/L 7.7 lbs/day                              |                            | 4.3 mg/L 4.9 lbs/day                            |                            | 3                                 |  |
| 3. Chemical oxygen demand (COD)  | NA  |                            | NA  |                            | NA                                |  |
| 4. Total suspended solids (TSS)  | 8 mg/L 13.5 lbs/day                             |                            | 5.3 mg/L 6.9 lbs/day                            |                            | 3                                 |  |
| 5. Total phosphorus              | <0.5 mg/L <0.9 lbs/day                          |                            | <0.5 mg/L <0.6 lbs/day                          |                            | 3                                 |  |
| 6. Total Kjeldahl nitrogen (TKN) | 0.6 mg/L 0.9 lbs/day                            |                            | <0.5 mg/L <0.6 lbs/day                          |                            | 3                                 |  |
| 7. Total nitrogen (as N)         | 0.6 mg/L 0.9 lbs/day                            |                            | <0.5 mg/L <0.6 lbs/day                          |                            | 3                                 |  |
| 8. pH (minimum)                  | 7.32 S.U.                                       | +                          | 7.57  |                            | 3                                 |  |
|                                  | 7.94 S.U.                                       |                            | 7.57  |                            | 3                                 |  |

<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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<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>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | Outfall Number<br>002S |
|---|----------------------------------|-------------------------------|------------------------|

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))

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.

<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>110002042931 | NPDES Permit Number<br>AL0022241 | Facility name<br>Towassa WWTP | Outfall Number<br>002S |
|---|----------------------------------|-------------------------------|------------------------|

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<br>Storm Event<br>(in inches) | Number of Hours Between<br>Beginning of Storm Measured and<br>End of Previous Measurable Rain<br>Event | Maximum Flow Rate<br>During Rain Event<br>(in gpm or specify units) | Total Flow from Rain Event<br>(in gallons or specify units) |
|---------------------|---------------------------------------|---|--|---|---|
|                     |                                       | NA  |  |   |   |

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

MONTGOMERY WATER WORKS  
AND  
SANITARY SEWER BOARD  
MONTGOMERY, ALABAMA

1:10,000



The Mission of the Montgomery Water and Sewer Board  
"To provide the highest quality water and sanitary sewer service to humanity  
with the environment."

Towassa WPCP

● Stromwater  
Outfall 002S



The information contained in this map is not to be construed as a legal description of the property lines and legal areas of all parcels shown on the map. Map lines are not to be construed as legal boundaries.

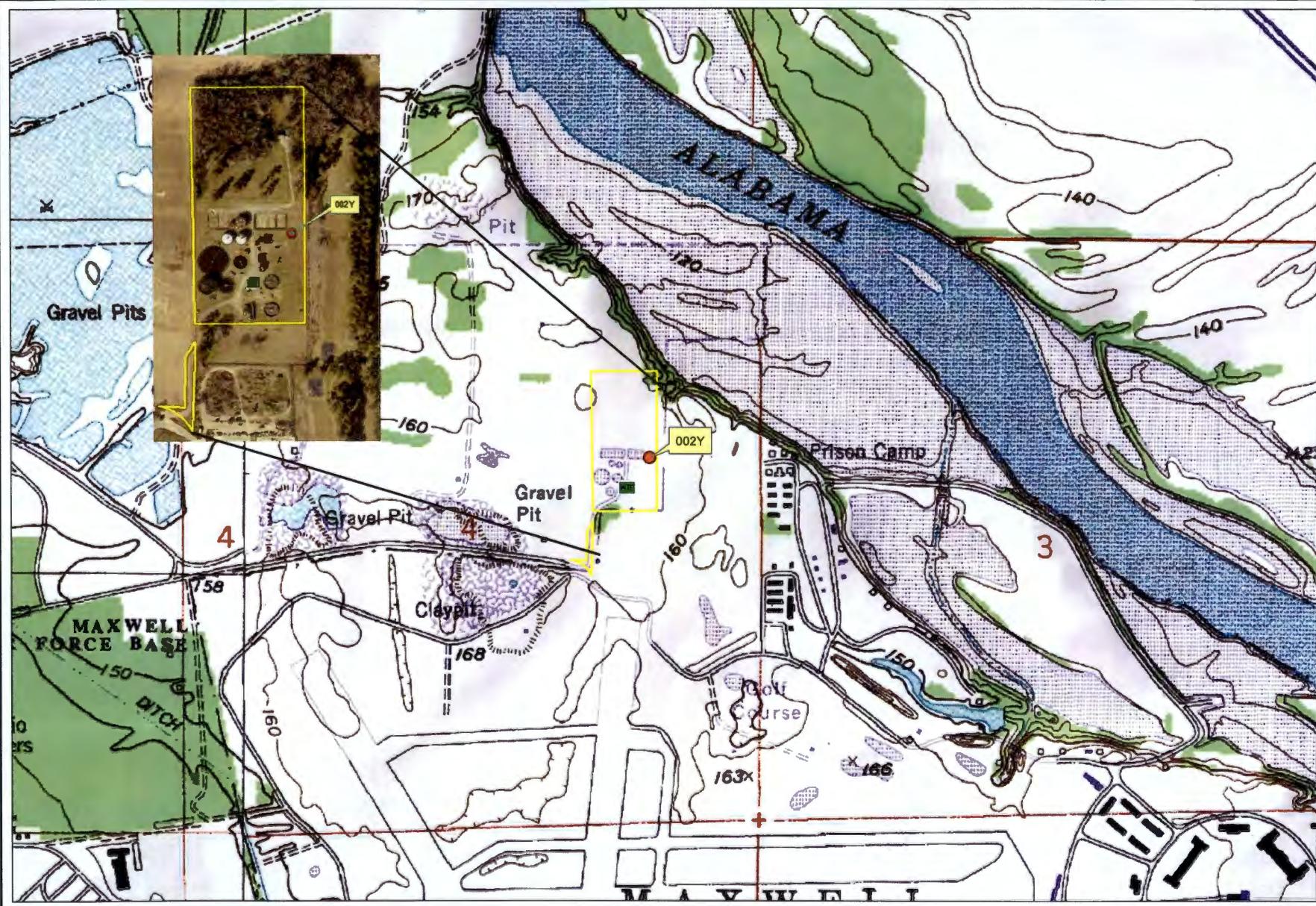
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ACCURACY STATEMENT: The Montgomery Water Works and Sanitary Sewer Board makes no representations or warranties as to the accuracy of the information contained in this map. The information contained in this map is not to be construed as a legal description of the property lines and legal areas of all parcels shown on the map. Map lines are not to be construed as legal boundaries.

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MAPS TO BE USED FOR REFERENTIAL PURPOSES ONLY.



|  |   |  |   |   |  |
|--|---|--|---|---|--|
| EPA Identification Number<br>110002042931  |   | NPDES Permit Number<br>AL0022241   | Facility Name<br>Towassa WWTP   | OMB No. 2040-0004<br>Expires 07/31/2026   |  |
| Form<br>2S<br>NPDES  |  | <b>U.S Environmental Protection Agency</b><br><b>Application for NPDES Permit for Sewage Sludge Management</b><br><b>NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE</b> |   |   |  |
| <b>PRELIMINARY INFORMATION</b>   |   |  |   |   |  |
| Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application?                                    |   |  |   |   |  |
| <input checked="" type="checkbox"/> Yes → Complete Part 2 of application package (begins p. 7). <input type="checkbox"/> No → Complete Part 1 of application package (below).                            |   |  |   |   |  |
| Part 1   |   | <b>LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))</b>  |   |   |  |
| Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water). |   |  |   |   |  |
| <b>PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(C)(2)(II)(A))</b>  |   |  |   |   |  |
| Facility Information   | 1.1   | Facility name<br>NA<br>Mailing address (street or P.O. box)  |   |   |  |
|  |   | City or town   |   | State                                     |  |
|  |   | Contact name (first and last)  | Title   | Phone number                              | Email address                                    |
|  |   | Location address (street, route number, or other specific identifier)  |   |   | <input type="checkbox"/> Same as mailing address |
|  |   | City or town   |   | State                                     | ZIP code   |
|  |   | 1.2  | <b>Ownership Status</b><br><input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____<br><input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____         |   |  |
| <b>PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(C)(2)(II)(B))</b>   |   |  |   |   |  |
| Applicant Information  | 2.1   | Is applicant different from entity listed under Item 1.1 above?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.3 (Part 1, Section 2).                |   |   |  |
|  | 2.2   | Applicant name<br>Applicant address (street or P.O. box)   |   |   |  |
|  |   | City or town   |   | State                                     |  |
|  |   | Contact name (first and last)  | Title   | Phone number                              | Email address                                    |
|  |   | 2.3  | Is the applicant the facility's owner, operator, or both? (Check only one response.)<br><input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both  |   |  |
|  |   | 2.4  | To which entity should the NPDES permitting authority send correspondence? (Check only one response.)<br><input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same) |   |  |
| <b>PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(C)(2)(II)(D))</b>  |   |  |   |   |  |
| Sewage Sludge Amount   | 3.1   | Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:  |   |   |  |
|  |   | <b>Practice</b>  |   | <b>Dry Metric Tons per 365-Day Period</b> |  |
|  |   | Amount generated at the facility   |   |   |  |
|  |   | Amount treated at the facility   |   |   |  |
|  |   | Amount used (i.e., received from offsite) at the facility  |   |   |  |
|  |   | Amount disposed of at the facility   |   |   |  |

|   |                                  |                               |   |
|---|----------------------------------|-------------------------------|---|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |
|---|----------------------------------|-------------------------------|---|

**PART 1, SECTION 4. POLLUTANT CONCENTRATIONS (40 CFR 122.21(C)(2)(II)(E))**

|                                 |                          |   |                          |   |
|---------------------------------|--------------------------|---|--------------------------|---|
| <b>Pollutant Concentrations</b> | <b>4.1</b>               | <p>Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than 4.5 years old.</p> <p><input type="checkbox"/> Check here if you have provided a separate attachment with this information.</p> |                          |   |
|                                 | <b>Pollutant</b>         | <b>Concentration<br/>(mg/kg dry weight)</b>   | <b>Analytical Method</b> | <b>Detection Level<br/>for Analysis</b> |
|                                 | Arsenic                  |   |                          |   |
|                                 | Cadmium                  |   |                          |   |
|                                 | Chromium                 |   |                          |   |
|                                 | Copper                   |   |                          |   |
|                                 | Lead                     |   |                          |   |
|                                 | Mercury                  |   |                          |   |
|                                 | Molybdenum               |   |                          |   |
|                                 | Nickel                   |   |                          |   |
|                                 | Selenium                 |   |                          |   |
|                                 | Zinc                     |   |                          |   |
|                                 | Other (specify)<br>_____ |   |                          |   |
|                                 | Other (specify)<br>_____ |   |                          |   |
|                                 | Other (specify)<br>_____ |   |                          |   |
| Other (specify)<br>_____        |                          |   |                          |   |

|   |                                  |                               |   |
|---|----------------------------------|-------------------------------|---|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241 | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |
|---|----------------------------------|-------------------------------|---|

**PART 1, SECTION 5. TREATMENT PROVIDED AT YOUR FACILITY (40 CFR 122.21(C)(2)(II)(C))**

|                                     |   |  |   |  |
|-------------------------------------|---|--|---|--|
| Treatment Provided at Your Facility | <u>5.1</u>  | For each sewage sludge use or disposal practice, indicate the amount of sewage sludge used or disposed of, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option. Attach additional pages, as necessary.  |   |  |
|                                     |   | <b>Use or Disposal Practice<br/>(check one)</b>  | <b>Amount<br/>(dry metric tons)</b>   | <b>Pathogen Class and<br/>Reduction Alternative</b>  |
|                                     | <input type="checkbox"/> Land application of bulk sewage<br><input type="checkbox"/> Land application of biosolids (bulk)<br><input type="checkbox"/> Land application of biosolids (bags)<br><input type="checkbox"/> Disposal in a landfill<br><input type="checkbox"/> Surface disposal<br><input type="checkbox"/> Incineration   |  | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Class A, Alternative 1<br><input type="checkbox"/> Class A, Alternative 2<br><input type="checkbox"/> Class A, Alternative 3<br><input type="checkbox"/> Class A, Alternative 4<br><input type="checkbox"/> Class A, Alternative 5<br><input type="checkbox"/> Class A, Alternative 6<br><input type="checkbox"/> Class B, Alternative 1<br><input type="checkbox"/> Class B, Alternative 2<br><input type="checkbox"/> Class B, Alternative 3<br><input type="checkbox"/> Class B, Alternative 4<br><input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Option 1<br><input type="checkbox"/> Option 2<br><input type="checkbox"/> Option 3<br><input type="checkbox"/> Option 4<br><input type="checkbox"/> Option 5<br><input type="checkbox"/> Option 6<br><input type="checkbox"/> Option 7<br><input type="checkbox"/> Option 8<br><input type="checkbox"/> Option 9<br><input type="checkbox"/> Option 10<br><input type="checkbox"/> Option 11 |
|                                     | <u>5.2</u>  | For each of the use and disposal practices specified in Item 5.1, identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge. (Check all that apply.)   |   |  |
|                                     | <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)<br><input type="checkbox"/> Stabilization<br><input type="checkbox"/> Composting<br><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)<br><input type="checkbox"/> Heat drying<br><input type="checkbox"/> Methane or biogas capture and recovery | <input type="checkbox"/> Thickening (concentration)<br><input type="checkbox"/> Anaerobic digestion<br><input type="checkbox"/> Conditioning<br><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)<br><input type="checkbox"/> Thermal reduction<br><input type="checkbox"/> Other (specify) _____ |   |  |

**PART 1, SECTION 6. SEWAGE SLUDGE SENT TO OTHER FACILITIES (40 CFR 122.21(C)(2)(II)(C))**

|  |  |   |  |  |
|--|--|---|--|--|
| Sewage Sludge Sent to Other Facilities | <u>6.1</u>   | Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8)? |  |  |
|  |  | <input type="checkbox"/> Yes → SKIP to Part 1, Section 8 (Certification). <input type="checkbox"/> No   |  |  |
|  | <u>6.2</u>   | Is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?   |  |  |
|  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 1, Section 7.   |  |  |
|  | <u>6.3</u>   | Receiving facility name<br>Mailing address (street or P.O. box)<br>City or town <input type="text"/> State <input type="text"/> ZIP code<br>Contact name (first and last) <input type="text"/> Title <input type="text"/> Phone number <input type="text"/> Email address   |  |  |
| <u>6.4</u>                             | Which activities does the receiving facility provide? (Check all that apply.)  |   |  |  |
|  | <input type="checkbox"/> Treatment or blending <input type="checkbox"/> Sale or give-away in bag or other container<br><input type="checkbox"/> Land application <input type="checkbox"/> Surface disposal<br><input type="checkbox"/> Incineration <input type="checkbox"/> Other (describe) _____<br><input type="checkbox"/> Composting |   |  |  |



|  |  |   |                               |   |  |                |              |           |  |             |
|--|--|---|-------------------------------|---|--|----------------|--------------|-----------|--|-------------|
| EPA Identification Number<br>110002042931                  |  | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |  |                |              |           |  |             |
| <b>Checklist and Certification Statement<br/>Continued</b> | <u>8.2</u>                               | <p>Provide the following certification. (See instructions to determine the appropriate person to submit 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"> <tr> <td>Name (print or type first and last name)</td> <td>Official title</td> <td>Phone number</td> </tr> <tr> <td colspan="2">Signature</td> <td>Date signed</td> </tr> </table> |                               |   | Name (print or type first and last name) | Official title | Phone number | Signature |  | Date signed |
|  | Name (print or type first and last name) | Official title  | Phone number                  |   |  |                |              |           |  |             |
|  | Signature                                |   | Date signed                   |   |  |                |              |           |  |             |

**PART 1 APPLICANTS STOP HERE.**

**Submit completed application package to your NPDES permitting authority.**

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|   |   |  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
|---|---|--|--|--------------------------------|----------------------------|-------------|-------------------------------|--------------------------------|-----------------------------|------------------------------------|----------------------------|-------------|-------------------|
| EPA Identification Number<br>110002042931   | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP  | OMB No. 2040-0004<br>Expires 07/31/2026  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
| <b>PART 2</b>   | <b>PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))</b>  |  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
| <p>Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit.</p> <p>Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.</p> |   |  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
| <b>PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(Q)(1-7) AND (Q)(13))</b>   |   |  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
| <b>General Information</b>  | All Part 2 applicants must complete this section.   |  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
|   | <b>Facility Information</b>   |  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
|   | <u>1.1</u>  | <p>Facility name<br/>Towassa Wastewater Treatment Plant / Montgomery Water Works and Sanitary Sewer Board</p> <p>Mailing address (street or P.O. box)<br/>PO Box 1631</p> <table border="1"> <tr> <td>City or town<br/>Montgomery</td> <td>State<br/>AL</td> <td>ZIP code<br/>36102</td> <td>Phone number<br/>(334) 206-1713</td> </tr> </table> <p>Contact name (first and last)<br/>Robert Allen</p> <table border="1"> <tr> <td>Title<br/>WPC Superintendent</td> <td>Email address<br/>allenr@mwwssb.com</td> </tr> </table> <p>Location address (street, route number, or other specific identifier)<br/>3000 Washington Ferry Rd</p> <p><input type="checkbox"/> Same as mailing address</p> <table border="1"> <tr> <td>City or town<br/>Montgomery</td> <td>State<br/>AL</td> <td>ZIP code<br/>36108</td> </tr> </table> |  |                                | City or town<br>Montgomery | State<br>AL | ZIP code<br>36102             | Phone number<br>(334) 206-1713 | Title<br>WPC Superintendent | Email address<br>allenr@mwwssb.com | City or town<br>Montgomery | State<br>AL | ZIP code<br>36108 |
|   | City or town<br>Montgomery  | State<br>AL  | ZIP code<br>36102  | Phone number<br>(334) 206-1713 |                            |             |                               |                                |                             |                                    |                            |             |                   |
|   | Title<br>WPC Superintendent   | Email address<br>allenr@mwwssb.com   |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
|   | City or town<br>Montgomery  | State<br>AL  | ZIP code<br>36108  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
|   | <u>1.2</u>  | <p>Is this facility a Class I sludge management facility?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>   |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
|   | <u>1.3</u>  | Facility Design Flow Rate  | 3.0 million gallons per day (mgd)  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
|   | <u>1.4</u>  | Total Population Served  | 5800   |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
|   | <u>1.5</u>  | <b>Ownership Status</b>  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
|   | <input type="checkbox"/> Public—federal   | <input type="checkbox"/> Public—state  | <input checked="" type="checkbox"/> Other public (specify) <u>municipality</u> |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
|   | <input type="checkbox"/> Private  | <input type="checkbox"/> Other (specify) _____   |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
| <b>Applicant Information</b>  |   |  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
| <u>1.6</u>  | <p>Is applicant different from entity listed under Item 1.1 above?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ➔ SKIP to Item 1.8 (Part 2, Section 1).</p>   |  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
| <u>1.7</u>  | <p>Applicant name</p> <p>Applicant mailing address (street or P.O. box)</p> <table border="1"> <tr> <td>City or town</td> <td>State</td> <td>ZIP code</td> </tr> </table> <table border="1"> <tr> <td>Contact name (first and last)</td> <td>Title</td> <td>Phone number</td> <td>Email address</td> </tr> </table> |  |  | City or town                   | State                      | ZIP code    | Contact name (first and last) | Title                          | Phone number                | Email address                      |                            |             |                   |
| City or town  | State   | ZIP code   |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
| Contact name (first and last)   | Title   | Phone number   | Email address  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
| <u>1.8</u>  | <p>Is the applicant the facility's owner, operator, or both? (Check only one response.)</p> <p><input type="checkbox"/> Operator <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Both</p>  |  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |
| <u>1.9</u>  | <p>To which entity should the NPDES permitting authority send correspondence? (Check only one response.)</p> <p><input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)</p>                                     |  |  |                                |                            |             |                               |                                |                             |                                    |                            |             |                   |

|   |   |   |  |   |
|---|---|---|--|---|
| EPA Identification Number<br>110002042931 |   | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP                                  | OMB No. 2040-0004<br>Expires 07/31/2026               |
| General Information Continued             | <b>Permit Information</b>   |   |  |   |
|   | <u>1.10</u>   | Facility's NPDES permit number<br><input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.  |  | <b>NPDES Permit Number</b><br>AL0022241               |
|   | <u>1.11</u>   | Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.<br><input type="checkbox"/> Check here if you have provided a separate attachment with this information.                               |  |   |
|   | <b>Existing Environment Permits</b> (check all that apply and print or type the corresponding permit number for each) |   |  |   |
|   | <input type="checkbox"/> RCRA (hazardous wastes)  |   | <input type="checkbox"/> Nonattainment program (CAA)           | <input type="checkbox"/> NESHAPs (CAA)                |
|   | <input type="checkbox"/> PSD (air emissions)  |   | <input type="checkbox"/> Dredge or fill (CWA Section 404)      | <input type="checkbox"/> Other (specify)<br>ALL022241 |
|   | <input type="checkbox"/> Ocean dumping (MPRSA)  |   | <input type="checkbox"/> UIC (underground injection of fluids) | BUG0000-008649  |
|   | <b>Indian Country</b>   |   |  |   |
|   | <u>1.12</u>   | Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below.  |  |   |
|   | <u>1.13</u>   | Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.  |  |   |
|   | <b>Topographic Map</b>  |   |  |   |
|   | <u>1.14</u>   | Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)<br><input checked="" type="checkbox"/> Yes   |  |   |
|   | <b>Line Drawing</b>   |   |  |   |
|   | <u>1.15</u>   | Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.)<br><input checked="" type="checkbox"/> Yes |  |   |
|   | <b>Contractor Information</b>   |   |  |   |
|   | <u>1.16</u>   | Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1) below.   |  |   |
|   | <u>1.17</u>   | Provide the following information for each contractor.<br><input type="checkbox"/> Check here if you have attached additional sheets to the application package.  |  |   |
|   | <b>Contractor 1</b>   | <b>Contractor 2</b>   | <b>Contractor 3</b>  |   |
| Contractor company name                   |   |   |  |   |
| Mailing address (street or P.O. box)      |   |   |  |   |
| City, state, and ZIP code                 |   |   |  |   |
| Contact name (first and last)             |   |   |  |   |
| Telephone number                          |   |   |  |   |
| Email address                             |   |   |  |   |

|  |   |  |  |                               |   |
|--|---|--|--|-------------------------------|---|
| EPA Identification Number<br>110002042931  |   | NPDES Permit Number<br>AL0022241                   |  | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |
| General Information Continued  | <u>1.17</u><br>cont.  | Responsibilities of contractor                     | Contractor 1                                     | Contractor 2                  | Contractor 3                            |
|  | <b>Pollutant Concentrations</b>   |  |  |                               |   |
|  | Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old. |  |  |                               |   |
|  | <input type="checkbox"/> Check here if you have attached additional sheets to the application package.  |  |  |                               |   |
|  | <u>1.18</u>   | Pollutant  | Average Monthly Concentration (mg/kg dry weight) | Analytical Method             | Detection Level                         |
|  |   | Arsenic  | 5  | EPA 6010                      | 2.94                                    |
|  |   | Cadmium  | 2  | EPA 6010                      | 0.94                                    |
|  |   | Chromium   | 23   | EPA 6010                      | 0.79                                    |
|  |   | Copper   | 511  | EPA 6010                      | 2.92                                    |
|  |   | Lead   | 49   | EPA 6010                      | 1.78                                    |
|  | Mercury   | 0.8  | EPA 7471B  | 0.007                         |   |
|  | Molybdenum  | 3  | EPA 6010   | 0.75                          |   |
|  | Nickel  | 17   | EPA 6010   | 2.30                          |   |
|  | Selenium  | 4  | EPA 6010   | 2.46                          |   |
|  | Zinc  | 930  | EPA 6010   | 2.24                          |   |
| <b>Checklist and Certification Statement</b>   |   |  |  |                               |   |
| <u>1.19</u>  | In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.                     |  |  |                               |   |
|  | <b>Column 1</b>   |  | <b>Column 2</b>                                  |                               |   |
|  | <input checked="" type="checkbox"/> Section 1 (General Information)   | <input checked="" type="checkbox"/> w/ attachments |  |                               |   |
|  | <input checked="" type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material<br>Derived from Sewage Sludge)  | <input type="checkbox"/> w/ attachments            |  |                               |   |
|  | <input checked="" type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)  | <input checked="" type="checkbox"/> w/ attachments |  |                               |   |
|  | <input type="checkbox"/> Section 4 (Surface Disposal)   | <input type="checkbox"/> w/ attachments            |  |                               |   |
|  | <input type="checkbox"/> Section 5 (Incineration)   | <input type="checkbox"/> w/ attachments            |  |                               |   |
| <u>1.20</u>  | Provide the following certification. (See instructions to determine the appropriate person to sign the application.)  |  |  |                               |   |
| <b>Certification Statement</b>   |   |  |  |                               |   |
| <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i> |   |  |  |                               |   |
| Name (print or type first and last name)<br>William R. Henderson, P.E.   |   | Official title<br>General Manager                  |  |                               |   |
| Signature   |   | Date signed 6-11-24                                |  |                               |   |
| Telephone number<br>(334) 206-1607   |   |  |  |                               |   |
| Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements.   |   |  |  |                               |   |

|  |   |  |  |          |
|--|---|--|--|----------|
| EPA Identification Number<br>110002042931  | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP  | OMB No. 2040-0004<br>Expires 07/31/2026          |          |
| <b>PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(Q)(8) THROUGH (12))</b> |   |  |  |          |
| <b>Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge</b>   | <u>2.1</u>  | Does your facility generate sewage sludge or derive a material from sewage sludge?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3.   |  |          |
|  | <b>Amount Generated Onsite</b>  |  |  |          |
|  | <u>2.2</u>  | Total dry metric tons per 365-day period generated at your facility:   | 80   |          |
|  | <b>Amount Received from Offsite Facility</b>  |  |  |          |
|  | <u>2.3</u>  | Does your facility receive sewage sludge from another facility for treatment use or disposal?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.8 (Part 2, Section 2) below.   |  |          |
|  | <u>2.4</u>  | Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:  |  |          |
|  | Provide the following information for each of the facilities from which you receive sewage sludge.  |  |  |          |
|  | <input type="checkbox"/> Check here if you have attached additional sheets to the application package.  |  |  |          |
|  | <u>2.5</u>  | Name of facility<br><br>Mailing address (street or P.O. box)   |  |          |
|  |   | City or town   | State  | ZIP code |
|  | Contact name (first and last)   | Title  | Phone number                                     |          |
|  | Location address (street, route number, or other specific identifier)   |  | <input type="checkbox"/> Same as mailing address |          |
|  | City or town  | State  | ZIP code   |          |
|  | County  | County code  | <input type="checkbox"/> Not available           |          |
| <u>2.6</u>   | Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.  |  |  |          |
|  | <b>Amount<br/>(dry metric tons)</b>   |  | <b>Vector Attraction Reduction<br/>Option</b>    |          |
|  | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Class A, Alternative 1<br><input type="checkbox"/> Class A, Alternative 2<br><input type="checkbox"/> Class A, Alternative 3<br><input type="checkbox"/> Class A, Alternative 4<br><input type="checkbox"/> Class A, Alternative 5<br><input type="checkbox"/> Class A, Alternative 6<br><input type="checkbox"/> Class B, Alternative 1<br><input type="checkbox"/> Class B, Alternative 2<br><input type="checkbox"/> Class B, Alternative 3<br><input type="checkbox"/> Class B, Alternative 4<br><input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Option 1<br><input type="checkbox"/> Option 2<br><input type="checkbox"/> Option 3<br><input type="checkbox"/> Option 4<br><input type="checkbox"/> Option 5<br><input type="checkbox"/> Option 6<br><input type="checkbox"/> Option 7<br><input type="checkbox"/> Option 8<br><input type="checkbox"/> Option 9<br><input type="checkbox"/> Option 10<br><input type="checkbox"/> Option 11 |  |          |
| <u>2.7</u>   | Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)  |  |  |          |
|  | <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)<br><input type="checkbox"/> Stabilization<br><input type="checkbox"/> Composting<br><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)<br><input type="checkbox"/> Heat drying<br><input type="checkbox"/> Methane or biogas capture and recovery   | <input type="checkbox"/> Thickening (concentration)<br><input type="checkbox"/> Anaerobic digestion<br><input type="checkbox"/> Conditioning<br><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)<br><input type="checkbox"/> Thermal reduction<br><input type="checkbox"/> Other (specify) _____   |  |          |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| EPA Identification Number<br>110002042931   |  | NPDES Permit Number<br>AL0022241   | Facility Name<br>Towassa WWTP  | OMB No. 2040-0004<br>Expires 07/31/2026   |  |
| Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued | <u>2.8</u>   | For each sewage sludge use or disposal practice, indicate the applicable pathogen class and reduction alternative and the applicable vector attraction reduction option provided at your facility. Attach additional pages, as necessary.  |  |   |  |
|   |  | <b>Use or Disposal Practice<br/>(check one)</b>  | <b>Pathogen Class and Reduction<br/>Alternative</b>  | <b>Vector Attraction Reduction<br/>Option</b>   |  |
|   |  | <input checked="" type="checkbox"/> Land application of bulk sewage<br><input type="checkbox"/> Land application of biosolids (bulk)<br><input type="checkbox"/> Land application of biosolids (bags)<br><input type="checkbox"/> Disposal in a landfill<br><input type="checkbox"/> Surface disposal<br><input type="checkbox"/> Incineration   | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Class A, Alternative 1<br><input type="checkbox"/> Class A, Alternative 2<br><input type="checkbox"/> Class A, Alternative 3<br><input type="checkbox"/> Class A, Alternative 4<br><input type="checkbox"/> Class A, Alternative 5<br><input type="checkbox"/> Class A, Alternative 6<br><input checked="" type="checkbox"/> Class B, Alternative 1<br><input type="checkbox"/> Class B, Alternative 2<br><input type="checkbox"/> Class B, Alternative 3<br><input type="checkbox"/> Class B, Alternative 4<br><input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Not applicable<br><input checked="" type="checkbox"/> Option 1<br><input type="checkbox"/> Option 2<br><input type="checkbox"/> Option 3<br><input type="checkbox"/> Option 4<br><input type="checkbox"/> Option 5<br><input type="checkbox"/> Option 6<br><input type="checkbox"/> Option 7<br><input type="checkbox"/> Option 8<br><input type="checkbox"/> Option 9<br><input type="checkbox"/> Option 10<br><input type="checkbox"/> Option 11 |  |
|   | <u>2.9</u>   | Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge? (Check all that apply.)   |  |   |  |
|   |  | <input checked="" type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)<br><input type="checkbox"/> Stabilization<br><input type="checkbox"/> Composting<br><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)<br><input type="checkbox"/> Heat drying<br><input type="checkbox"/> Methane or biogas capture and recovery | <input type="checkbox"/> Thickening (concentration)<br><input checked="" type="checkbox"/> Anaerobic digestion<br><input type="checkbox"/> Conditioning<br><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)<br><input type="checkbox"/> Thermal reduction  |   |  |
|   | <u>2.10</u>  | Describe any other sewage sludge treatment or blending activities not identified in Items 2.8 and 2.9 (Part 2, Section 2) above.   |  |   |  |
|   |  | <input type="checkbox"/> Check here if you have attached the description to the application package.   |  |   |  |
|   | <b>Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1 to 8</b> |  |  |   |  |
|   | <u>2.11</u>  | Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8) and is it land applied?   |  |   |  |
|   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.14 (Part 2, Section 2) below.   |  |   |  |
|   | <u>2.12</u>  | Total dry metric tons per 365-day period of sewage sludge subject to this subsection that is applied to the land:  |  |   |  |
|   | <u>2.13</u>  | Is sewage sludge subject to this subsection placed in bags or other containers for sale or give-away for application to the land?  |  |   |  |
|   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |
|   |  | <input type="checkbox"/> Check here once you have completed Items 2.11 to 2.13, then → SKIP to Item 2.32 (Part 2, Section 2) below.  |  |   |  |

| EPA Identification Number<br>110002042931   | NPDES Permit Number<br>AL0022241   | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |  |                                    |   |
|---|--|-------------------------------|---|--|------------------------------------|---|
| <b>Sale or Give-Away in a Bag or Other Container for Application to the Land</b>  |  |                               |   |  |                                    |   |
| <b>2.14</b><br><input type="checkbox"/> Yes<br><b>2.15</b><br><b>2.16</b><br><input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.<br><input type="checkbox"/> Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.  | Do you place sewage sludge in a bag or other container for sale or give-away for land application?<br><input checked="" type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.  |                               |   |  |                                    |   |
|   | Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:   |                               |   |  |                                    |   |
|   | Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.<br><input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.   |                               |   |  |                                    |   |
|   |  |                               |   |  |                                    |   |
|   |  |                               |   |  |                                    |   |
| <b>Shipment Offsite for Treatment or Blending</b>   |  |                               |   |  |                                    |   |
| <b>2.17</b><br><input type="checkbox"/> Yes<br><b>2.18</b><br><input type="checkbox"/> Check here if you have attached additional sheets to the application package.<br><b>2.19</b><br>Name of receiving facility<br>Mailing address (street or P.O. box)<br>City or town      State      ZIP code<br>Contact name (first and last)      Title      Phone number      Email address<br>Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address<br>City or town      State      ZIP code  | Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.)<br><input checked="" type="checkbox"/> No → SKIP to Item 2.27 (Part 2, Section 2) below.  |                               |   |  |                                    |   |
|   |  |                               |   |  |                                    |   |
|   |  |                               |   |  |                                    |   |
|   |  |                               |   |  |                                    |   |
|   |  |                               |   |  |                                    |   |
|   |  |                               |   |  |                                    |   |
|   |  |                               |   |  |                                    |   |
| <b>2.20</b><br><b>2.21</b><br><input type="checkbox"/> Yes<br><b>2.22</b><br>Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.  | Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:<br><input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below.  |                               |   |  |                                    |   |
|   | <table border="1"> <thead> <tr> <th>Pathogen Class and Reduction Alternative</th> <th>Vector Attraction Reduction Option</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Not applicable<br/> <input type="checkbox"/> Class A, Alternative 1<br/> <input type="checkbox"/> Class A, Alternative 2<br/> <input type="checkbox"/> Class A, Alternative 3<br/> <input type="checkbox"/> Class A, Alternative 4<br/> <input type="checkbox"/> Class A, Alternative 5<br/> <input type="checkbox"/> Class A, Alternative 6<br/> <input type="checkbox"/> Class B, Alternative 1<br/> <input type="checkbox"/> Class B, Alternative 2<br/> <input type="checkbox"/> Class B, Alternative 3<br/> <input type="checkbox"/> Class B, Alternative 4<br/> <input type="checkbox"/> Domestic septage, pH adjustment         </td> <td> <input type="checkbox"/> Not applicable<br/> <input type="checkbox"/> Option 1<br/> <input type="checkbox"/> Option 2<br/> <input type="checkbox"/> Option 3<br/> <input type="checkbox"/> Option 4<br/> <input type="checkbox"/> Option 5<br/> <input type="checkbox"/> Option 6<br/> <input type="checkbox"/> Option 7<br/> <input type="checkbox"/> Option 8<br/> <input type="checkbox"/> Option 9<br/> <input type="checkbox"/> Option 10<br/> <input type="checkbox"/> Option 11         </td> </tr> </tbody> </table> |                               |   | Pathogen Class and Reduction Alternative | Vector Attraction Reduction Option | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Class A, Alternative 1<br><input type="checkbox"/> Class A, Alternative 2<br><input type="checkbox"/> Class A, Alternative 3<br><input type="checkbox"/> Class A, Alternative 4<br><input type="checkbox"/> Class A, Alternative 5<br><input type="checkbox"/> Class A, Alternative 6<br><input type="checkbox"/> Class B, Alternative 1<br><input type="checkbox"/> Class B, Alternative 2<br><input type="checkbox"/> Class B, Alternative 3<br><input type="checkbox"/> Class B, Alternative 4<br><input type="checkbox"/> Domestic septage, pH adjustment |
| Pathogen Class and Reduction Alternative  | Vector Attraction Reduction Option   |                               |   |  |                                    |   |
| <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Class A, Alternative 1<br><input type="checkbox"/> Class A, Alternative 2<br><input type="checkbox"/> Class A, Alternative 3<br><input type="checkbox"/> Class A, Alternative 4<br><input type="checkbox"/> Class A, Alternative 5<br><input type="checkbox"/> Class A, Alternative 6<br><input type="checkbox"/> Class B, Alternative 1<br><input type="checkbox"/> Class B, Alternative 2<br><input type="checkbox"/> Class B, Alternative 3<br><input type="checkbox"/> Class B, Alternative 4<br><input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Option 1<br><input type="checkbox"/> Option 2<br><input type="checkbox"/> Option 3<br><input type="checkbox"/> Option 4<br><input type="checkbox"/> Option 5<br><input type="checkbox"/> Option 6<br><input type="checkbox"/> Option 7<br><input type="checkbox"/> Option 8<br><input type="checkbox"/> Option 9<br><input type="checkbox"/> Option 10<br><input type="checkbox"/> Option 11   |                               |   |  |                                    |   |

|  |   |   |  |   |
|--|---|---|--|---|
| EPA Identification Number<br>110002042931  |   | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP  | OMB No. 2040-0004<br>Expires 07/31/2026 |
| Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued          | <u>2.23</u>   | Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.) |  |   |
|  | <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)  | <input type="checkbox"/> Thickening (concentration)   |  |   |
|  | <input type="checkbox"/> Stabilization  | <input type="checkbox"/> Anaerobic digestion  |  |   |
|  | <input type="checkbox"/> Composting   | <input type="checkbox"/> Conditioning   |  |   |
|  | <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)   | <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)  |  |   |
|  | <input type="checkbox"/> Heat drying  | <input type="checkbox"/> Thermal reduction  |  |   |
|  | <input type="checkbox"/> Methane or biogas capture and recovery   | <input type="checkbox"/> Other (specify) _____  |  |   |
|  | <u>2.24</u>   | Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).  |  |   |
|  | <input type="checkbox"/> Check here to indicate that you have attached material.  |   |  |   |
|  | <u>2.25</u>   | Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?   |  |   |
|  | <input type="checkbox"/> Yes  |   | <input type="checkbox"/> No ➔ SKIP to Item 2.32 (Part 2, Section 2) below. |   |
|  | <u>2.26</u>   | Attach a copy of all labels or notices that accompany the product being sold or given away.   |  |   |
|  | <input type="checkbox"/> Check here to indicate that you have attached material.  |   |  |   |
|  | <input type="checkbox"/> Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then ➔ SKIP to Item 2.32 (Part 2, Section 2) below.                               |   |  |   |
|  | <b>Land Application of Bulk Sewage Sludge</b>   |   |  |   |
| <u>2.27</u>  | Is sewage sludge from your facility applied to the land?  |   |  |   |
| <input checked="" type="checkbox"/> Yes  |   | <input type="checkbox"/> No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.  |  |   |
| <u>2.28</u>  | Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:  |   | 80   |   |
| <u>2.29</u>  | Did you identify all land application sites in Part 2, Section 3 of this application?   |   |  |   |
| <input checked="" type="checkbox"/> Yes  |   | <input type="checkbox"/> No ➔ Submit a copy of the land application plan with your application.   |  |   |
| <u>2.30</u>  | Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge?                                       |   |  |   |
| <input type="checkbox"/> Yes   |   | <input checked="" type="checkbox"/> No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.   |  |   |
| <u>2.31</u>  | Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification.                                |   |  |   |
| <input type="checkbox"/> Check here if you have attached the explanation to the application package.   |   |   |  |   |
| <input type="checkbox"/> Check here if you have attached the notification to the application package.  |   |   |  |   |
| <b>Surface Disposal</b>  |   |   |  |   |
| <u>2.32</u>  | Is sewage sludge from your facility placed on a surface disposal site?  |   |  |   |
| <input type="checkbox"/> Yes   |   | <input checked="" type="checkbox"/> No ➔ SKIP to Item 2.39 (Part 2, Section 2) below.   |  |   |
| <u>2.33</u>  | Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:  |   |  |   |
| <u>2.34</u>  | Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?  |   |  |   |
| <input type="checkbox"/> Yes ➔ SKIP to Item 2.39 (Part 2, Section 2) below.                            |   | <input type="checkbox"/> No   |  |   |
| <u>2.35</u>  | Indicate the total number of surface disposal sites to which you send your sewage sludge.<br>(Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.) |   |  |   |
| <input type="checkbox"/> Check here if you have attached additional sheets to the application package. |   |   |  |   |

|   |             |   |       |                               |   |
|---|-------------|---|-------|-------------------------------|---|
| EPA Identification Number<br>110002042931   |             | NPDES Permit Number<br>AL0022241  |       | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |
| Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued | <u>2.36</u> | Site name or number of surface disposal site you do not own or operate<br><br>Mailing address (street or P.O. box)  |       |                               |   |
|   |             | City or town  |       | State                         | ZIP code                                |
|   |             | Contact name (first and last)   | Title | Phone number                  | Email address                           |
|   | <u>2.37</u> | Site contact (check all that apply)<br><input type="checkbox"/> Owner <input type="checkbox"/> Operator   |       |                               |   |
|   | <u>2.38</u> | Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period:  |       |                               |   |
|   |             | <b>Incineration</b>   |       |                               |   |
|   | <u>2.39</u> | Is sewage sludge from your facility fired in a sewage sludge incinerator?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.46 (Part 2, Section 2) below.   |       |                               |   |
|   | <u>2.40</u> | Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period:   |       |                               |   |
|   | <u>2.41</u> | Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?<br><input type="checkbox"/> Yes → SKIP to Item 2.46 (Part 2, Section 2) <input type="checkbox"/> No  |       |                               |   |
|   | <u>2.42</u> | Indicate the total number of sewage sludge incinerators that you use but do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.)<br><input type="checkbox"/> Check here if you have attached additional sheets to the application package. |       |                               |   |
| Generation of Sewage Sludge or Preparation of a Material Derived                              | <u>2.43</u> | Incinerator name or number<br><br>Mailing address (street or P.O. box)  |       |                               |   |
|   |             | City or town  |       | State                         | ZIP code                                |
|   |             | Contact name (first and last)   | Title | Phone number                  | Email address                           |
|   |             | Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address  |       |                               |   |
|   |             | City or town  |       | State                         | ZIP code                                |
|   | <u>2.44</u> | Contact (check all that apply)<br><input type="checkbox"/> Incinerator owner <input type="checkbox"/> Incinerator operator  |       |                               |   |
|   | <u>2.45</u> | Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period:   |       |                               |   |
|   |             | <b>Disposal in a Municipal Solid Waste Landfill</b>   |       |                               |   |
|   | <u>2.46</u> | Is sewage sludge from your facility placed on a municipal solid waste landfill?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 3.   |       |                               |   |
|   | <u>2.47</u> | Indicate the total number of municipal solid waste landfills used. (Provide the information in Items 2.48 to 2.52 directly below for each facility.)<br><input type="checkbox"/> Check here if you have attached additional sheets to the application package.                              |       |                               |   |
| Name of landfill  | <u>2.48</u> | Name of landfill<br><br>Mailing address (street or P.O. box)  |       |                               |   |
|   |             | City or town  |       | State                         | ZIP code                                |
|   |             | Contact name (first and last)   | Title | Phone number                  | Email address                           |

|   |   |                               |  |
|---|---|-------------------------------|--|
| EPA Identification Number<br>110002042931 | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026          |
|   | Location address (street, route number, or other specific identifier)   |                               | <input type="checkbox"/> Same as mailing address |
|   | County  | County code                   | <input type="checkbox"/> Not available           |
|   | City or town  | State                         | ZIP code   |
| <u>2.49</u>                               | Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:   |                               |  |
| <u>2.50</u>                               | List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.   |                               |  |
|   | <b>Permit Number</b>  | <b>Type of Permit</b>         |  |
|   |   |                               |  |
|   |   |                               |  |
|   |   |                               |  |
| <u>2.51</u>                               | Attach information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). |                               |  |
|   | <input type="checkbox"/> Check here to indicate you have attached the requested information.  |                               |  |
| <u>2.52</u>                               | Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258?  |                               |  |
|   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |  |

|   |  |   |  |   |
|---|--|---|--|---|
| EPA Identification Number<br>110002042931   | NPDES Permit Number<br>AL0022241   | Facility Name<br>Towassa WWTP   | OMB No. 2040-0004<br>Expires 07/31/2026        |   |
| <b>PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(Q)(9))</b> |  |   |  |   |
| <b>Land Application of Bulk Sewage Sludge</b>   | <u>3.1</u>   | Does your facility apply sewage sludge to land?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4.   |  |   |
|   | <u>3.2</u>   | Do any of the following conditions apply?<br><ul style="list-style-type: none"> <li>The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8);</li> <li>The sewage sludge is sold or given away in a bag or other container for application to the land; or</li> <li>You provide the sewage sludge to another facility for treatment or blending.</li> </ul> <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <input checked="" type="checkbox"/> No |  |   |
|   | <u>3.3</u>   | Complete Section 3 for every site on which the sewage sludge is applied.<br><input type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites.  |  |   |
|   | <b>Identification of Land Application Site</b>   |   |  |   |
|   | <u>3.4</u>   | Site name or number<br>Montgomery Water Works and Sanitary Sewer Board Agrarian Center  |  |   |
|   |  | Location address (street, route number, or other specific identifier)<br>1455 Hunter Loop Road  |  | <input type="checkbox"/> Same as mailing address  |
|   |  | County<br>Montgomery  | County code                                    | <input checked="" type="checkbox"/> Not available |
|   |  | City or town<br>Montgomery  | State<br>AL                                    | ZIP code<br>36108                                 |
|   | <b>Latitude/Longitude of Land Application Site (see instructions)</b>  |   |  |   |
|   |  | Latitude<br>32.373056   | Longitude<br>-86.402778                        |   |
| <b>Method of Determination</b>  |  |   |  |   |
|   | <input checked="" type="checkbox"/> USGS map   | <input type="checkbox"/> Field survey   | <input type="checkbox"/> Other (specify) _____ |   |
| <u>3.5</u>  | Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.<br><input checked="" type="checkbox"/> Check here to indicate you have attached a topographic map for this site.      |   |  |   |
| <b>Owner Information</b>  |  |   |  |   |
| <u>3.6</u>  | Are you the owner of this land application site?<br><input checked="" type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <input type="checkbox"/> No  |   |  |   |
| <u>3.7</u>  | Owner name<br><br>Mailing address (street or P.O. box)   |   |  |   |
|   | City or town   | State   | ZIP code                                       |   |
|   | Contact name (first and last)  | Title   | Phone number                                   |   |
|   |  |   | Email address                                  |   |
| <b>Applier Information</b>  |  |   |  |   |
| <u>3.8</u>  | Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?<br><input checked="" type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <input type="checkbox"/> No |   |  |   |
| <u>3.9</u>  | Applier's name<br><br>Mailing address (street or P.O. box)   |   |  |   |
|   | City or town   | State   | ZIP code                                       |   |
|   | Contact name (first and last)  | Title   | Phone number                                   |   |
|   |  |   | Email address                                  |   |

|   |  |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|---|--|-------------------------------------|--|--|---|---------------------------------|------------------|----------------|----------------|------------------|----------------|---------------|---------------------------|
| EPA Identification Number<br>110002042931                   |  | NPDES Permit Number<br>AL0022241    |  | Facility Name<br>Towassa WWTP              | OMB No. 2040-0004<br>Expires 07/31/2026 |                                 |                  |                |                |                  |                |               |                           |
| Land Application of Bulk Sewage Sludge Continued            | <b>Site Type</b>   |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.10</b> Type of land application:</p> <p><input checked="" type="checkbox"/> Agricultural land      <input type="checkbox"/> Forest</p> <p><input type="checkbox"/> Reclamation site      <input type="checkbox"/> Public contact site</p> <p><input type="checkbox"/> Other (describe)</p>   |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <b>Crop or Other Vegetation Grown Onsite</b>   |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.11</b> What type of crop or other vegetation is grown on this site?<br/>Bermuda/Johnson/Ryegrass</p>   |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.12</b> What is the nitrogen requirement for this crop or vegetation?<br/>567 lbs/acre</p>  |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <b>Vector Attraction Reduction</b>   |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.13</b> Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No → SKIP to Item 3.16 (Part 2, Section 3) below.</p>  |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.14</b> Indicate which vector attraction reduction option is met. (Check only one response.)</p> <p><input type="checkbox"/> Option 9 (injection below land surface)      <input checked="" type="checkbox"/> Option 10 (incorporation into soil within 6 hours)</p>  |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.15</b> Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge.</p> <p><input type="checkbox"/> Check here if you have attached your description to the application package.</p>  |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <b>Cumulative Loadings and Remaining Allotments</b>  |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.16</b> Is the sewage sludge applied to this site since July 20, 1993, subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2)?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No → SKIP to Part 2, Section 4.</p>   |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.17</b> Have you contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4.</p>   |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.18</b> Provide the following information about your NPDES permitting authority:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">NPDES permitting authority name</td> <td style="width: 55%;">State of Alabama</td> </tr> <tr> <td>Contact person</td> <td>Shanda Torbert</td> </tr> <tr> <td>Telephone number</td> <td>(334) 271-7800</td> </tr> <tr> <td>Email address</td> <td>storbert@adem.alabama.gov</td> </tr> </table> |                                     |  |  |   | NPDES permitting authority name | State of Alabama | Contact person | Shanda Torbert | Telephone number | (334) 271-7800 | Email address | storbert@adem.alabama.gov |
|   | NPDES permitting authority name  | State of Alabama                    |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | Contact person   | Shanda Torbert                      |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | Telephone number   | (334) 271-7800                      |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | Email address  | storbert@adem.alabama.gov           |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.19</b> Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No → SKIP to Part 2, Section 4.</p>  |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p><b>3.20</b> Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.</p> <p><input type="checkbox"/> Check here to indicate that additional pages are attached.</p>   |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
|   | <p>Facility name<br/>Catoma Creek WWTP</p>   |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
| <p>Mailing address (street or P.O. box)<br/>PO Box 1631</p> |  |                                     |  |  |   |                                 |                  |                |                |                  |                |               |                           |
| <p>City or town<br/>Montgomery</p>                          |  | <p>State<br/>AL</p>                 | <p>ZIP code<br/>36102</p>              |  |   |                                 |                  |                |                |                  |                |               |                           |
| <p>Contact name (first and last)<br/>Robert Allen</p>       |  | <p>Title<br/>WPC Superintendent</p> | <p>Phone number<br/>(334) 206-1713</p> | <p>Email address<br/>allenr@mwwssb.com</p> |   |                                 |                  |                |                |                  |                |               |                           |

|  |  |   |  |  |
|--|--|---|--|--|
| EPA Identification Number<br>110002042931  | NPDES Permit Number<br>AL0022241   | Facility Name<br>Towassa WWTP   | OMB No. 2040-0004<br>Expires 07/31/2026          |  |
| <b>PART 2, SECTION 4 SURFACE DISPOSAL (40 CFR 122.21(Q)(10))</b>   |  |   |  |  |
| <b>Surface Disposal</b>  | <u>4.1</u>   | Do you own or operate a surface disposal site?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 5.  |  |  |
|  | <u>4.2</u>   | Complete all items in Section 4 for each active sewage sludge unit that you own or operate.<br><input type="checkbox"/> Check here to indicate that you have attached material to the application package for one or more active sewage sludge units. |  |  |
|  | <b>Information on Active Sewage Sludge Units</b>   |   |  |  |
|  | <u>4.3</u>   | Unit name or number   |  |  |
|  | Mailing address (street or P.O. box)   |   |  |  |
|  | City or town   |   | State  | ZIP code                               |
|  | Contact name (first and last)  | Title   | Phone number                                     | Email address                          |
|  | Location address (street, route number, or other specific identifier)  |   | <input type="checkbox"/> Same as mailing address |  |
|  | County   |   | County code                                      | <input type="checkbox"/> Not available |
|  | City or town   |   | State  | ZIP code                               |
| <b>Latitude/Longitude of Active Sewage Sludge Unit (see instructions)</b>  |  |   |  |  |
| Latitude   |  | Longitude   |  |  |
|  |  |   |  |  |
| <b>Method of Determination</b>   |  |   |  |  |
| <input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____ |  |   |  |  |
| <u>4.4</u>   | Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.<br><input type="checkbox"/> Check here to indicate that you have completed and attached a topographic map.  |   |  |  |
| <u>4.5</u>   | Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:   |   |  |  |
| <u>4.6</u>   | Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:  |   |  |  |
| <u>4.7</u>   | Does the active sewage sludge unit have a liner with a maximum permeability of $1 \times 10^{-7}$ centimeters per second (cm/sec)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.9 (Part 2, Section 4) below.   |   |  |  |
| <u>4.8</u>   | Describe the liner.<br><input type="checkbox"/> Check here to indicate that you have attached a description to the application package.  |   |  |  |
| <u>4.9</u>   | Does the active sewage sludge unit have a leachate collection system?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.11 (Part 2, Section 4) below.   |   |  |  |
| <u>4.10</u>  | Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal.<br><input type="checkbox"/> Check here to indicate that you have attached the description to the application package. |   |  |  |

| EPA Identification Number<br>110002042931   | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |   |  |   |  |
|---|---|-------------------------------|---|---|--|---|--|
| Surface Disposal Continued  | <u>4.11</u> Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.13 (Part 2, Section 4) below.   |                               |   |   |  |   |  |
|   | <u>4.12</u> Provide the actual distance in meters:  | meters                        |   |   |  |   |  |
|   | <u>4.13</u> Remaining capacity of active sewage sludge unit in dry metric tons:   | dry metric tons               |   |   |  |   |  |
|   | <u>4.14</u> Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY):  |                               |   |   |  |   |  |
|   | <u>4.15</u> Attach a copy of any closure plan that has been developed for this active sewage sludge unit.<br><input type="checkbox"/> Check here to indicate that you have attached a copy of the closure plan to the application package.  |                               |   |   |  |   |  |
|   | <b>Sewage Sludge from Other Facilities</b>  |                               |   |   |  |   |  |
|   | <u>4.16</u> Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.21 (Part 2, Section 4) below.  |                               |   |   |  |   |  |
|   | <u>4.17</u> Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.)<br><input type="checkbox"/> Check here to indicate that you have attached responses for each facility to the application package.  |                               |   |   |  |   |  |
|   | <u>4.18</u> Facility name<br><br>Mailing address (street or P.O. box)<br><br>City or town   | State                         | ZIP code                                |   |  |   |  |
|   | Contact name (first and last)   | Title                         | Phone number                            | Email address   |  |   |  |
| <u>4.19</u> Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before it leaves the other facility.   | <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Pathogen Class and Reduction Alternative</th> <th style="text-align: left;">Vector Attraction Reduction Option</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Not applicable<br/> <input type="checkbox"/> Class A, Alternative 1<br/> <input type="checkbox"/> Class A, Alternative 2<br/> <input type="checkbox"/> Class A, Alternative 3<br/> <input type="checkbox"/> Class A, Alternative 4<br/> <input type="checkbox"/> Class A, Alternative 5<br/> <input type="checkbox"/> Class A, Alternative 6<br/> <input type="checkbox"/> Class B, Alternative 1<br/> <input type="checkbox"/> Class B, Alternative 2<br/> <input type="checkbox"/> Class B, Alternative 3<br/> <input type="checkbox"/> Class B, Alternative 4<br/> <input type="checkbox"/> Domestic septage, pH adjustment         </td> <td> <input type="checkbox"/> Not applicable<br/> <input type="checkbox"/> Option 1<br/> <input type="checkbox"/> Option 2<br/> <input type="checkbox"/> Option 3<br/> <input type="checkbox"/> Option 4<br/> <input type="checkbox"/> Option 5<br/> <input type="checkbox"/> Option 6<br/> <input type="checkbox"/> Option 7<br/> <input type="checkbox"/> Option 8<br/> <input type="checkbox"/> Option 9<br/> <input type="checkbox"/> Option 10<br/> <input type="checkbox"/> Option 11         </td> </tr> </tbody> </table> |                               |   | Pathogen Class and Reduction Alternative  | Vector Attraction Reduction Option   | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Class A, Alternative 1<br><input type="checkbox"/> Class A, Alternative 2<br><input type="checkbox"/> Class A, Alternative 3<br><input type="checkbox"/> Class A, Alternative 4<br><input type="checkbox"/> Class A, Alternative 5<br><input type="checkbox"/> Class A, Alternative 6<br><input type="checkbox"/> Class B, Alternative 1<br><input type="checkbox"/> Class B, Alternative 2<br><input type="checkbox"/> Class B, Alternative 3<br><input type="checkbox"/> Class B, Alternative 4<br><input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Option 1<br><input type="checkbox"/> Option 2<br><input type="checkbox"/> Option 3<br><input type="checkbox"/> Option 4<br><input type="checkbox"/> Option 5<br><input type="checkbox"/> Option 6<br><input type="checkbox"/> Option 7<br><input type="checkbox"/> Option 8<br><input type="checkbox"/> Option 9<br><input type="checkbox"/> Option 10<br><input type="checkbox"/> Option 11 |
| Pathogen Class and Reduction Alternative  | Vector Attraction Reduction Option  |                               |   |   |  |   |  |
| <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Class A, Alternative 1<br><input type="checkbox"/> Class A, Alternative 2<br><input type="checkbox"/> Class A, Alternative 3<br><input type="checkbox"/> Class A, Alternative 4<br><input type="checkbox"/> Class A, Alternative 5<br><input type="checkbox"/> Class A, Alternative 6<br><input type="checkbox"/> Class B, Alternative 1<br><input type="checkbox"/> Class B, Alternative 2<br><input type="checkbox"/> Class B, Alternative 3<br><input type="checkbox"/> Class B, Alternative 4<br><input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Option 1<br><input type="checkbox"/> Option 2<br><input type="checkbox"/> Option 3<br><input type="checkbox"/> Option 4<br><input type="checkbox"/> Option 5<br><input type="checkbox"/> Option 6<br><input type="checkbox"/> Option 7<br><input type="checkbox"/> Option 8<br><input type="checkbox"/> Option 9<br><input type="checkbox"/> Option 10<br><input type="checkbox"/> Option 11  |                               |   |   |  |   |  |
| <u>4.20</u> Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before it leaves that facility? (Check all that apply.)   | <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)<br/> <input type="checkbox"/> Stabilization<br/> <input type="checkbox"/> Composting<br/> <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)<br/> <input type="checkbox"/> Heat drying<br/> <input type="checkbox"/> Methane or biogas capture and recovery         </td> <td style="vertical-align: top;"> <input type="checkbox"/> Thickening (concentration)<br/> <input type="checkbox"/> Anaerobic digestion<br/> <input type="checkbox"/> Conditioning<br/> <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)<br/> <input type="checkbox"/> Thermal reduction<br/> <input type="checkbox"/> Other (specify) _____         </td> </tr> </table>  |                               |   | <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)<br><input type="checkbox"/> Stabilization<br><input type="checkbox"/> Composting<br><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)<br><input type="checkbox"/> Heat drying<br><input type="checkbox"/> Methane or biogas capture and recovery | <input type="checkbox"/> Thickening (concentration)<br><input type="checkbox"/> Anaerobic digestion<br><input type="checkbox"/> Conditioning<br><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)<br><input type="checkbox"/> Thermal reduction<br><input type="checkbox"/> Other (specify) _____ |   |  |
| <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)<br><input type="checkbox"/> Stabilization<br><input type="checkbox"/> Composting<br><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)<br><input type="checkbox"/> Heat drying<br><input type="checkbox"/> Methane or biogas capture and recovery   | <input type="checkbox"/> Thickening (concentration)<br><input type="checkbox"/> Anaerobic digestion<br><input type="checkbox"/> Conditioning<br><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)<br><input type="checkbox"/> Thermal reduction<br><input type="checkbox"/> Other (specify) _____  |                               |   |   |  |   |  |

|   |  |   |   |   |
|---|--|---|---|---|
| EPA Identification Number<br>110002042931   |  | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP   | OMB No. 2040-0004<br>Expires 07/31/2026 |
| Surface Disposal Continued  | <b>Vector Attraction Reduction</b>   |   |   |   |
|   | <u>4.21</u>  | Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?  |   |   |
|   | <input type="checkbox"/> Option 9 (injection below and surface)  |   | <input type="checkbox"/> Option 11 (covering active sewage sludge unit daily) |   |
|   | <input type="checkbox"/> Option 10 (incorporation into soil within 6 hours)  |   | <input type="checkbox"/> None   |   |
|   | <u>4.22</u>  | Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge.   |   |   |
|   | <input type="checkbox"/> Check here if you have attached your description to the application package.  |   |   |   |
|   | <b>Groundwater Monitoring</b>  |   |   |   |
|   | <u>4.23</u>  | Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit? |   |   |
|   | <input type="checkbox"/> Yes   |   | <input type="checkbox"/> No → SKIP to Item 4.26 (Part 2, Section 4) below.    |   |
|   | <u>4.24</u>  | Provide a copy of available groundwater monitoring data.  |   |   |
|   | <input type="checkbox"/> Check here to indicate you have attached the monitoring data.   |   |   |   |
|   | <u>4.25</u>  | Describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data.                                     |   |   |
|   | <input type="checkbox"/> Check here if you have attached your description to the application package.  |   |   |   |
|   | <u>4.26</u>  | Has a groundwater monitoring program been prepared for this active sewage sludge unit?  |   |   |
|   | <input type="checkbox"/> Yes   |   | <input type="checkbox"/> No → SKIP to Item 4.28 (Part 2, Section 4) below.    |   |
| <u>4.27</u>   | Submit a copy of the groundwater monitoring program with this permit application.  |   |   |   |
| <input type="checkbox"/> Check here to indicate you have attached the monitoring program.                       |  |   |   |   |
| <u>4.28</u>   | Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated? |   |   |   |
| <input type="checkbox"/> Yes  |  | <input type="checkbox"/> No → SKIP to Item 4.30 (Part 2, Section 4) below.  |   |   |
| <u>4.29</u>   | Submit a copy of the certification with this permit application.   |   |   |   |
| <input type="checkbox"/> Check here to indicate you have attached the certification to the application package. |  |   |   |   |
| <b>Site-Specific Limits</b>   |  |   |   |   |
| <u>4.30</u>   | Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?  |   |   |   |
| <input type="checkbox"/> Yes  |  | <input type="checkbox"/> No → SKIP to Part 2, Section 5.  |   |   |
| <u>4.31</u>   | Submit information to support the request for site-specific pollutant limits with this application.  |   |   |   |
| <input type="checkbox"/> Check here to indicate you have attached the requested information.                    |  |   |   |   |

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| EPA Identification Number<br>110002042931                    | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP         | OMB No. 2040-0004<br>Expires 07/31/2026        |
| <b>PART 2, SECTION 5 INCINERATION (40 CFR 122.21(Q)(11))</b> |   |                                       |  |
| <b>Incinerator Information</b>                               |   |                                       |  |
| <u>5.1</u>   | Do you fire sewage sludge in a sewage sludge incinerator?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to END.   |                                       |  |
| <u>5.2</u>   | Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.)<br><input type="checkbox"/> Check here to indicate that you have attached information for one or more incinerators.   |                                       |  |
| <u>5.3</u>   | Incinerator name or number<br><br>Location address (street, route number, or other specific identifier)   |                                       |  |
|  | County  | County code                           | <input type="checkbox"/> Not available         |
|  | City or town  | State                                 | ZIP code                                       |
| <b>Latitude/Longitude of Incinerator (see instructions)</b>  |   |                                       |  |
|  | Latitude  | Longitude                             |  |
|  |   |                                       |  |
| <b>Method of Determination</b>                               |   |                                       |  |
|  | <input type="checkbox"/> USGS map   | <input type="checkbox"/> Field survey | <input type="checkbox"/> Other (specify) _____ |
| <b>Amount Fired</b>  |   |                                       |  |
| <u>5.4</u>   | Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator:   |                                       |  |
| <b>Beryllium NESHAP</b>                                      |   |                                       |  |
| <u>5.5</u>   | Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such.<br><input type="checkbox"/> Check here to indicate that you have attached this material to the application package.  |                                       |  |
| <u>5.6</u>   | Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.8 (Part 2, Section 5) below.   |                                       |  |
| <u>5.7</u>   | Submit with this application a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.<br><input type="checkbox"/> Check here to indicate that you have attached this information. |                                       |  |
| <b>Mercury NESHAP</b>  |   |                                       |  |
| <u>5.8</u>   | Is compliance with the mercury NESHAP being demonstrated via stack testing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.11 (Part 2, Section 5) below.  |                                       |  |
| <u>5.9</u>   | Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.<br><input type="checkbox"/> Check here to indicate that you have attached this information.   |                                       |  |
| <u>5.10</u>  | Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted.<br><input type="checkbox"/> Check here to indicate that you have attached this information.   |                                       |  |
| <u>5.11</u>  | Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.13 (Part 2, Section 5) below.   |                                       |  |
| <u>5.12</u>  | Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.<br><input type="checkbox"/> Check here to indicate that you have attached this information.                                    |                                       |  |

|  |  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
|--|--|--|---|-------------|--|--|--|-------------|--|--|--|-------------|---|--|--|-------------|--|--|--|-------------|--|--|--|-------------|--|---|--|-------------|---|--|--|
| EPA Identification Number<br>110002042931  | NPDES Permit Number<br>AL0022241   | Facility Name<br>Towassa WWTP  | OMB No. 2040-0004<br>Expires 07/31/2026 |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <b>Dispersion Factor</b> <table border="1"> <tr> <td><u>5.13</u></td> <td>Dispersion factor in micrograms/cubic meter per gram/second:</td> <td colspan="2"></td> </tr> <tr> <td><u>5.14</u></td> <td>Name and type of dispersion model:</td> <td colspan="2"></td> </tr> <tr> <td><u>5.15</u></td> <td>Submit a copy of the modeling results and supporting documentation.<br/><input type="checkbox"/> Check here to indicate that you have attached this information.</td> <td colspan="2"></td> </tr> </table>   |  |  |   | <u>5.13</u> | Dispersion factor in micrograms/cubic meter per gram/second:                                   |  |  | <u>5.14</u> | Name and type of dispersion model:                   |  |  | <u>5.15</u> | Submit a copy of the modeling results and supporting documentation.<br><input type="checkbox"/> Check here to indicate that you have attached this information. |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.13</u>  | Dispersion factor in micrograms/cubic meter per gram/second:   |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.14</u>  | Name and type of dispersion model:   |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.15</u>  | Submit a copy of the modeling results and supporting documentation.<br><input type="checkbox"/> Check here to indicate that you have attached this information.  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <b>Control Efficiency</b> <table border="1"> <tr> <td><u>5.16</u></td> <td colspan="3">Provide the control efficiency, in hundredths, for each of the pollutants listed below.</td> </tr> <tr> <td></td> <td><b>Pollutant</b></td> <td colspan="2"><b>Control Efficiency, in Hundredths</b></td> </tr> <tr> <td></td> <td>Arsenic</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>Cadmium</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>Chromium</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>Lead</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>Nickel</td> <td colspan="2"></td> </tr> </table>   |  |  |   | <u>5.16</u> | Provide the control efficiency, in hundredths, for each of the pollutants listed below.        |  |  |             | <b>Pollutant</b>                                     | <b>Control Efficiency, in Hundredths</b>                                   |  |             | Arsenic   |  |  |             | Cadmium  |  |  |             | Chromium   |  |  |             | Lead   |   |  |             | Nickel  |  |  |
| <u>5.16</u>  | Provide the control efficiency, in hundredths, for each of the pollutants listed below.  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
|  | <b>Pollutant</b>   | <b>Control Efficiency, in Hundredths</b>   |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
|  | Arsenic  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
|  | Cadmium  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
|  | Chromium   |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
|  | Lead   |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
|  | Nickel   |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.17</u> Attach a copy of the results or performance testing and supporting documentation (including testing dates).<br><input type="checkbox"/> Check here to indicate that you have attached this information.  |  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <b>Risk-Specific Concentration for Chromium</b> <table border="1"> <tr> <td><u>5.18</u></td> <td>Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter:</td> <td colspan="2"></td> </tr> <tr> <td><u>5.19</u></td> <td>Was the RSC determined via Table 2 in 40 CFR 503.43?</td> <td colspan="2"><input type="checkbox"/> No → SKIP to Item 5.21 (Part 2, Section 5) below.</td> </tr> <tr> <td><u>5.20</u></td> <td>Identify the type of incinerator used as the basis.</td> <td colspan="2"> <input type="checkbox"/> Fluidized bed with wet scrubber<br/> <input type="checkbox"/> Fluidized bed with wet scrubber and wet electrostatic precipitator<br/> <input type="checkbox"/> Other types with wet scrubber<br/> <input type="checkbox"/> Other types with wet scrubber and wet electrostatic precipitator         </td> </tr> <tr> <td><u>5.21</u></td> <td>Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)?</td> <td colspan="2"> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No → SKIP to Item 5.23 (Part 2, Section 5) below.         </td> </tr> <tr> <td><u>5.22</u></td> <td>Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas:</td> <td colspan="2"></td> </tr> <tr> <td><u>5.23</u></td> <td>Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application.<br/><input type="checkbox"/> Check here to indicate that you have attached this information.</td> <td colspan="2"><input type="checkbox"/> Not applicable</td> </tr> </table> |  |  |   | <u>5.18</u> | Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter: |  |  | <u>5.19</u> | Was the RSC determined via Table 2 in 40 CFR 503.43? | <input type="checkbox"/> No → SKIP to Item 5.21 (Part 2, Section 5) below. |  | <u>5.20</u> | Identify the type of incinerator used as the basis.   | <input type="checkbox"/> Fluidized bed with wet scrubber<br><input type="checkbox"/> Fluidized bed with wet scrubber and wet electrostatic precipitator<br><input type="checkbox"/> Other types with wet scrubber<br><input type="checkbox"/> Other types with wet scrubber and wet electrostatic precipitator |  | <u>5.21</u> | Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No → SKIP to Item 5.23 (Part 2, Section 5) below. |  | <u>5.22</u> | Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: |  |  | <u>5.23</u> | Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application.<br><input type="checkbox"/> Check here to indicate that you have attached this information. | <input type="checkbox"/> Not applicable |  |             |   |  |  |
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| <u>5.19</u>  | Was the RSC determined via Table 2 in 40 CFR 503.43?   | <input type="checkbox"/> No → SKIP to Item 5.21 (Part 2, Section 5) below.   |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.20</u>  | Identify the type of incinerator used as the basis.  | <input type="checkbox"/> Fluidized bed with wet scrubber<br><input type="checkbox"/> Fluidized bed with wet scrubber and wet electrostatic precipitator<br><input type="checkbox"/> Other types with wet scrubber<br><input type="checkbox"/> Other types with wet scrubber and wet electrostatic precipitator |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.21</u>  | Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No → SKIP to Item 5.23 (Part 2, Section 5) below.   |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.22</u>  | Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas:   |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.23</u>  | Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application.<br><input type="checkbox"/> Check here to indicate that you have attached this information. | <input type="checkbox"/> Not applicable  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <b>Incinerator Parameters</b> <table border="1"> <tr> <td><u>5.24</u></td> <td colspan="3">Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator?</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td><u>5.25</u></td> <td colspan="3">Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator?</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td><u>5.26</u></td> <td colspan="3">Indicate the type of sewage sludge incinerator.</td> </tr> <tr> <td><u>5.27</u></td> <td>Incinerator stack height in meters:</td> <td colspan="2"></td> </tr> <tr> <td><u>5.28</u></td> <td colspan="3">Indicate whether the value submitted in Item 5.27 is (check only one response):<br/><input type="checkbox"/> Actual stack height<br/><input type="checkbox"/> Creditable stack height</td> </tr> </table>   |  |  |   | <u>5.24</u> | Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator?      |  |  |             | <input type="checkbox"/> Yes                         | <input type="checkbox"/> No  |  | <u>5.25</u> | Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator?   |  |  |             | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |  | <u>5.26</u> | Indicate the type of sewage sludge incinerator.  |  |  | <u>5.27</u> | Incinerator stack height in meters:  |   |  | <u>5.28</u> | Indicate whether the value submitted in Item 5.27 is (check only one response):<br><input type="checkbox"/> Actual stack height<br><input type="checkbox"/> Creditable stack height |  |  |
| <u>5.24</u>  | Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator?  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
|  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.25</u>  | Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator?  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
|  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.26</u>  | Indicate the type of sewage sludge incinerator.  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.27</u>  | Incinerator stack height in meters:  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |
| <u>5.28</u>  | Indicate whether the value submitted in Item 5.27 is (check only one response):<br><input type="checkbox"/> Actual stack height<br><input type="checkbox"/> Creditable stack height  |  |   |             |  |  |  |             |  |  |  |             |   |  |  |             |  |  |  |             |  |  |  |             |  |   |  |             |   |  |  |

Incineration Continued

| EPA Identification Number<br>110002042931  | NPDES Permit Number<br>AL0022241  | Facility Name<br>Towassa WWTP | OMB No. 2040-0004<br>Expires 07/31/2026 |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
|--|---|-------------------------------|---|-----------|-----------------------------------|---------------------------------------|--|----------------|--|------------------|--|------------------------|--|------------------|--|
| <b>Performance Test Operating Parameters</b>   |   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| <u>5.29</u>  | Maximum performance test combustion temperature:  |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| <u>5.30</u>  | Performance test sewage sludge feed rate, in dry metric tons/day  |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| <u>5.31</u>  | Indicate whether value submitted in Item 5.30 is (check only one response):<br><input type="checkbox"/> Average use <input type="checkbox"/> Maximum design   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| <u>5.32</u>  | Attach supporting documents describing how the feed rate was calculated.<br><input type="checkbox"/> Check here to indicate that you have attached this information.  |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| <u>5.33</u>  | Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.<br><input type="checkbox"/> Check here to indicate that you have attached this information. |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| <b>Monitoring Equipment</b>  |   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| <u>5.34</u>  | List the equipment in place to monitor the listed parameters.   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| <table border="1"> <thead> <tr> <th>Parameter</th> <th>Equipment in Place for Monitoring</th> </tr> </thead> <tbody> <tr> <td>Total hydrocarbons or carbon monoxide</td> <td></td> </tr> <tr> <td>Percent oxygen</td> <td></td> </tr> <tr> <td>Percent moisture</td> <td></td> </tr> <tr> <td>Combustion temperature</td> <td></td> </tr> <tr> <td>Other (describe)</td> <td></td> </tr> </tbody> </table> |   |                               |   | Parameter | Equipment in Place for Monitoring | Total hydrocarbons or carbon monoxide |  | Percent oxygen |  | Percent moisture |  | Combustion temperature |  | Other (describe) |  |
| Parameter  | Equipment in Place for Monitoring   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| Total hydrocarbons or carbon monoxide  |   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| Percent oxygen   |   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| Percent moisture   |   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| Combustion temperature   |   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| Other (describe)   |   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| <b>Air Pollution Control Equipment</b>   |   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |
| <u>5.35</u>  | List all air pollution control equipment used with this sewage sludge incinerator.<br><input type="checkbox"/> Check here if you have attached the list to the application package for the noted incinerator.   |                               |   |           |                                   |                                       |  |                |  |                  |  |                        |  |                  |  |

Incineration Continued

## END of PART 2

Submit completed application package to your NPDES permitting authority.

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# **RULES AND REGULATIONS**



**WATER WORKS & SANITARY SEWER BOARD  
of the  
CITY OF MONTGOMERY, ALABAMA**

Governing Service To:

WATER USERS,  
SANITARY SEWER USERS,  
and  
INDUSTRIAL WASTE DISCHARGERS

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DATE APPROVED  
12/19/2023

Pursuant to the authority granted by the Code of Alabama, Section 11, Chapter 50, as amended, the Water Works and Sanitary Sewer Board of the City of Montgomery has adopted and approved the following Rules and Regulations.

These Rules and Regulations shall become effective 12/19/2023.



## TABLE OF CONTENTS

---

|  |             |
|--|-------------|
| <b>SECTION I WATER USERS .....</b>                             | <b>I-1</b>  |
| A. APPLICATION FOR CONNECTION TO WATER SYSTEM .....            | I-1         |
| B. APPLICATION FOR WATER SERVICE AND "TURN ON" PROCEDURE ..... | I-3         |
| C. APPLICATION FOR CONSTRUCTION WATER .....                    | I-4         |
| D. CHANGE IN TENANCY OR SERVICE .....                          | I-5         |
| E. TAPPING WATER MAINS FOR SERVICE TO INDIVIDUAL LOTS .....    | I-6         |
| F. TAPPING WATER MAINS FOR SERVICE TO NEW SUBSCRIBERS .....    | I-9         |
| G. DAMAGES AND ILLEGAL CONNECTIONS .....                       | I-9         |
| H. MULTIPLE WATER CONSUMERS ON AN INDIVIDUAL LOT .....         | I-11        |
| I. CUSTOMER DEPOSITS.....                                      | I-12        |
| J. CUT-OFF VALVE.....  | I-13        |
| K. WATER METERS .....  | I-14        |
| L. PAYMENT OF WATER BILLS .....                                | I-15        |
| M. USE OF PUBLIC FIRE HYDRANTS .....                           | I-18        |
| N. PRIVATE FIRE PROTECTION, AUTOMATIC SPRINKLERS, ETC.....     | I-18        |
| O. WATER MAIN EXTENSIONS.....                                  | I-19        |
| P. CROSS CONNECTION AND BACKFLOW PREVENTION.....               | I-20        |
| Q. ADDITIONAL GROUNDS FOR DISCONTINUING WATER SERVICE .....    | I-20        |
| R. APPLICATION FOR DEMOLITION .....                            | I-21        |
| S. ENFORCEMENT .....   | I-21        |
| <b>SECTION II SANITARY SEWER USERS .....</b>                   | <b>II-1</b> |
| A. APPLICATION FOR CONNECTION TO SEWER SYSTEM.....             | II-1        |
| B. USE OF THE SANITARY SEWER.....                              | II-2        |
| C. SEWER SERVICE AREA EXTENSIONS.....                          | II-7        |

---

---

## **RULES AND REGULATIONS**

---

|  |              |
|--|--------------|
| D. POWERS AND AUTHORITY OF INSPECTION.....   | II-7         |
| E. ENFORCEMENT .....   | II-7         |
| <b>SECTION III PRETREATMENT REGULATIONS .....</b>  | <b>III-1</b> |
| A. GENERAL .....   | III-1        |
| B. PRETREATMENT PROGRAM PROCEDURES FOR PERMITTING, COMPLIANCE TRACKING AND ENFORCEMENT .....                 | III-1        |
| C. GENERAL DISCHARGE PROHIBITIONS .....  | III-4        |
| D. NATIONAL CATEGORICAL PRETREATMENT STANDARDS .....   | III-6        |
| E. MODIFICATION OF NATIONAL CATEGORICAL PRETREATMENT STANDARDS .....   | III-6        |
| F. POLLUTANT LIMITATIONS.....  | III-6        |
| G. STATE REQUIREMENTS.....   | III-7        |
| H. BOARD'S RIGHT OF REVISION .....   | III-7        |
| I. DILUTION.....   | III-7        |
| J. ACCIDENTAL DISCHARGES.....  | III-7        |
| K. CHARGES AND FEES .....  | III-7        |
| L. WASTEWATER DISCHARGERS .....  | III-8        |
| M. WASTEWATER CONTRIBUTION PERMITS.....  | III-8        |
| N. PERMIT MODIFICATIONS .....  | III-9        |
| O. PERMIT CONDITIONS .....   | III-9        |
| P. PERMIT DURATION.....  | III-10       |
| Q. PERMIT TRANSFER.....  | III-10       |
| R. REPORTING REQUIREMENTS FOR PERMITTEE .....  | III-10       |
| S. MONITORING FACILITIES .....   | III-11       |
| T. INSPECTION AND SAMPLING.....  | III-11       |
| U. PRETREATMENT.....   | III-11       |
| V. CONFIDENTIAL INFORMATION .....  | III-12       |
| W. ENFORCEMENT .....   | III-12       |
| X. SCHEDULE OF FEES AND PENALTIES RELATING TO RULES AND REGULATIONS ON PRETREATMENT OF INDUSTRIAL WASTE..... | III-13       |
| <b>SECTION IV INDUSTRIAL WASTE SURCHARGE.....</b>  | <b>IV-1</b>  |
| A. BASIS FOR SURCHARGE .....   | IV-1         |
| B. ENFORCEMENT .....   | IV-1         |
| C. SAMPLING MANHOLE.....   | IV-2         |

---

---

## TABLE OF CONTENTS

---

|   |             |
|---|-------------|
| D. VOLUME OF WASTE .....                  | IV-2        |
| E. SAMPLING OF WASTES.....                | IV-2        |
| F. PENALTY FOR FAILURE TO PAY BILLS ..... | IV-3        |
| <b>SECTION V DEFINITIONS .....</b>        | <b>V-1</b>  |
| <b>SECTION VI ABBREVIATIONS .....</b>     | <b>VI-1</b> |

## TABLES

|   |        |
|---|--------|
| TABLE III-1: SCHEDULE OF FEES.....      | III-13 |
| TABLE IV-1: PENALTY RATE SCHEDULE ..... | IV-2   |



## SECTION I WATER USERS

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### A. APPLICATION FOR CONNECTION TO WATER SYSTEM

- (1) Connection with the mains of the Board may be made upon the written application of the Owner of the premises to be supplied with water (or his duly authorized agent), upon an application form provided by the Board, conditioned upon the agreement of the Owner to be bound by the Board's Rules and Regulations, as defined herein. Each applicant shall provide, at his expense, the service pipe or line between the main and water meter, including all appurtenant fittings, fixtures and appliances. The size, type and kind of material which the Owner desires to use shall be subject to approval of the Board and installation thereof shall be made by a Plumber or Utility Contractor, who shall also be bound by the Board's Rules and Regulations, as defined herein. Connection to the Board's water system shall comply with the Board's Rules and Regulations, Engineering Design Manual, and all applicable state and local laws, codes, regulations and rules.
- (2) When application is made for a connection with the mains of the Board to supply water to a house or houses on a street where there is no public water main the Board may consider granting permission to the Owner to install a suitable Service Main. In such cases, the Board will not consider or approve a Service Main for any street or area where full development of all lots would subsequently demand an extension of the Board's water distribution system for domestic purposes and/or fire protection. Under such conditions water mains sized for the full development shall be required.
- (3) When a new small tap (3/4" to 2") is to be made, a Plumber/Utility Contractor must provide the required documents to the Board and payment must be received before the tap is made. The Owner and Plumber/Utility Contractor are expressly bound by and must comply in all aspects with the Board's Rules and Regulations, as defined herein.

In every instance that application is made for connection of a domestic water service to the Board's mains, whether or not the line shall provide new service or increased water flow to premises already receiving domestic water service, the Owner must pay a sanitary sewer capacity charge established by the Board as outlined in the Board's then current and applicable fee schedule if the premises are connected to the Board's sanitary sewage system or if application for sanitary sewage service is being made concurrently with the

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## **RULES AND REGULATIONS**

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water service application. Applicants for construction water permits must first obtain and present to the Board both a building and plumbing permit issued by the applicable governing authority. Additionally, the Owner must pay a water capacity charge as outlined in the Board's then current and applicable fee schedule. Water capacity charges shall be utilized by the Board to fund construction of new water treatment plants, expansions of existing water treatment plants, expansion of its water supply, and at the Board's discretion can be utilized for construction of major extensions of its water distribution system. The water and sewer capacity charges are based on the size and number of meters supplying water to the premises. Water and sewer capacity charges are in addition to any amount that might be expended by the Owner for water and sewer improvements or other Board fees, including, but not limited to tap, meter and box fees. The capacity charge is assigned to the premises served and is not transferable as personal property.

- (4) In every instance that application is made for approval of development plans or a subdivision plat prior to completion of new mains and appurtenances, the Owner must execute an indemnity agreement, acceptable to the Board, in which the Owner guarantees that all newly constructed mains, lines, and appurtenances will be installed in accordance with the Board's Engineering Design Manual. In addition, the Owner must provide security for the indemnity agreement in either (a) a performance bond from a bonding company licensed to do business in the State of Alabama and in good standing with the Alabama Department of Insurance, which bond may not be executed in an amount greater than ten percent (10%) of the policyholders surplus of the company, (b) a letter of credit issued in favor of the Board by a bank licensed to do business in Alabama and insured by the Federal Deposit Insurance Corporation, (c) a certified check made payable to the Board or (d) other guaranty acceptable to the Board for the performance of the terms of said indemnity agreement. The security provided will be returned to the Owner of the property upon satisfactory completion and acceptance of the subject mains, lines, and appurtenances by the Board, in accordance with the terms of said indemnity agreement. A maintenance period, extending for one year from written approval by the Board of the installation of new mains and appurtenances or until the last layer of asphalt required by the City has been applied, whichever period is longer, follows written approval by the Board of the completed installation. The Board shall not be responsible for repairs to said new mains, lines and appurtenances or for any damages arising from the installation until said maintenance period expires, at which time the Board will accept said new mains and appurtenances for maintenance.
- (5) Where a development wishes to construct and/or operate a wastewater collection and treatment system or a water supply and distribution system to serve an existing or proposed development that meets the state, county, and or city requirements for a separate utility, the Board may determine the development to be a separate utility. Once the Board determines the development a separate utility, the Board may require the developer to purchase water or wastewater services at a point of delivery or taking, and require certain safeguards to be put in place in order to protect the Board's system, and the health and

welfare of the general public. The Board will not have any duty to repair or maintain the lines, pipes, meters, mains, and laterals belonging to the developer.

**B. APPLICATION FOR WATER SERVICE AND “TURN ON” PROCEDURE**

- (1) Upon written application of a Consumer through any connection, water will be furnished by close of the next business day through connections already made by the Owner of any property. The Consumer shall be bound by the Board’s Rules and Regulations, as defined herein. If service has been disconnected at the service location, see item (6) “Turn On” procedure listed below.
- (2) In order to apply for water service, the Consumer must state his/her name, the name of the Owner of the premises, the character and extent of the service desired, the identity of all adult persons to be residing at the service location, a description of the premises, including the name of street and house number, social security number, and also provide a valid picture identification (preferably a Driver’s License or other photo identification), copy of a lease, deed or mortgage, and/or such other information as may reasonably be required by the Board to enable it to provide the requested service. The lease, deed, or mortgage must contain the name(s) of the lessee and lessor; seller and purchaser; address of the premise and the effective date of said instrument.
- (3) The Consumer, by making application to be supplied with water by the Board for the purpose stated, agrees to pay at the regular schedule of rates and to comply with the Rules and Regulations governing the service to water Consumers of the Board as such rules then exist or may thereafter be modified. The Consumer shall pay the charges for water service to the premises at the office of the Board in any manner of payment acceptable by the Board. The Board may discontinue the water service to any service location for failure by the Consumer to comply with the Rules and Regulations governing the service to water Consumers of the Board.
- (4) Realtors and landlords requesting water services for a vacant property must submit a request in writing agreeing to and accepting full responsibility for payment of all charges owed to the Board for services as of the date of said request and payment of any future charges for services provided to the service location. In the case of a realtor, said writing shall be executed by the realtor and the brokerage firm, if any, with who said realtor is affiliated. In the case of a landlord, said writing shall be executed by the landlord and the company, corporation or other entity, if any, with who said landlord is affiliated.
- (5) A contract for service for a corporation shall be executed by an authorized officer of the corporation. A contract for service for a limited liability company shall be executed by a member or manager of the limited liability company. A contract for services for any commercial entity other than a corporation or limited liability company shall be signed by an individual or individuals who shall be held personally responsible for the account.
- (6) “Turn On” Procedure

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## **RULES AND REGULATIONS**

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When the Consumer or his agent requests water service to be turned on, the Board requests that someone be present at the time the service is connected. We will attempt to turn the water on without someone being present. However, when the water meter is installed or unlocked and water is running inside or outside the structure, the water will be left off at the meter. The Consumer or his agent must contact the Board's office and reschedule for the next business day and the Consumer or his agent must be present when the water is being turned on. In all cases where the Board has to make two or more trips, the Consumer will be required to pay additional service charges and the Consumer or his agent must be present at the time the water is connected.

- (7) When the Consumer or his agent request water service to be turned on or transferred, a New Service/Transfer fee as determined from time to time by the Board will be assessed to the new account. The New Service/Transfer fee will be billed to the consumer's initial bill.

### **C. APPLICATION FOR CONSTRUCTION WATER**

- (1) No faucet or hose shall be connected directly to a meter or meter coupling. A private water lateral connecting directly to a meter or meter coupling must be extended a minimum of ten (10) feet from the meter before a faucet or hose may be attached.
- (2) Where the Board is responsible for the maintenance of the meter or meter box to which construction water services are provided, the Board will bill the Builder for any defects or damages to the water meter and/or meter box which occur while the account is in the Builder's name.

#### **(3) Residential Consumers**

The Builder or the Builder's agent shall make application for construction water after obtaining both a building permit and a plumbing permit from the applicable governing authority. The Builder's Plumber shall complete the Water Application and provide a copy of the building permit and the plumbing permit to the Board. The application shall specify the name of the Consumer to be billed.

After completing the requirements of the preceding paragraph, the Builder's Plumber is then authorized to connect the lateral from the water main directly to the house lateral with a "tee" spacer and faucet connection for supplying water for construction purposes. The leg of the "tee" spacer and faucet connection shall extend a minimum of 18" above the final grade of the property. It is the responsibility of the Board to identify the location of the lateral by marking the curb with a "W". If the Board's measurements are incorrect and the lateral cannot be located within reasonable time and effort, the Board's personnel should be notified to uncover the lateral. Upon receipt of the application for construction water, a meter will be set at the corresponding address.

For residential construction, the Consumer will be billed at the Builder's Rate, established by the Board and listed on the Board's other current and applicable regular schedule of metered rates, for each lot for which a plumbing permit was obtained. This rate only applies to residential construction. Upon a change in tenancy, ownership or service, metered water will be billed to the new Consumer on the date the Consumer notifies the Board that residential service is requested. In no case will the Builder's Rate be billed for a period to exceed (6) six months after the plumbing permit was acquired. After a six (6) month period, the Consumer will be billed at the Board's regular rate.

**(4) Non-Residential Consumers**

The Builder or the Builder's agent shall make application for construction water, after obtaining both a building permit and a plumbing permit from the applicable governing authority. The Builder's Plumber shall submit the "Commercial Water Application" along with a copy of the building permit and the plumbing permit to the Board. The application shall specify the name of the Consumer to be billed.

After completing the requirements of the preceding paragraph, the Builder's Plumber is then authorized to connect the lateral from the meter directly to the premises lateral. Upon receipt of the application for construction water, a meter will be set at the corresponding address.

A single meter may be installed to provide construction water for commercial premises adjacent to each other on a single lot. One meter, either a fire hydrant meter (for non-potable usage) or one that will serve a permanent location at completion of the job, shall be installed during the construction phase. Also, as soon as construction permits, all meters will be set and put in the Consumer's name. The Consumer will be billed at the Board's regular schedule of metered rates for non-residential construction.

**D. CHANGE IN TENANCY OR SERVICE**

**(1) Change in Tenancy or Service**

The Consumer must make a new application to be considered by the Board upon any change in tenancy or in the service. The Board shall have the right to discontinue the Consumer's water supply upon any change in tenancy or in service until such new application is made and approved. Should a new Consumer occupying such premises fail to apply to the Board for water service within 5 business days after occupying such premises, the new Consumer shall be liable for all water charges that have accrued since the last reading of the meter, prior to the date said new Consumer occupied such premises, and shall continue to be liable for all water consumed and all other charges imposed under the Board's Rules and Regulations.

**(2) Name Change of a Consumer**

## **RULES AND REGULATIONS**

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When the primary Consumer of an account changes, the account must be put in the name of the new primary Consumer within 5 business days. Failure to inform the Board of these changes violates the Rules and Regulations governing the service to water Consumers of the Board, and the Board may discontinue water service at the premises at its own discretion.

### **(3) Death of a Consumer**

Upon the death of a consumer, the name on the account should be changed to the name of the cotenant, the estate of the consumer or the executor of the estate within 30 days. The cotenant or executor of the estate is required to provide legal documentation supporting the request. If the cotenant requests to have the primary consumer's name changed, a copy of the death certificate, letters testamentary or letters of administration is required. If the executor of the estate requests to have the name and/or mailing address changed, a copy of the death certificate, letters testamentary or letters of administration stating the name of the executor is required. The executor of the estate must provide valid picture identification, social security number and/or such other information as may reasonably be required by the Board to enable it to provide the requested service.

### **(4) Remove Name from Account**

Upon the request of the consumer or cotenant to remove or change the name of the consumer or cotenant, legal documentation supporting the request must be provided. Examples of legal documentation include but are not limited to marriage certificate, divorce papers, executed lease, deed or mortgage.

### **(5) Landlords & Rental Property**

Landlords and rental property owners may request services be disconnected on an account if the landlord or rental property owner has a court approved eviction notice. The copy of the eviction notice must be submitted to the Customer Service Department with a written request to have the services disconnected. The Board, in its sole discretion, may elect to honor the request but shall be under no obligation to do so.

## **E. TAPPING WATER MAINS FOR SERVICE TO INDIVIDUAL LOTS**

- (1) The Board shall establish tap, meter, and box fees for 3/4", 1", 1-1/2", and 2" taps.
- (2) The tap fee for 3/4" and 1" shall include tapping material, meter, meter box, meter couplings, and labor to make the tap (after main is properly exposed by the Consumer's plumber) and set the meter and box.

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- (3) The scheduled tapping fee for 1-1/2" and 2" taps shall include only labor and material to make the tap (after the main has been properly exposed by the Consumer's Plumber). Cost of the meter, meter box, meter couplings and labor for installation shall be in addition to the scheduled tapping cost. The basis shall be the cost of the meter, associated installation material, and equipment plus 10% and the estimated cost of labor plus the Board's current overhead figure. These fees are listed in the Board's rate schedules.
- (4) Charges for taps and connections metered or fire line services in excess of two inches and less than 12 inch are listed in the Board's rate schedules. The Board shall make all such large taps. Prices for large taps are subject to change by the Board. The price shall include the labor only for the tap. All material, including meter and subsequent connections shall be furnished to the Board's Specifications by the Consumer. Upon installation, title and ownership to the materials shall vest in the Board. Thereafter, the Board will provide all maintenance and replace in size of such meters.
- (5) The installation of the 3/4" through 2" laterals from the tap to the final location of the meter shall be performed by a Plumber and paid for by the Consumer requesting service.
- (6) Only one tap fee will be charged for a water connection to any single lot regardless of the number of units such connection services, e.g., a manifold placed on the connection to serve one or more units upon property; however, charges will be made for additional material, labor and equipment required (plus the percentage factors as noted in Paragraph E(3) of this Section).
- (7) Where an existing connection serving two or more units is metered by a single meter, and request is made that each unit be metered separately, necessitating amplification of lateral from water main to manifold for multiple meter connection, the Board's tapping charge will not be applicable except for actual costs of additional material, labor and equipment required (plus the percentage factors as noted in Paragraph E(3) of this Section).
- (8) If both water service and sewer service are available, the Board will require that both connections be made before either service is provided by the Board except in cases where the rules of the County Health Department permit an existing septic tank. Sewer service will not be allowed without water service.
- (9) The Board reserves the exclusive right to tap or install connections in its water mains and it shall be unlawful for any plumber or any other person to introduce a ferrule or other fixture into the Board's water mains, except as expressly provided for in these Rules and Regulations.
- (10) All tap, meter, and box fees shall be paid for at the time of application.
- (11) A certificate of occupancy may be withheld, where fire lines are installed, until sprinkler plans are submitted to the Board's Engineering and Records Department.
- (12) No plumber or any other person shall attach any fittings, fixtures or appliances to any water service connected to the Board's water mains, change location thereof, or in any manner

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## RULES AND REGULATIONS

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alter or interfere with any water service connected with the Board's system, without first having obtained a written permit from the Board.

- (13) Should any person, in making a connection to the Board's water system or the Owner's service line, or in shutting off water at the curb stop, damage any property of the Board or of the property owners, such person shall pay the cost of the repair prior to restoration of services.
- (14) No person is authorized to turn water on at any house or premises except for the express purposes permitted by the Board. When a Plumber authorized by the Board to turn water on for the express purpose of testing work he has performed on the premises fails to turn water off after said testing has been completed, said Plumber shall be liable to the Board for charges due for the quantity of water used or wasted, as recorded by registration of meter. If no meter is installed in the water service, he will be responsible for the flat rate charge applicable to the house or premises where such act occurred.
- (15) No plumber shall allow his name to be used by any person or party for the purpose of obtaining permits or doing any work under his license.
- (16) No faucet or hose shall be connected directly to meter coupling. Line must be extended a minimum of ten (10) feet from meter before faucet or hose is attached.
- (17) Meter or meters installed for commercial construction will be the responsibility of the plumber until construction is completed.
- (18) A Consumer is prohibited from laying pipe across adjoining lots for service to his lot or from accessing water services from pipes located on or across adjoining lots without the express permission and approval of the Board. A Consumer who obtains water services by the Board may lose such services upon the Board's discovery of the prohibited act. Each water service shall serve a single platted lot and that lot only. Separate facilities occupying the same lot may be served by a common service.
- (19) A violation by a Plumber of any rule or regulation governing service to water Consumers of the Board shall constitute sufficient cause for the Board to disqualify the Plumber from performing work in connection with the Board's water system.
- (20) That portion of the water service lateral between the water main and the water meter at the curb will be maintained at the expense of the Board, but maintenance of the remainder of the water service lateral to and on the premises, including all valves, fittings, and fixtures, shall be the responsibility of the Owner. Any leaks or breaks that occur in that portion of the lateral for which the Owner has responsibility shall be promptly repaired or replaced; otherwise, water service may be discontinued until such repairs or replacements are made by the Owner.
- (21) Any and all plumbing work affecting the Board's water or sewer system must be applied for in advance and performed by a Plumber.

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- (22) Plumbers are authorized to make 3/4" and 1" taps only on lines not connected to the Board's system. Taps on active mains will be made by the Board's personnel. All large taps, 1-1/2" through 12", will be made by the Board's personnel. This includes projects under contract let by the Board.
- (23) A listing of current tapping charges can be obtained from the Board's Office.

#### **F. TAPPING WATER MAINS FOR SERVICE TO NEW SUBSCRIBERS**

- (1) Small taps on water lines installed by Owners shall be made by the Owner under the supervision of a Plumber or by a Plumber acting as an agent for the Owner during installation of the water line and in compliance with the Board's Rules and Regulations. A tap shall be made for each platted lot. A service lateral and necessary appurtenances meeting the Board's Engineering Design Manual shall be installed. Taps must be made prior to final pressure testing and chlorination, and the main must be valved off from the existing system. The owner (or his agent) shall make application for the Tapping Permit upon a form provided by the Board, conditioned upon the agreement of the applicant to be bound by the Rules and Regulations of the Board.
- (2) The owner (or his agent) shall pay the required Tapping Permit fee. The fee shall include the cost of the meter, meter box and lid, meter couplings, and meter installation. The owner shall provide at his expense the corporation stop, service line, corporation adapter, and curb stop meeting the specifications found in the Board's Engineering Design Manual.
- (3) All makes, sizes, and types of materials used by the Owner shall be approved by and shall be in accordance with specifications of the Board.
- (4) Taps made under this section shall be 3/4", 1", 1 1/2" and 2" only.
- (5) Each tap made, each lateral installed, and all water pipes, meters, and fixtures on the premises shall be subject to visual inspection by personnel of the Board.
- (6) The Owner or the Plumber, as agent for the Owner, is responsible for notifying the Board's inspector when work is begun, delayed, or resumed. All work completed without notification is subject to being refused final approval until satisfactory inspection can be made at the Owner's expense.

#### **G. DAMAGES AND ILLEGAL CONNECTIONS**

##### **(1) Owner Responsibility to Maintain Services**

The Owner shall maintain his service line and appurtenances thereto in such condition as to safeguard the property and the life and health of others. The owner shall be responsible for any damages caused by failure to maintain his service line properly and he shall hold the Board harmless for all claims, damages, or any other liability that might be caused by failure to maintain his service in satisfactory condition.

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## RULES AND REGULATIONS

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### **(2) Failure to Make Repairs**

Should the Owner fail to repair his service line within the prescribed limit of time when notified by the Board that repairs are needed, the Board may shut off the water at the main. A charge based on the actual cost thereof to the Board, plus overhead charges calculated at the Board's current overhead figure, shall be made to cover the cost of shutting off water, and water shall not be turned on again until necessary repairs to the service line have been made by a Plumber.

### **(3) Damage to Board Property**

All damage to water services, street mains, meters, meter boxes, lids, interface units, fire hydrants, or other property caused by negligence of any Consumer or by negligent or improper work on property of a Consumer may be charged to such Consumer and may be billed to such Consumer with his regular bill and shall be due and payable at the same time as the water bill. Failure to pay for such damages shall be good and sufficient reason for the Board to discontinue service and not to restore same until the Consumer has complied with all rules and regulations governing service to water Consumers of the Board, including the payment of charges for such damage.

### **(4) Right to Turn Off Water**

As necessity may arise in case of break, emergency or for other unavoidable cause, the Board shall have the right to temporarily turn off the water supply in order to make necessary repairs, connections, etc. In such case, the Board shall not be liable for any damage to either person or property. The Board shall not be liable for any claim against it at any time for interruption in service, lessening of the supply, inadequate pressure, or a poor quality of water.

### **(5) Sufficient Supply**

The Board shall have the right to reserve a sufficient supply of water at all times in its reservoirs to provide for fires and other emergencies, and may restrict the quantity of water used by Consumers in case of scarcity, or whenever the public welfare may require it. No street or lawn sprinkling shall be done in times of water shortages.

### **(6) Illegal Connection**

Property owners shall be responsible and liable for all damages recoverable under Alabama law in the event that any illegal connection is made to the Board's water supply system. In the event that the Board determines that an illegal connection has been made, the Board may terminate said connection. The property owner must produce substantial evidence to refute the Board's determination that an illegal connection existed on the subject property. The Board shall issue its final opinion and assessment of damages following consideration of any evidence presented by a property owner. The Board will not provide any water or sewer services to the subject property unless and until the Board's damage claim is satisfied.

(7) Property Ownership

Property Owners will be held responsible for any damage done to meters, meter boxes, lids, meter interface units, etc., due to negligence, vandalism, or damage done by any person or contractors on behalf of the Owner.

**(8) Tampering and Unlawful Taking of Water**

If an on-site inspection verifies tampering of Board property and/or the unlawful taking of water, the Board shall charge the customer an initial Tampering Charge to cover expenses in conducting the investigation and taking measures to deter further tampering. Repeat occurrences of tampering with Board property may result in the abandonment at the main of all services to the premise. If the premise is vacant, the owner of the property or the tenant is responsible for the charges which must be paid in full prior to restoration of services.

**(9) Tampered with Lock Charge**

In cases where the lock on the meter is broken, removed, or tampered with, the customer shall be charged a tampered with lock charge. If the premise is vacant, the owner of the property or the tenant is responsible for the charges which must be paid in full prior to restoration of services.

## H. MULTIPLE WATER CONSUMERS ON AN INDIVIDUAL LOT

- (1) The Owner of a building used as a dwelling or apartment house for more than one family may connect such building or apartment house to be served by a single water service for which one monthly charge shall be paid. In such a case, the application for service shall be made by the Owner or his duly authorized agent and the bills for water shall be paid by the Owner.
- (2) Where two or more Consumers on the same platted lot are supplied by a single water service, with the approval of the Board, and where the Consumers desire to contract separately for water furnished, or new service is required for an additional structure, the Owner at its own expense shall first arrange the plumbing in such a way that a separate meter approved by the Board can be placed upon the supply line of each of said Consumers. Thereupon the Board shall install separate meters for each Consumer making application therefore. In such cases, a separate monthly charge shall be assessed against each Consumer. All such yokes on existing service lines shall be between the meter and main. They shall be made after application, approval, and payment to the Board by the Owner or his representative, including the Plumber. Yoke sizing shall be according to the Board's subdivision specifications.
- (3) A separate water service and meter is required for each individually owned and platted lot and, in the case of individually owned townhouses or condominiums on a commonly owned lot, a separate meter is required for each unit.

**I. CUSTOMER DEPOSITS**

**RESIDENTIAL CUSTOMERS:**

- (1) The Board requires a deposit, in advance, as security against future charges for water and sanitary sewer services from a Consumer, whether upon application for new service, or restoration of discontinued service.
- (2) The amount of the deposit will be three times the minimum bill for the size of the meter with a minimum of \$100.00. The Consumer may be billed an additional deposit in the event the actual consumption exceeds the estimate upon which the deposit was based.
- (3) Residential deposits are refunded after a period of 12 consecutive months, provided each monthly bill is paid within the time allowed before becoming delinquent. Refunds will be applied as a credit to the Customer's account and applied to future billings.
- (4) Deposits may be waived for *new* residential Consumers who are active military personnel, or *first time* account holders that set up automatic payment arrangements for the bill. The deposit may be waived for Consumers who are reestablishing service with an excellent pay history within twenty four (24) months of last active service and had active service of at least one year. If the Consumer cancels his automatic payment arrangement before receiving twelve (12) consecutive bills, a deposit will be billed to the account. If the automatic payment arrangement is canceled by the Board due to a returned item, the Consumer is not eligible for a waiver of the deposit and a deposit will be added to the Customer's account. The amount of the deposit will be three times the average bill and the Consumer will be subject to the collection policies outlined in paragraph L(4).
- (5) When a Consumer who has a deposit on record transfers service, his deposit will be transferred to the new account.
- (6) Deposits will bear interest at a rate determined by the Board. Interest payments will be credited annually to the Consumer's account and shown as a separate item on his water bill. Interest will be prorated for periods of less than twelve (12) months.
- (7) Residential accounts that have had their water service disconnected due to nonpayment will be reviewed to determine the accuracy of the estimated water consumption upon which the deposit was based. The Consumer will then be billed a deposit if they do not have one, or they will be billed an additional deposit in the event that actual consumption has exceeded the estimate upon which the deposit was based.

**COMMERCIAL CUSTOMERS:**

- (1) The Board requires a deposit, in advance, as security against future charges for water and sanitary sewer services from a Consumer, whether upon application for new service, or restoration of discontinued service.

- (2) The amount of the deposit will be three times the monthly bill the business is expected to incur based on the estimated consumption of the business and size of the meter with a minimum of \$100.00.
- (3) Commercial deposits are refunded when the account is closed and the Consumer is not establishing services at another location.
- (4) Commercial deposit will be billed to the account, and must be paid within 10 days of the initial turn on date. Service may be disconnected if payment is not received and reconnection fees may apply per Section L(4).
- (5) *Surety bonds and Irrevocable Letters of Credit* are accepted in lieu of cash. The Consumer will be notified of the amount required and will be given 30 days to acquire the bond or letter of credit. If the bond or letter of credit is not received within 30 days, the deposit will be billed to the account. It is the Consumer's responsibility to renew the surety bond upon expiration and to supply the Board with an updated bond. If the surety bond is not renewed a deposit will be billed to the account.
- (6) Deposits may be waived for commercial and industrial Consumers where the owner has *three* consecutive years of good pay history with the Board. For businesses where the deposit had been waived due to good pay history, a deposit may be required if the Consumer does not maintain a good pay history with the Board.
- (7) When a Consumer who has a deposit on record transfers service, his deposit will be transferred to the new account.
- (8) Deposits will bear interest at a rate determined by the Board. Interest payments will be credited annually to the Consumer's account and shown as a separate item on his water bill. Interest will be prorated for periods of less than twelve (12) months.
- (9) Commercial accounts that have had their water service disconnected due to nonpayment will be reviewed to determine the accuracy of the estimated water consumption upon which the deposit was based. The Consumer will then be billed a deposit if they do not have one, or they will be billed an additional deposit in the event that actual consumption has exceeded the estimate upon which the deposit was based.

#### **J. CUT-OFF VALVE**

A cut-off valve must be placed in the water pipeline on the premises of the Consumer to be used in case of break, freezing or other necessity, whereby pipe to be repaired can be cut off without the necessity of using the Board's corporation stop or curb stop. This valve should be located outside of any structure located on the premises, immediately downstream of the meter as is practical. It must be easily accessible.

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**K. WATER METERS**

- (1) All water meters shall be maintained by the Board at its expense.
- (2) All meters shall be conveniently located at a point approved by the Board so as to control the entire supply of water, and when located on premises of a Consumer a proper place and protection thereof shall be provided by the Consumer. The Board agrees to replace meters purchased without additional cost when the Board determines that replacement is necessary.
- (3) If meters are damaged for any reason either by carelessness or neglect of the Owner or occupants of the premises or their agents, the Consumer must pay for the repairs of such damages, but the cost of ordinary maintenance of meters shall be borne by the Board. Such damages shall be billed to the Consumer with his regular water bill and same shall be due and payable at the same time as the water bill. Failure to pay for such repairs shall be deemed good and sufficient reason for the Board to discontinue service and not restore same until the Consumer has complied with all the rules and regulations governing service to water Consumers of the Board.
- (4) The Consumer shall notify the Board of any damage to or the malfunctioning of the meter immediately.
- (5) Should the water meter fail to register the total amount of water consumed, the Consumer shall pay for such period an estimated amount based upon consumption in a similar period. On request, the Board will test any meter through which the Consumer is receiving service. If the meter is not over-registering the flow of water by more than 3%, the meter shall be considered to be accurate and the Consumer shall pay for the cost of the test. The cost to test a meter shall be an amount to be determined from time to time by the Board. Any adjustment necessary on account of inaccuracy of meter shall extend over a period not to exceed thirty (30) days prior to date of such test.
- (6) Whenever, in the judgment and discretion of the Board, a meter or connection is found to be too large to register accurately the amount of water consumed, or is too small to withstand the demand made upon the meter, then the Board may reduce or enlarge the size of the meter or connection or both.
- (7) No water meter or curb stop shall be enclosed within a fence, wall or otherwise obstructed so as to deprive the Board of immediate and ready access thereto. If the Consumer fails to provide ready access at all times to employees of the Board, the water may be turned off and will not be turned on until full compliance has been made with all rules and regulations governing water service to water Consumers of the Board. Any Board expense incurred to obtain access will be the responsibility of the Consumer and billed accordingly.
- (8) In the event mains and/or laterals exist on private property for the purpose of providing domestic service and/or fire protection, the maintenance of said lines shall be the responsibility of the property owner.

(9) The Board may accept those parts of water mains, the water service from the main to the meter, and meters on private property as a part of its system for maintenance purposes, at the request of the Owner, where the Owner provides the Board with necessary easements, mortgage subordination agreements, releases of liens, and title assurance, and the Board determines that acceptance of the mains and meter is beneficial and essential for the Board's systems operation and/or for future public use.

**L. PAYMENT OF WATER BILLS**

(1) **Monthly Billing**

All bills for water service will be rendered monthly and shall become payable at the Board's Office upon receipt of bill. Failure to receive bill will not release the Consumer from indebtedness to the Board.

(2) **Rate for Billing**

All charges for water delivered to the premises of the Consumer and measured by the meter at that location shall be due and payable in arrears upon receipt of the water bill. The minimum water charge for any consumer shall be an amount as set by the Board, based on the size of the meter at that premise. For a full flow fire model meter, the minimum water charge may be based on the size of the domestic line that branches off the fire line if that domestic line serves all of the domestic water use. In such cases, plans conforming to the Board's requirements must be submitted that show the domestic line branching off the fire line on the Consumer's side of the meter.

(3) **Due Date and Collection**

Any Consumer's bill or account, including final bill, not paid by the due date shall be delinquent. The Board may, at any time, change the length of days to calculate the due date. The Board may, at any time after a Consumer's account has become delinquent, discontinue service. A late fee, to be determined by the Board, will be charged to all current bills not paid by the due date. Capacity charges are not subject to the late fee. Accounts are considered for collection when the account has a current and thirty (30) day balance that is not paid by the due date of the current bill. Accounts are flagged as past due on the next business day after the due date. Whenever the Board dispatches an employee to the premises of any Consumer for the purpose of discontinuing the service, a collection fee (amount to be determined from time to time by the Board) shall be added to and made a part of the Consumer's delinquent account to cover, in part, the additional expense to the Board.

(4) **Non-Payment**

Whenever service is discontinued for non-payment and a Consumer requests that service be restored, the full water balance, a reconnection fee (amount to be determined from time to time by the Board), and a collection fee (if applicable) must be paid before services are

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## **RULES AND REGULATIONS**

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restored. A deposit or additional deposits, as determined by the Board, shall be added to Consumer's delinquent account and will be billed to the account on the next billing cycle. Upon the customer's request the Board may establish an extended payment schedule for the deposit.

(5) **Payment Extension**

The Board may extend the time for paying any one or more bills, or any part thereof, and its action in so doing, whether by taking the note of the Consumer or anyone else with or without security or merely extending the time for paying such bill or bills, shall be without prejudice to its right to thereafter discontinue service as above provided, and by so doing the Board shall not be held or considered to have waived its right, at its option, to thereafter discontinue service and to treat the contract, under which the Consumer is served, as canceled and at an end.

(6) **Partnerships**

When the Consumer is a partnership, each partner shall be liable for the water bill of the partnership and such bill may be added to the individual water bill of one or of all such partners, and the individual bill of such partner shall be subject to all rules and regulations governing water service.

(7) **Final Billing**

Whenever service is discontinued, whether by request or not, and a final bill has been rendered and remains unpaid beyond the authorized limits for payment, the bill will be held in abeyance. Should the Consumer subsequently be found to have water service at another location, then the unpaid final bill shall be made an item of charge against the Consumer at his/her new address. An unpaid bill may be transferred to an active account if the account is in the same name, same social security number, or by written request from the customer. If payment is not received within ten (10) business days, services may be disconnected.

(8) **Undetected Property Leak**

In the event an undetected property leak from the meter to the structure on an account results in an excessive billing and it is determined that the leak was repaired by a certified licensed plumber, irrigation contractor, or qualified contractor immediately upon discovery, the Board may reduce the charge for the excess usage by 40% for up to two (2) billing periods. The excess usage shall be the amount above the normal average bill. Such an adjustment shall be made on an account only once during a twelve (12) month period.

(9) **Returned Item Charged**

If a Consumer's check, bank draft, credit card or other method of payment is returned to the Board unpaid, the Board may discontinue service without further notice. Consumers who have two returned items within a 12 months period will be prohibited from using the

same payment method as the returned items for future payments. Unpaid items returned are subject to fees imposed by the Board.

(10) **Payment Installment**

Upon the Consumer's request, the Board may establish an extended payment schedule where the Consumer has received a bill for abnormally high water usage or under other appropriate circumstances as determined by the Board. In such cases, a 20% initial payment will be required immediately upon establishment of the payment schedule. The remainder shall be paid in monthly payments of no less than 1/12 of the remaining amount due. Failure to pay any installment shall be subject to discontinuance of service provided by Section I (L) (3).

(11) **Late Fee**

Any Consumer's current bill, including final bill, not paid by the due date shall be subject to a late fee as determined from time to time by the Board. The late fee is billed on the consumer's next monthly bill and is due by the due date of that bill.

(12) **Fraudulent Use of Credit Card**

If the Board is notified that a Consumer has fraudulently used a credit card to make payment on his/her account, the Board will reverse the payment and the Consumer will be subject to the collection policies outlined in paragraph L(4). The Consumer is not allowed to make any future payments with a credit card. Fraudulent use of a credit card is considered subject to the same fees as an insufficient funds check or bank draft as provided in Section L(9).

(13) **Delinquent Collection**

If for any reason a consumer's account should become delinquent, the consumer agrees to pay all collection costs including attorney fees. The delinquent account is subject to bad debt write off, credit bureau notification and applicable cost of collection fees.

(14) **Identity Theft**

The Board is committed to protecting the privacy of its customers. Customers who have experienced identity theft should notify the Board immediately, and take the following steps:

- (a) Provide a police report;
- (b) Provide other proof such as letter from bank, bank statements, or other documents providing information on the identity theft.

**M. USE OF PUBLIC FIRE HYDRANTS**

- (1) No person, except an employee of the Board, shall take water from any fire hydrant for any purpose unless specifically permitted in writing by a duly authorized representative of the Board.
- (2) In order to request permission to draw water from a fire hydrant, unauthorized persons must follow these steps:
  - (a) Apply in writing or in person at the Board's Office with information concerning the size of supply and specific location desired, and execute the Board's "Fire Hydrant Meter Agreement".
  - (b) Make a deposit (as established by the Board) with the application to cover any damage or repairs to Board equipment.
  - (c) Promptly pay monthly bills rendered for water used and change of fire plug connection.
  - (d) Give minimum notice of twenty-four (24) hours when service from fire hydrant is to be discontinued.
  - (e) Pay a meter removal charge, in addition to the charge for water used (charges to be determined from time to time by the Board).
- (3) If the Board grants permission to a person who has properly requested permission to draw water from a fire hydrant, the Board will install an appropriate connection to the fire hydrant, metered and equipped with a hand operated gate valve that will enable access to water desired without actually operating the hydrant. Fire hydrants shall be for short duration non-potable use.

**N. PRIVATE FIRE PROTECTION, AUTOMATIC SPRINKLERS, ETC.**

- (1) All persons, firms or corporations who may desire to install automatic sprinkler systems for fire protection and to install connections to the water mains of the Board for supplying water for fire protection through such automatic sprinkler systems, within or beyond the corporate limits of the City of Montgomery, and all persons, firms or corporations that have at any time heretofore installed automatic sprinkler systems for fire protection and have installed connections to the water mains of the Board for supplying water for fire protection through such automatic sprinkler systems shall be permitted to maintain such connections subject to the following conditions and provisions:
  - (a) Whenever inspection reveals usage other than that used for fighting a fire, a private fire connection shall be metered at the expense of the Consumer according to the Board's general rules for governing water services.

- (b) Any and all drain valves located below the alarm attachment shall be sealed shut. Except in emergency cases, seals must not be broken without permission of the Board. If a seal is broken, the Owner shall notify the Board at once so that it may be resealed.
- (c) Frequent breaking of the seals without permission of the Board shall be cause for the Board to require the immediate installation of a meter approved by the Board.
- (d) All fire lines shall be valved at the Board's main and at the right-of-way and/or property line. Fire lines shall have a backflow preventer meeting the Board's Cross Connection and Backflow Prevention Policy and the subdivision specifications for water main installation. All backflow preventers shall have a detector meter unless the fire line is fully metered. Consumers whose fire protection system includes a fire pump shall install a full flow fire model meter in compliance with the Board's specifications. The Board's responsibility will end at the valve at the property line or right-of-way.
- (e) Any relocation of the domestic service or fire line must be done by a Plumber at the Owner's expense and under the supervision of the Board and the City of Montgomery Plumbing Department.
- (f) The application to the Board for private fire protection shall be upon a form to be furnished by the Board and shall contain such information as the Board deems appropriate.
- (g) Plans for fire lines and sprinkler systems must be submitted to the Board's Engineering Department for approval and payment received before final approval or occupancy will be made. Fire lines will not be activated until sprinkler plans have been submitted to the Board.
- (h) Detector Check meters will be read and billed at the same time as the domestic water meter. Upon discovery of usage (regardless of cause or origin) on a detector check meter, the owner will be charged a flat rate per thousand gallons (rate to be determined by the Board).

## **O. WATER MAIN EXTENSIONS**

- (1) Upon application therefore and approval thereof, extensions to the Board's water distribution system to serve a new Consumer or Consumers will be made by the Board at its expense when the estimated cost thereof does not exceed three times the estimated annual water revenue to be derived from bona fide water Consumers estimated to be immediately served from such extension of the water system. The Board reserves the right to consider any alternate to this rule.
- (2) Upon approval of the application for extension of the Board's water distribution system, where the estimated cost thereof exceeds three times the estimated annual water revenue

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## **RULES AND REGULATIONS**

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to be derived there from, the Board will require applicant to install the extension at his expense, in accordance with the Board's specifications. The Board will make all connections of water mains installed by the applicant to existing mains of the Board. The cost of labor for any large tap shall be paid for by the applicant in advance of any work by the Board.

- (3) The Board shall determine the make, size, depth, length and location, including all phases and features of water mains and accessories to be used on all extensions to the distribution system, giving full consideration to possible future development in the area.
- (4) Whenever the Board deems it advisable, for purposes of improving flows or pressures or anticipated future demand, to require the applicant to install water mains larger than (12") inch diameter, then in such instances the Board may elect to pay for the difference in cost between such water mains that it requires and the cost of either twelve (12") inch water main or the size main required by the Fire Department, whichever is larger. The Board must approve this participation in the cost and the job must be competitively bid in such a way to determine the actual price differential. Bids shall be reviewed by the applicant and the Board. The price differential to be borne by the Board shall be determined by the Board prior to the start of construction. Any changes to the development that would impact the price differential must be approved by the Board prior to implementation of the change. Upon completion and acceptance of the main for maintenance by the Board, the Board will release payment to the applicant for the differential cost. The Board will not participate in upsizing costs when it requires a main (12") inch diameter or less.
- (5) Any expense incurred after the installation of water mains and appurtenances due to platting, re-platting or other charges will be charged to the Owner.

## **P. CROSS CONNECTION AND BACKFLOW PREVENTION**

Every applicant shall comply with the Board's Cross-Connection and Backflow Prevention Policy.

## **Q. ADDITIONAL GROUNDS FOR DISCONTINUING WATER SERVICE**

- (1) In addition to the foregoing rules and regulations, the Board shall have the right to discontinue water service to any Consumer for any of the following reasons:
  - (a) Misrepresentation of any facts in application.
  - (b) Under flat rate service, for adding to said property or fixtures or for changing the use to be made of the water supply without notice to and consent of the Board.
  - (c) Willful or negligent waste of water through improper or imperfect service pipe, fixtures, meters, private fire protection systems or otherwise.

- (d) Failure to protect the connections, service lines and fixtures or to maintain them in good order.
- (e) Damaging any service pipe, meter, curb stop, seal or any other appliances of the Board controlling or regulating the water supply.
- (f) Vacancy of premises.
- (g) If any Plumber, Owner or other unauthorized person shall turn the water on or off at any corporation stop or curb stop, or disconnect or remove the meter without the consent of the Board.
- (h) When any Consumer allows or permits any other person to use water furnished the Consumer, except in cases of emergency and then only for a limited time.
- (i) Where the Consumer does any act or attempts to do any act with malicious intent to injure or deface any of the equipment or facilities of the Board, or where the Board has good reason to believe that the Consumer is violating any of the Board's Rules and Regulations.
- (j) Violating any rules or regulations of the Board.
- (k) To prevent or stop a health hazard on the consumer's premise as determined by an authorized City, County, or State official.

**R. APPLICATION FOR DEMOLITION**

- (1) Any person applying for a Demolition Permit from the City of Montgomery Building Department must also file an application with the Board Office.
- (2) Any water meters still remaining on a water service feeding the premises to be demolished will be removed by the Board before demolition is to begin.
- (3) A person applying for a demolition permit is responsible for properly plugging the sanitary sewer service upon completion of the demolition. The applicant should call for an inspection, and upon satisfactory completion, a report will be filed by the Board official with the City of Montgomery Building Department and the applicant will be eligible to have the application bond returned that is required for a Demolition Permit.

**S. ENFORCEMENT**

- (1) The following City of Montgomery Code No. 29-26 relating to the alteration or destruction of Board equipment and the unlawful taking of water, shall apply:

**“Sec. 29-26 Gas, water, and electricity--Tapping mains or lines”**

It shall be unlawful for any person to take or attempt to take water, gas, or electricity from the mains or lines belonging to the city or to any corporation operating under franchise

## **RULES AND REGULATIONS**

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from the city or to any public utility operating within the police jurisdiction of the city by tapping such mains or lines for the purpose of obtaining water, gas, or electricity without paying therefore.

No person shall take or attempt to take water, gas, or electricity from any main or line within the police jurisdiction of the city belonging to the city or to any corporation franchised by the city or public utility operating within the police jurisdiction of the city without the prior consent and approval of the Owner of such main or line and without paying such charge as may be made by the city or such company or utility for the privilege of receiving such water, gas, or electricity. (Code 1964, § 24-36.)

- (2) Any person who neglects or refuses to comply with any of the Board's Rules and Regulations governing the service to water users shall be subject to disconnection of water and sewer service until there has been a full compliance with these Rules and Regulations as determined by the Board. In the event the failure to comply with the Rules and Regulations presents a health or safety concern the Board may discontinue service immediately and without notice.
- (3) Whenever service has been discontinued as provided above, the Board may impose a reasonable charge not to exceed \$500, which shall be paid before service is reestablished.
- (4) A Consumer's failure or refusal to comply with any of the Board's Rules and Regulations governing service to water users shall be sufficient cause for the Board to discontinue water and sewer service to such Consumer subject to all the Rules and regulations applicable to users of water.
- (5) The Owner of premises served by the Board shall be responsible for any damage, including personal injury, property damage and environmental injuries, caused by his failure to properly maintain his water service lateral, service line including the meter box or by his failure to adhere to these Rules and Regulations, and he shall hold the Board harmless for any and all fines, claims, damages, or any other liabilities that the Board incurs as a result of said failure by Owner.



## **SECTION II SANITARY SEWER USERS**

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### **A. APPLICATION FOR CONNECTION TO SEWER SYSTEM**

Connection to the sanitary sewer system of the Board may be made upon the written application of the Owner of the premises to be served (or his duly authorized agent), upon an application form provided by the Board, conditioned upon the agreement of the Owner to be bound by the Board's Rules and Regulations, as defined herein. Each applicant shall install at his expense the service pipe or sewer lateral line between the Board's sanitary sewer main and the premises to be served, including all appurtenant fittings, fixtures and appliances. The size, type and kind of material that the Owner desires to use shall be subject to approval of the Board and installation thereof shall be made by a certified Plumber or Utility Contractor, who shall also be bound by the Board's Rules and Regulations, as defined herein.

Connection to the sanitary sewer system shall comply with the Board's Rules and Regulations, specifications for sanitary sewer, and all applicable state and local laws, codes, regulations and rules.

- (1) In order to apply for sanitary sewer service, water service must first be established. The Owner must state his name, the character and extent of the service desired, a description of the premises, including the name of street and house number, if any, the size of the meter through which water will be or is being supplied, and such other information as may reasonably be required by the Board to enable it to give the desired service. No sewage service will be furnished through any new connection until a certificate has been issued by the City Plumbing Inspector certifying that all plumbing and fixtures have been installed in accordance with the City Plumbing Code and the Owner has paid the sanitary sewer capacity charge established by the Board as outlined in the then current and applicable fee schedule. The sanitary sewer capacity charge is based on the size and number of domestic water meters that serve the premises. Irrigation water lines and fire lines are not considered in the determination of the sanitary sewer capacity charge. Sanitary sewer capacity charges shall be utilized by the Board to fund construction of new wastewater treatment plants or expansions of existing wastewater treatment plants and at the Board's discretion can be utilized for construction of major extensions of its sanitary sewer collection system. Sanitary sewer capacity charges are in addition to any amount that might be expended by

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## **RULES AND REGULATIONS**

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the Owner for water and sewer improvements or other Board fees, including, but not limited to: tap, meter and box fees and water capacity charges. The capacity charge is assigned to the premises served and is not transferable

- (2) In every instance that application is made for approval of development plans or a subdivision plat prior to completion of new mains and appurtenances, the Owner must execute an indemnity agreement, acceptable to the Board, in which the Owner guarantees that all newly constructed mains and appurtenances will be installed in accordance with the Board's standard subdivision specifications. In addition, the Owner must provide security for the indemnity agreement in either (a) a performance bond from a bonding company licensed to do business in the State of Alabama and in good standing with the Alabama Department of Insurance, which bond may not be executed in an amount greater than ten percent (10%) of the policyholders surplus of the company, (b) a letter of credit issued in favor of the Board by a bank licensed to do business in Alabama and insured by the Federal Deposit Insurance Corporation, (c) a certified check made payable to the Board or (d) other guaranty acceptable to the Board for the performance of the terms of said indemnity agreement. The security provided will be returned to the Owner upon satisfactory completion and acceptance of the subject mains and appurtenances by the Board, in accordance with the terms of said indemnity agreement. A maintenance period, extending for one year from written approval by the Board of the installation of new mains and appurtenances or until the last layer of asphalt required by the City has been applied, whichever period is longer, follows written approval by the Board of the completed installation. The Board shall not be responsible for repairs to said new mains and appurtenances or for any damages arising from the installation until said maintenance period expires, at which time the Board will accept said new mains and appurtenances for maintenance.
- (3) Where a development is proposed and the developer wishes to operate their own wastewater collection and treatment or their own water supply and distribution system, the Board shall have the right to declare it a separate utility and as such may require the developer to purchase water or wastewater services at a point of delivery or taking and require certain safeguards be put into place in order to protect its system and the general public and the Board will not have any maintenance requirements on said system(s).

### **B. USE OF THE SANITARY SEWER**

- (1) **Responsibilities:**

- (a) It is the responsibility of the Owner to maintain sewer laterals in accordance with the Board's Rules and Regulations. The Board assumes no monitoring or maintenance responsibility, obligation, duty or liability of any kind or under any circumstances for sewer laterals. The Board will, in no case, assume any liability for damage, including personal injury and property damage, whether real or personal, resulting from any

break, leak or structural failure, or back-up in the sewer lateral. If the Board, Health Department, City of Montgomery, ADEM or any other regulating authority determines that there is a potential or current public health hazard caused by a defect in a sewer lateral, the Board, in its sole discretion, may terminate water and sewer service immediately. The Owner shall be required, at its expense, to cure any defect in the sewer lateral and reimburse the Board for any costs incurred by the Board, if any, as a result of the public health risk created by the defect. Once said defect is cured and the Board reimbursed, then the Board may re-activate water and sewer service to the subject property.

- (b) The Board will make necessary repairs to Board sanitary sewer mains and lateral connections to the main, at no expense to the Owner, when it is determined by Board inspection that the service fitting is broken or that the lateral connecting to the main has dropped into the main.
- (c) Failure of a property owner to replace a clean-out cap removed or otherwise missing from his lateral is grounds for disconnection of the Owner's water and/or sewer service. The Board will replace the Owner's missing clean-out cap for a charge to be determined by the Board from time to time.
- (d) During the operation and maintenance of its sewer system, the Board will from time to time utilize investigative methods, i.e. smoke testing, closed circuit television inspection, dye water testing, etc., to determine the location of sewer system defects that might allow storm water inflow and infiltration into the sewer system. If in the course of its investigation the Board determines that there is a break, leak, or structural failure in the lateral, the Board will notify the Owner and make demand on the Owner to make any such repairs. The Owner shall comply with the Board's demand and have such break, leak, or structural failure, whether in the City's right-of-way or the Owner's private property, repaired immediately. Failure or refusal of the Owner to make the repairs will be grounds for immediate disconnection of the Owner's water/sewer service. (See Section (e) concerning Residential Property Sewer Repair Policy).
- (e) When requested to do so by the Owner of residential property consisting of four units or less the Board will make repairs necessary due to any break, leak, or structural failure in the lateral that in the Board's determination may be a source of storm water inflow or infiltration to the Board's main, at no cost to the Owner, to that part of the Owner's lateral located within the limits of the public rights-of-way. Prior to contacting the Board to make such repair, the location of such defects must be documented by the Owner's Plumber at the Owner's expense. The Board will not be responsible for: (1) the cost of the location of such defects, or (2) the cost of plumbing services to remove blockages of any nature at any point in the lateral. The Owner shall remain responsible for any third party costs, such as plumbing services incurred in identifying and making the repair, and for any and all loss or damages incurred as a result of the circumstances creating the need for repair. The Board will, in no case, make repairs to a lateral located

## **RULES AND REGULATIONS**

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within the limits of the public rights-of-way when any break, leak, or structural failure in the lateral was caused by the Owner, his agent, tenant, contractor, subcontractor, or any third party.

- (f) The Board shall, in no case, pay for repairs to laterals located in private rights-of-way or easements.
- (2) No person shall discharge or cause to be discharged any storm water, surface water, ground water, roof run-off, sub-surface drainage, cooling water or unpolluted industrial process waters into any sanitary sewer .
- (3) Except as hereinafter provided, no person shall discharge or cause to be discharged any of the following described substances into any public sewer:
  - (a) Any liquid vapor or waste having a temperature higher than 40 degrees C (104 degrees F).
  - (b) Any water or waste which may contain more than 100 parts per million by weight of fat, oil or grease. Grease and oil include hydrocarbons, fatty acid, soaps and waxes.
  - (c) Any gasoline, benzene, naphtha, fuel oil, or other flammable or explosive liquid, solid or gas.
  - (d) Any garbage that has not been properly shredded.
  - (e) Any ashes, cinders, sand, mud, straw, shaving, metal, glass, rags, feathers, tar, plastics, wood, paunch manure, or any other solid or viscous substance capable of causing obstruction to the flow in sewers or other interference with the proper operation of the sewage works.
  - (f) Any substance having a PH lower than 6.0 or higher than 9.0 or having any other corrosive property capable of causing damage to structures, equipment, or personnel of the Board.
  - (g) Any toxic or poisonous substance or any other materials that could interfere with any sewage treatment process, constitute a hazard to humans or animals, or create any hazard in the receiving waters of the sewage treatment plant.
  - (h) Any substance containing suspended solids of such character or quantity that unusual attention or expense is required to handle such materials at the sewage treatment plant.
  - (i) Any noxious or malodorous gas or substance capable of creating a public nuisance.
  - (j) Any substance having a Chemical Oxygen Demand in excess of 1000 parts per million by weight.
  - (k) Any substance containing more than 250 parts per million by weight of total suspended solids.

- (l) Any substance having an objectionable color, which is not removable in the existing sewage treatment plant processes.
- (m) Any unpolluted waters or unpolluted wastes.
- (n) Any long half-life (over 100 days) of toxic radioactive isotopes, without special permit. The radioactive isotopes I-131 and P-32 used at hospitals are not prohibited, if properly diluted at the source.
- (o) Any substance containing more than 50 parts per million by weight of ammonia as nitrogen, not to exceed 15 percent of the maximum water pollution control plant allowable loading.
- (p) Any substance containing more than 250 parts per million of Biochemical Oxygen Demand, not to exceed 15 percent of the maximum pollution control plant allowable loading.
- (q) Any substance containing metals at levels above Board's approved limits.
- (r) Any substance which will cause the Board to violate its NPDES permit, any other regulatory requirements, or the receiving water quality standards.
- (s) Any wastewater which causes a hazard to human life or creates a public nuisance.
- (t) No statement contained in this section shall be construed as preventing any special agreement or agreement between the Board and any person whereby an industrial waste of unusual strength of character may be admitted into the sanitary sewer by the Board after approved pretreatment.

(4) Grease, oil, sand interceptors, or other pretreatment devices shall be required on any service when, in the opinion of the Board, they are necessary for the proper handling of liquid wastes containing grease in excessive amounts, or any flammable wastes, sand, and other harmful ingredients. All restaurants, fast food restaurants, and catering services are required to have a grease interceptor and/or grease trap; all truck washes are required to have a sand trap and oil separator; all car washes are required to have a sand trap. All locations requiring pretreatment devices shall present to the Board's Engineering Department a set of drawings of the facility for approval prior to being installed. Sizing of interceptors shall be as outlined in the Engineering Design Manual. Such interceptors shall not be required for single-family dwelling units. All interceptors shall be of a type of capacity approved by the Board and shall be located as to be readily and easily accessible for cleaning and inspection.

Grease and oil interceptors shall be constructed of impervious materials capable of withstanding abrupt and extreme changes in temperature. They shall be of substantial construction, watertight, and comply with applicable laws.

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## RULES AND REGULATIONS

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- (5) Where installed, all grease, oil, sand interceptors, garbage disposals, or other pretreatment devices shall be maintained by the Owner, at his expense, in continuously efficient operation at all times.
- (6) The admission into the public sewers of any substance having (a) a 5-day Biochemical Oxygen Demand greater than 250 parts per million by weight, or (b) containing more than 250 parts per million by weight of total suspended solids, or (c) containing any quantity of substance having the characteristics described in paragraph B(3) of this Section, or (d) having an average daily flow greater than 2% of the average daily sewage flow of the Board's receiving POTW shall be subject to the review and approval of the Board. When necessary in the operation of the Board, the Owner shall provide, at his expense, such preliminary treatment as may be necessary to (a) reduce the Biochemical Oxygen Demand to 250 parts per million and total suspended solids to 250 parts per million by weight, or (b) reduce objectionable characteristics or constituents to within the maximum limits provided for in paragraph B(3), or (c) control the quantities and rates of discharge of such substances. Plans, specifications, any other pertinent information relating to proposed preliminary treatment facilities shall be submitted for the approval of the Board, and no construction of such facilities shall be commenced until said approvals are obtained in writing.
- (7) Where preliminary treatment facilities are provided for any substances, they shall be maintained continuously in satisfactory and effective operation by the Owner at his expense.
- (8) When required by the Board, the Owner of any property served by a sewer carrying industrial wastes shall install a suitable control manhole (sampling manhole) in the main sewer lateral to facilitate sampling and measurement of the wastes. Such manhole, when required, shall be accessibly and safely located, and shall be constructed in accordance with plans approved by the Board. The manhole shall be installed by the Owner at his expense and shall be maintained by him so as to be safe and accessible at all times.
- (9) All measurements, tests, and analyses of the characteristics of substances to which reference is made in this Section shall be determined in accordance with EPA approved methods and shall be determined at the control manhole provided for in paragraph 8 of this Section or upon suitable samples taken at said control manhole. In the event that no special manhole has been required, the control manhole shall be considered to be the nearest downstream manhole in the public sewer to the point at which the building sewer is connected.
- (10) No statement contained in this article shall be construed as preventing any agreement or arrangement between the Board and any industrial concern whereby an industrial waste of unusual strength or character may be accepted by the Board for treatment, subject to payment therefore by the industrial concern.

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(11) Sewage from septic tanks and portable toilets must be discharged into special manholes located at one or more of the Board's sewage treatment plants and designated for this purpose by the Board. A charge per 1,000 gallons of sewage with a minimum charge per truckload will be assessed for discharge as provided above, and the charge shall be determined by the Board. Collectors, haulers, and those engaged in the business of hauling sewage from septic tanks and portable toilets are required to enter into a written contract with the Board on such form as may be prescribed by the Board from time to time.

The Board may at its discretion elect to enter a permit with those that wish to discharge non-sanitary wastes into the sanitary sewer system on a temporary basis. Such requests for disposals shall be submitted to the Board for review and approval and are subject to all applicable fees and pretreatment.

(12) All new extensions of the Board's sanitary sewer system shall be done in accordance with the Board's Specifications.

#### **C. SEWER SERVICE AREA EXTENSIONS**

Whenever the Board deems it advisable, for purposes of providing sanitary sewer capacity for future demand, to require the applicant to install wastewater pump stations and interceptors in a size larger than necessary for the development of an applicant, then in such instances the Board may elect to participate in a cost allocation agreement as outlined in the Board's adopted policy *"Manual of Practice for Regional Pump Station Planning Design, and Installation"* (latest revision).

#### **D. POWERS AND AUTHORITY OF INSPECTION**

A duly authorized representative of the Board, bearing proper credentials and identification, is entitled to enter upon all properties of Consumers for the purposes of inspection, observation, measurement, sampling, and testing.

#### **E. ENFORCEMENT**

(1) Any person who neglects or refuses to comply with any of the Board's Rules and Regulations governing the service to sewer users shall be given notice by the Board and unless full compliance with these rules, as described in said notice, is made within sixty (60) days from the date thereof, the Board shall discontinue sewer and water service to such person and shall not be obligated to restore such service until there has been a full compliance with these Rules and Regulations. Said notice shall not be required if the discontinuance of service is due to the presence of a current or potential public health hazard.

## **RULES AND REGULATIONS**

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- (2) Whenever service has been discontinued as provided above the Board may impose a reasonable charge, not to exceed \$500.00, which shall be paid before service is reestablished.
- (3) A Consumer's failure or refusal to comply with any of the Board's Rules and Regulations governing service to sewer users shall be sufficient cause for the Board to discontinue water and sewer service to such Consumer subject to all the Rules and Regulations applicable to users of water and sewer services.
- (4) The Board may accept those parts of sanitary sewer mains, lines, manholes, and appurtenances on private property as a part of its system for maintenance purposes, at the request of the Owner, where the Owner provides the Board with necessary easements, mortgage subordination agreements, releases of liens, and title assurance, and the Board determines that acceptance of the mains and manholes is beneficial and essential for the Board's systems operation and/or for future public use. The decision of whether to accept any part of a sanitary sewer main, line, manhole, or appurtenance is in the sole discretion of the Board.
- (5) The Owner of premises served by the Board shall be responsible for any damage, including personal injury, property damage and environmental injuries, caused by his failure to properly maintain his sewage service lateral or service line or by his failure to adhere to these Rules and Regulations, and he shall hold the Board harmless for any and all fines, claims, damages, or any other liabilities that the Board incurs as a result of said failure by Owner.



## **SECTION III**

### **PRETREATMENT REGULATIONS**

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#### **A. GENERAL**

It is the purpose and intent of these Rules and Regulations, as defined herein, to provide a complete system for permitting discharge to the Board's POTW in accordance with all Federal and State statutes and with Rules issued there under.

All dischargers of non-domestic waste are subject to pretreatment regulations and must be reviewed to evaluate applicability of pertinent requirements. All such dischargers shall obtain a Pretreatment permit from the Board.

Each user requiring a discharge permit agrees to comply with these Rules and Regulations and promptly to pay all fees and charges provided herein or subsequently adopted by the Board. Failure to do so shall be grounds for cancellation of the permit and for discontinuance of sewer/water service.

#### **B. PRETREATMENT PROGRAM PROCEDURES FOR PERMITTING, COMPLIANCE TRACKING AND ENFORCEMENT**

The Board's pretreatment program consists of four major elements: (1) the identification and categorization of dischargers and determination of pretreatment requirements; (2) the issuance of permits; (3) the tracking of dischargers to ensure compliance with permits; and (4) the enforcement of all pretreatment rules and regulations.

The purpose of this paragraph is to describe the procedures for accomplishing requirements in each of the four major areas listed above. The intent of these procedures is to establish the administrative mechanism to allow the efficient and effective implementation of the Board's pretreatment resolution and the Board's Memorandum of Agreement with ADEM.

- (1) Identification, Categorization of Dischargers, and Determination of Pertinent Requirements
  - (a) Identification of Dischargers

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## RULES AND REGULATIONS

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The primary tool for identifying dischargers who may be subject to the Board's pretreatment requirements is a preliminary screening questionnaire that is sent to any discharger who has not been categorized.

The function of the questionnaire is to obtain sufficient information on the discharger to determine categorization.

(b) Categorization

Upon evaluation of the questionnaires each business will be placed into one of three categories for program management. General guidelines for identifying category placement are as follows:

- 1) Category 1: Businesses that have no discharge other than normal sanitary wastewater, or whose nondomestic discharge has no significant effect on the wastewater collection and treatment system, will be placed in this category. The businesses so designated will not be tracked by the Board but they will be maintained in the Board's inventory in case a change in status is required in the future. No contractual arrangement between the Board and discharger will be required for those designated in Category 1. An example of a Category 1 Business is a small office building.
- 2) Category 2: A business will be placed in Category 2 when, in the Board's judgment, some component(s) in its wastewater may interfere with the operation and maintenance of the sewer collection system and/or the wastewater treatment plant and it is deemed appropriate to monitor the discharge. In Category 2, the nature of the wastewater does not fall under state or federal industrial pretreatment guidelines; therefore, no State Indirect Discharge (SID) permit is required, but these dischargers will be subject to control by the Board. A permit delineating specific requirements for the dischargers will be executed between the Board and the discharger for all discharges designated in Category 2. Dischargers in Category 2 will be subject to the Board's compliance tracking program. An example of a Category 2 Business is an apartment complex or a Food Service Establishment (FSE)/restaurant.
- 3) Category 3: Businesses in Category 3 are industrial customers that are significant dischargers that may be subject to state and federal industrial pretreatment rules and regulations. Those in Category 3 may require an SID permit, which is issued by ADEM and is independent from these Rules and Regulations. Generally, a business discharging wastewater with one or more of the following characteristics will be placed in Category 3:
  - a) Water usage of 25,000 gpd or higher.
  - b) The discharge of significant quantities of one or more of the EPA designated categorical wastes.

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## PRETREATMENT REGULATIONS

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- c) The discharge in significant quantities of prohibited or potentially prohibited waste.

Businesses in Category 3 will be required to execute a permit with the Board for the purpose of providing the Board a means of regulating the discharge and will be subject to the Board's compliance tracking program. The Board may control those wastes described in Category 2 for Category 3 users. An example of a Category 3 Business is an automobile manufacturer.

- (c) Appeal Procedures for Any Pretreatment Requirement

Should the user object to the classification assigned or to the pretreatment criteria, the user may appeal through a written notice of objection supported by pertinent documentation within 30 calendar days of notification of the requirement. User will receive a reply to the objection within 30 calendar days.

- (d) Modification of Program Requirements for Users: Periodically, changes in pretreatment requirements of existing users are required. When such changes are deemed necessary, the procedures listed below are applicable.

- 1) The user will be notified in writing of the proposed change and of the basis for the change.
- 2) Included in the notice of change will be any draft permit or contractual requirements, if appropriate.
- 3) The proposed change in user requirements will be effective 30 calendar days after the notice. Should the user object to the change, such objection must be registered with the Board as described in (c) above.

- (2) Permits

The basis for regulating users of the sewer system to address pretreatment will be through permits between the user and the Board. The Board will execute permits with Category 2 and Category 3 users. These permits will specifically identify pretreatment requirements to be enforced by the Board that the user must meet. Users may be subject to other state and federal pretreatment requirements not included in the Board's permit.

- (3) Compliance Tracking

The purpose of the compliance-tracking program is to ensure that all Category 2 and Category 3 users are meeting the terms of their permits. The program consists of the following major components:

- (a) Self-Monitoring Reports: In accordance with the Board/ADEM Memorandum of Agreement, each Category 3 user with an SID permit will be required to submit a self-monitoring report once a month. This requirement will be included in the user's permit with the Board. Parameter concentration(s) to be reported and the frequency

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## **RULES AND REGULATIONS**

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of analysis will be specified in the SID permit. Reports will be submitted concurrently to the Board and to ADEM and should be received by the Board no later than the 28th day of the subsequent month. Failure to submit such reports will be a breach of the executed permit and could result in enforcement action.

- (b) **Compliance Evaluation Inspections:** The purpose of compliance evaluation inspections (CEI) is to ensure the proper operation of any pretreatment facilities specified in permits with Category 2 and Category 3 users. These inspections are a "walkthrough" type and do not involve effluent sampling unless warranted. These inspections will confirm that all required facilities are in place and being properly operated. A CEI may be done concurrently with the compliance sampling inspection (CSI) described below. All Category 2 and Category 3 facilities will receive a CEI annually at a minimum.
- (c) **Compliance Sampling Inspection:** The purpose of the compliance sampling inspection (CSI) is to verify if effluent limits specified in a user's permit are being achieved. For Category 3 users, one or more 24-hour composite samples will be taken from the user's effluent and analyzed for those parameters contained in the respective permit. The Board will conduct such inspections as needed but not less than once per year.
- (d) **Inspection Summary Reports:** Reports will be maintained of all inspection results.

**(4) Enforcement**

The compliance-tracking program will identify those users not meeting the terms of their permits. Once violators are identified, enforcement action will follow. The following enforcement actions are available to the Board:

- (a) Verbal notice to the violators requesting corrective action.
- (b) Written notice to the violators requesting corrective action.
- (c) Assessment of surcharges and penalties as provided for in the Board's Rules and Regulations.
- (d) Referral of the violator to ADEM.
- (e) Termination of water and sewer services to the violator.

**C. GENERAL DISCHARGE PROHIBITIONS**

No person shall contribute or cause to be contributed, directly or indirectly, any pollutant or wastewater which will interfere with the operation or performance of the POTW. These general prohibitions apply to all users of a POTW whether or not the user is subject to National Categorical Pretreatment Standards or any other national, state or local pretreatment standards or requirements. A user may not contribute the following substances to any POTW:

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- (1) Any liquids, solids or gasses which by reason of their nature or quantity are, or may be, sufficient either alone or by interaction with other substances to cause fire or explosion or to be injurious in any other way to the POTW or to the operation of the POTW. At no time shall two successive readings on an explosion hazard meter at the point of discharge into the system (or at any point in the system) be more than five percent (5%) nor shall any single reading be over ten percent (10%) of the Lower Explosive Limit (LEL) of the meter. Prohibited materials include, but are not limited to, gasoline, kerosene, naphtha, benzene, toluene, xylene, ethers, alcohols, ketones, aldehydes, peroxides, chlorates, perchlorates, bromates, carbides, hydrides, sulfides, and any other substance that is a fire hazard to the system.
- (2) Solid or viscous substances that may cause obstruction to the flow in a sewer or other interference with the operation of the wastewater treatment facilities, including, but not limited to, grease, garbage with particles greater than one-half inch (½") in any dimension, animal guts or tissues, paunch manure, bones, hair, hides or fleshing, entrails, whole blood, feathers, ashes, cinders, sand, spent lime, stone or marble dust, metal, glass, straw, shavings, grass clippings, rags, spent grains, spent hops, waste paper, wood, plastics, gas, tar, asphalt, residues, residues from refining or processing of fuel or lubricating oil, mud, or glass grinding or polishing wastes.
- (3) Any wastewater having a PH less than 6.0 or higher than 9.0.
- (4) Any wastewater containing toxic pollutants in sufficient quantity, either alone or by interaction with other pollutants, to interfere with any wastewater treatment process, to constitute a hazard to humans or animals, to create a toxic effect in the receiving waters of the POTW, or to exceed the limitation set forth in a Categorical Pretreatment Standard. A toxic pollutant shall include but not be limited to any pollutant identified pursuant to Section 307(a) of the Clean Water Act, as amended, 33 U.S.C. Section 1317 (a).
- (5) Any noxious or malodorous liquids, gases, or solids which either alone or by interaction with other wastes are sufficient to create a public nuisance or hazard to life or are sufficient to prevent entry into the sewers for maintenance and repair.
- (6) Any substances, such as residues, sludge, or scum, that may cause the POTW's effluent or any other product of the POTW to be unsuitable for reclamation and reuse or that interferes with the reclamation process. In no case shall a substance contributed to the POTW fail to comply with sludge use or disposal criteria, guidelines or regulations developed under Section 405 of the Clean Water Act, as amended, 33 U.S.C. section 1345, or any criteria, guidelines, or regulations affecting sludge use or disposal developed pursuant to the Solid Waste Disposal Act, the Clean Air Act, the Toxic Substances Control Act, or state criteria applicable to the sludge management method being used.
- (7) Any substance that will cause the POTW to violate its NPDES and/or any other regulatory permit or agreement or the receiving water quality standards.

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## **RULES AND REGULATIONS**

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- (8) Any wastewater with objectionable color not removed in the treatment process, including, but not limited to, dye wastes and vegetable tanning solutions.
- (9) Any wastewater having a temperature that will inhibit biological activity in the POTW treatment plant resulting in interference, but in no case wastewater with a temperature at the introduction into the collection system which exceeds 40 degrees C (104 degrees F).
- (10) Any pollutants, including oxygen demanding pollutants (BOD, etc.) released at a flow rate and/or pollutant concentration which a user knows or has reason to know will cause interference to the POTW.
- (11) Any wastewater containing radioactive wastes or isotopes of such concentration as may exceed limits established by ADEM in compliance with applicable State or Federal Regulations.
- (12) Any wastewater that causes a hazard to human life or creates a public nuisance.

When the Board determines that a user(s) is contributing to the POTW any of the above enumerated substances in such amounts as to interfere with the operation of the POTW, the Board shall: (1) advise the user(s) of the impact of the contribution on the POTW; and (2) develop effluent limitation(s) for such user(s) to correct the interference with the POTW.

### **D. NATIONAL CATEGORICAL PRETREATMENT STANDARDS**

Upon the promulgation of the National Categorical Pretreatment Standards for a particular industrial subcategory, the Pretreatment Standard, if more stringent than limitations imposed under these Rules for sources in that subcategory shall immediately supersede the limitations imposed under these Rules. ADEM shall notify all affected users of the applicable reporting requirements under 40 CFR, Section 403.12.

### **E. MODIFICATION OF NATIONAL CATEGORICAL PRETREATMENT STANDARDS**

The Board may apply to ADEM for modification of specific limits in the National Pretreatment Standards if it deems necessary for meeting regulatory requirements or to protect the sanitary sewer system.

### **F. POLLUTANT LIMITATIONS**

No person shall discharge wastewater containing any pollutant contrary to National Categorical Pretreatment Standards or any other national, state or local pretreatment standards or requirements.

**G. STATE REQUIREMENTS**

State requirements and limitations on discharges shall apply in any case where they are more stringent than federal requirements and limitations or those in these Rules.

**H. BOARD'S RIGHT OF REVISION**

The Board reserves the right to establish by Rules and Regulations more stringent limitations or requirements on discharges to the wastewater disposal system than those presently contained in this Section.

**I. DILUTION**

No user shall attempt to dilute a discharge as a partial or complete substitute for adequate treatment to achieve compliance with the limitations contained in the National Categorical Pretreatment Standards, or in any other pollutant specific limitation developed by the Board or State.

**J. ACCIDENTAL DISCHARGES**

Each user shall provide protection from accidental discharge of substances prohibited by these Rules. Facilities to prevent accidental discharge of prohibited substances shall be provided and maintained at the user's expense. In the case of an accidental discharge, it is the responsibility of the user to immediately notify the Board of the incident. The notification shall include location of discharge, type of waste, concentration and volume, and corrective actions.

Within five (5) days of an accidental discharge, the user shall submit to the Board a detailed written report describing the cause of the discharge and the measures to be taken by the user to prevent similar future occurrences. Such notification shall not relieve the user from responsibility for any expense, loss, damage or other liability which may be incurred as a result of damage to the collection system or POTW, including fish kills, or any other damage to person or property; nor shall such notification relieve the user of any fines, civil penalties, or other liability which may be imposed by these Rules and Regulations or applicable law.

A notice shall be permanently posted on the user's bulletin board or other prominent place advising employees whom to call in the event of a dangerous discharge. Employers shall insure that all employees who may cause such a dangerous discharge to occur are advised of the emergency notification procedure.

**K. CHARGES AND FEES**

The purpose of this Section is to provide for the recovery of costs from users of the Board's wastewater disposal system for the implementation and maintenance of the program established herein. The applicable charges or fees shall be set forth in the Board's Schedule of Charges and

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## **RULES AND REGULATIONS**

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Fees and shall apply to each user contributing to the POTW who is discharging or should have a discharge permit.

The Board may adopt charges and fees including, but not limited to:

- (1) Fees for reimbursement of costs of setting up and operating the Board's Pretreatment Program;
- (2) Fees for monitoring, inspections, and surveillance procedures;
- (3) Fees for permit applications;
- (4) Surcharges for pollutants in excess of pretreatment limits; and
- (5) Other fees the Board may deem necessary to carry out the requirements contained herein.

These fees relate solely to the matters covered by these Rules and Regulations and are in addition to all other Board fees.

### **L. WASTEWATER DISCHARGERS**

No person may discharge to the POTW any wastewater except as authorized by the Board in accordance with these Rules and Regulations.

### **M. WASTEWATER CONTRIBUTION PERMITS**

- (1) General Permits: All Category 2 and Category 3 users proposing to connect to or to contribute to the POTW shall obtain a Wastewater Discharge Permit before connecting to or contributing to the POTW.
- (2) Permit Application: Users required to obtain a Wastewater Discharge Permit shall complete and file with the Board an application on a form prescribed by the Board at least 90 days prior to connecting to or contributing to the POTW. In support of the application, the proposed user shall submit, in units and terms appropriate for evaluation, the following information:
  - (a) Name, address and location (if different from address);
  - (b) SIC number(s) according to the Standard Industrial Classification Manual, Bureau of the Budget, 1972, as amended;
  - (c) For Category 3 users, wastewater constituents and characteristics as determined by a reliable analytical laboratory sampling and analysis shall be performed in accordance with procedures established by the EPA pursuant to Section 304(g) of the Clean Water Act, as amended, 33 U.S. C. Section 1314 (g), and contained in 40 CFR, Part 136, as amended;
  - (d) Time and duration of contribution;

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## PRETREATMENT REGULATIONS

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- (e) Average daily and peak wastewater flow rates, including daily, monthly, and seasonal variations if any;
- (f) Site plans, floor plans, mechanical and plumbing plans and details to show all sewers, sewer connections, and appurtenances by the size, location and elevation;
- (g) Description of activities, facilities and plant processes on the premises including all substances which are or could be discharged;
- (h) Where known, the nature and concentration of any pollutants in the discharge which are limited by any pretreatment standards or the National Pretreatment Standards. Include each pollutant produced, by type, amount, process or processes and rate of production;
- (i) Type and amount of raw materials processed (average and maximum per day);
- (j) Number of employees, hours of operation of plant, and proposed or actual hours of operation of pretreatment system;
- (k) Any other information as may be deemed by the Board or ADEM to be necessary to evaluate the permit application.

(3) Consideration of Permit Application

The Board will evaluate the data furnished by the user and may require additional information. After evaluation and acceptance of the data furnished, the Board may issue a Wastewater Discharge Permit subject to terms and conditions provided herein.

### **N. PERMIT MODIFICATIONS**

Upon promulgation of a National Categorical Pretreatment Standard, all Wastewater Discharge Permits previously issued shall be revised to require compliance with such standard within the time frames prescribed by such standard. Where a user subject to a National Categorical Pretreatment Standard has not previously submitted an application for a Wastewater Discharge Permit as required by this Section, the user shall apply for a Wastewater Discharge Permit within 180 days after the promulgation of the applicable National Categorical Pretreatment Standard.

### **O. PERMIT CONDITIONS**

(1) Wastewater Discharge Permits shall be expressly subject to all provisions of these Rules and all other applicable regulations, charges and fees established by the Board. Permits may contain the following:

- (a) The unit charge or schedule of charges and fees for the wastewater to be discharged to a community sewer;
- (b) Limits on the average and maximum wastewater constituents and characteristics;

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## **RULES AND REGULATIONS**

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- (c) Limits on average and maximum rate and time of discharge or requirements for flow regulations and equalization;
- (d) Requirements for installation and maintenance of inspection and sampling facilities;
- (e) Specifications for monitoring programs which may include sampling actions, frequency of sampling, number, types and standards for tests and reporting schedule;
- (f) Compliance schedules;
- (g) Requirements for submission of technical reports or discharge reports (see paragraph R of this Section);
- (h) Requirements for maintaining and retaining facility records relating to wastewater discharge as specified by the Board, and for affording the Board access thereto;
- (i) Requirements for notifying the Board of any new introduction of wastewater constituents or any substantial change in the volume or character of the wastewater constituents being introduced into the wastewater treatment system;
- (j) Requirements for notifying the Board of sludge discharges; and
- (k) Requirements for notifying the Board of planned and unplanned bypass events; and
- (l) Other conditions as deemed appropriate by the Board to ensure compliance with these Rules and Regulations.

### **P. PERMIT DURATION**

Permits shall be issued for a specified time period, not to exceed five (5) years. The terms and conditions of the permit may be subject to modification by the Board during the period of the permit. The user shall be informed of any proposed changes in his permit at least 30 days prior to the effective date of change. Any changes or new conditions in the permit shall include a reasonable time schedule for compliance.

### **Q. PERMIT TRANSFER**

Wastewater Discharge Permits are issued to a specific user for a specific operation. A Wastewater Discharge Permit shall not be assigned, transferred, or sold.

### **R. REPORTING REQUIREMENTS FOR PERMITTEE**

Any person subject to a Pretreatment Standard, after the compliance date of such Pretreatment Standard, or, in the case of a New Source, after commencement of the discharge into the POTW, shall submit to the Board a copy of the monthly report submitted to ADEM.

**S. MONITORING FACILITIES**

The Board shall require the user to provide and operate at the user's expense, monitoring facilities to allow inspection and sampling of the building sewer and/or internal drainage systems. The monitoring facility should normally be situated on the user's premises, but the Board may, when such a location would be impractical or would cause undue hardship on the user, allow the facility to be constructed in the public street right of way and located so that it will not be obstructed by landscaping or parked vehicles. There shall be ample room in or near such sampling manhole or facility to allow accurate sampling and preparation of samples for analysis. Whether constructed on public or private property, the sampling and monitoring facilities shall be provided in accordance with the Board's requirements and all applicable local construction standards and specifications. Construction shall be completed within 90 days following written notification by the Board.

**T. INSPECTION AND SAMPLING**

The Board shall inspect the facility of any user to verify if it meets all applicable requirements. Owners or occupants of premises where wastewater is created or discharged shall allow the Board's employees ready access at all reasonable times to all parts of the premises for the purposes of inspection, sampling, records examination or the performance of any of their duties. The Board shall have the right to set up on the user's property compliance monitoring operations. Where a user has security measures in force which would require proper identification and clearance before entry onto the premises, the user shall make necessary arrangements with its security guards so that upon presentation of suitable identification, personnel from the Board will be permitted to enter, without delay, for the purposes of performing their specific responsibilities.

**U. PRETREATMENT**

Users shall provide necessary wastewater treatment as required to comply with these Rules and Regulations and the requirements of ADEM and shall achieve compliance with all National Categorical Pretreatment Standards. Any facilities required to pretreat wastewater to a level acceptable to the Board shall be provided, operated, and maintained at the user's expense. Detailed plans showing the pretreatment facilities and operating procedures shall be submitted to the Board for review, and shall be acceptable to them before construction of the facility. The review of such plans and operating procedures will in no way relieve the user from the responsibility of modifying the facility as necessary to produce an effluent acceptable to the Board. Any subsequent changes in the pretreatment facilities or method of operation shall be reported to and be acceptable to the Board prior to the user's initiation of the changes.

All records relating to compliance with Pretreatment Standards shall be made available to the Board upon request.

**V. CONFIDENTIAL INFORMATION**

Information and data on a user obtained from reports, questionnaires, permit applications, permits and monitoring programs and from inspections can be made available (1) to governmental agencies for uses related to these Rules, the National Pollutant Discharge Elimination System (NPDES) Permit, ADEM Permit and/or the Pretreatment Programs, (2) for use by the State or any state agency or the EPA in judicial review or enforcement proceedings involving the person furnishing the report, and (3) and in response to subpoena or court order of production directed to the Board.

**W. ENFORCEMENT**

(1) **Harmful Contributions:** The Board may suspend the water service or wastewater service and/or a Wastewater Discharge Permit when such suspension is necessary, in the opinion of the Board, in order to stop an actual or threatened discharge which presents or may present an imminent or substantial endangerment to the health or welfare of persons or to the environment, causes interference to the collection system or POTW or causes the Board to violate any condition of its NPDES Permit or other regulatory requirements.

Any person notified of a suspension of the water or wastewater service and/or the Wastewater Discharge Permit shall immediately stop or eliminate the contribution. In the event of a failure of the person to comply voluntarily with the suspension order, the Board shall take such steps as deemed necessary, including immediate severance of the sewer connection, to prevent or minimize damage to the POTW system or endangerment to any individuals. The Board shall reinstate the Wastewater Discharge Permit and/or the wastewater treatment service upon proof of the elimination of the non-complying discharge. A detailed written statement submitted by the user describing the causes of the harmful contribution and the measures taken to prevent any future occurrence shall be submitted to the Board within 15 days of the date of the occurrence.

(2) **Revocation of Permit:** Any user who commits one or more of the following violations of these Rules, or applicable state and federal regulations, is subject to having its permit revoked:

- failure to factually report the wastewater constituents and characteristics of his discharge;
- failure to report significant changes in operations, or wastewater constituents and characteristics; or
- refusal to allow the Board's employees reasonable access to the premises for the purpose of inspection or monitoring.

(3) **Notification of Violation:** Whenever the Board finds that any person has violated or is violating these Rules, a Wastewater Discharge Permit, or any prohibition, limitation or

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requirement contained herein, the Board may serve upon such person a written notice stating the nature of the violation. Within 30 days of the date of the notice, such person shall submit a plan for the satisfactory correction thereof to the Board or ADEM.

(4) **Legal Action:** If any person discharges sewage, industrial wastes or other wastes into the Board's wastewater disposal system contrary to the provisions of these Rules, the Board may commence an action for appropriate relief in the Circuit Court for Montgomery County, Alabama, or any other court with jurisdiction over the subject matter.

**X. SCHEDULE OF FEES AND PENALTIES RELATING TO RULES AND REGULATIONS ON PRETREATMENT OF INDUSTRIAL WASTE**

| <b>Item</b> | <b>Fee Type</b> | <b>Fee Description</b>   |
|-------------|-----------------|--|
| (1)         | Permit Fees     | Fees established by the Board will be required of all Category 2 and 3 users for their original permit, subsequent renewals, and participation in the pretreatment program.  |
| (2)         | Penalties       | In case of failure to submit a required report, improper operation of waste facilities, or any breach of the permit or these Rules, the following procedures will apply:<br><br>a. The Board shall give written notice to the Category 2 users, requiring action within thirty (30) days. Penalty for failure to comply with permit provisions after written notice is \$100.00 per day.<br><br>b. All Category 3 users are subject to the industrial waste surcharge as described in Section IV of these Rules and Regulations.<br><br>c. Termination of service. |

**TABLE III-1: SCHEDULE OF FEES**



## SECTION IV INDUSTRIAL WASTE SURCHARGE

### A. BASIS FOR SURCHARGE

The "base level" surcharge on industrial wastes is an operating cost to be determined by the Board from time to time for wastes exceeding pretreatment limits. Surcharges are assessed for biochemical oxygen demand (BOD) and total suspended solids (TSS) greater than 250 mg/L, for ammonia as nitrogen (NH<sub>3</sub>-N) greater than 50 mg/L, and for metals (levels vary depending on specific metal).

### B. ENFORCEMENT

Any user who violates these rules relating to industrial wastes or who refuses to comply with these provisions shall be served by the Board with a written notice stating the nature of the violation and associated surcharges. Upon continual violation, users may be disconnected from the sanitary sewer and/or water service. Such disconnection and any reconnection shall be at the total expense of the user.

Any industrial discharge that exceeds the limits for BOD, TSS, NH<sub>3</sub>-N, or metals as established by the Board, shall be assessed a penalty at the following penalty rate schedule:

| BOD             |              | TSS             |              | NH <sub>3</sub> -N |              | Metals                 |              |
|-----------------|--------------|-----------------|--------------|--------------------|--------------|------------------------|--------------|
| Conc.<br>(mg/L) | Rate         | Conc.<br>(mg/L) | Rate         | Conc.<br>(mg/L)    | Rate         | Percentage of<br>Limit | Rate         |
| 0 - 250         | No Surcharge | 0 - 250         | No Surcharge | 0 - 50             | No Surcharge | 0 - 100%               | No Surcharge |
| 251 - 1000      | X            | 251 - 700       | Y            | 51 - 100           | Z            | 101% - 200%            | M            |
| 1001 - 2000     | 2 times X    | 701 - 1400      | 2 times Y    | 101 - 150          | 2 times Z    | 201% - 300%            | 2 times M    |
| 2001 - 3000     | 4 times X    | 1401 - 2100     | 4 times Y    | 151 - 200          | 3 times Z    | 301% - 400%            | 4 times M    |
| 3001 - 4000     | 8 times X    | 2101 - 2800     | 8 times Y    | 201 - 350          | 4 times Z    | 401% - 500%            | 8 times M    |
| > 4000          | 16 times X   | > 2800          | 16 times Y   | > 350              | 5 times Z    | 501% - 600%            | 16 times M   |
|                 |              |                 |              |                    |              | >600%                  | 32 times M   |

X equals the base level surcharge for BOD

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## **RULES AND REGULATIONS**

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Y equals the base level surcharge for TSS

Z equals the base level surcharge for NH<sub>3</sub>-N

M equals the base levels surcharge for Metals

**TABLE IV-1: PENALTY RATE SCHEDULE**

### **C. SAMPLING MANHOLE**

Any person discharging or desiring to discharge an industrial waste mixture into the sewers of the Board shall provide and maintain in a suitable, accessible position on his premises, a sampling manhole near the outlet of each sewer, drain, pipe, channel, or connection which connects with any sewer of the Board. Plans for the construction of sampling manhole shall be approved by the Board prior to the beginning of construction and constructions shall be inspected by the Board.

### **D. VOLUME OF WASTE**

The water consumption during the previous month, as determined from the meter records of the Board, shall be the valid basis for computing the sewage flow, to be used in calculation of the surcharge. When water is contained in a product, or is evaporated, or is discharged as unpolluted waste in an uncontaminated condition to surface drainage, an application may be made for a reduction in the volume of waste discharged to the public sewer, provided supporting data satisfactory to the Board is furnished.

### **E. SAMPLING OF WASTES**

Sampling of the effluent or waste discharges may be accomplished manually or by use of mechanical equipment to obtain a composite sample, which would be representative of the total effluent. Samples shall be taken at such intervals as determined by the Board as necessary to maintain control over the discharges from the Owner's establishment. Written requests for a resample of the effluent or waste discharges may be submitted if the user believes it has addressed the causes of any pretreatment violations. Such requests shall include sufficient documentation and justification that the sample results are not representative of normal wastewater flow or an upset in normal operations occurred and the upset has been remedied. If resampling is approved by the Board, a resampling fee will be assessed to the Owner. The original surcharge prior to the resample will be due monthly until such time as the resampling has occurred and the subsequent testing completed. Following completion of the resampling process, applicable surcharges for the resample will replace the original surcharge and will remain in effect until the next scheduled compliance sampling. This process cannot be utilized more than once in any one permit cycle.

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**CONTRACT METER READING SERVICES**

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**F. PENALTY FOR FAILURE TO PAY BILLS**

Failure to pay the established surcharge for industrial wastes when due shall be sufficient cause for disconnection of water and/or sanitary sewer services.



## **SECTION V DEFINITIONS**

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1. "ADEM" - The Alabama Department of Environmental Management.
2. "Administrator" - The Administrator of the U.S. Environmental Protection Agency.
3. "Approving Authority" - The Water Works and Sanitary Sewer Board of the City of Montgomery, Alabama, or its authorized representative.
4. "Bi-Monthly" - One-sixth of a year, or the period between the consecutive bi-monthly readings of the Board's water meters, as near sixty days apart as practical.
5. "Biochemical Oxygen Demand" ("BOD") - The measured characteristics indicating the organic strength of wastewater. BOD measurement permits an estimate of the waste strength in terms of the amount of dissolved oxygen required to break down the wastewater.
6. "Board" - The Water Works and Sanitary Sewer Board of the City of Montgomery.
7. "Builder" - A person or company hired by a premises Owner or Consumer to construct improvements at a service location.
8. "Chemical Oxygen Demand" ("COD") - The measurement of the oxygen equivalent of that portion of the organic matter in a sample that is susceptible to oxidation by a strong chemical oxidant.
9. "City" - The City of Montgomery, Alabama.
10. "Clean Water Act" - The Federal Water Pollution Control Act codified at 33 U.S.C. sections 1251, et seq.
11. "Color" - The true color due to the substances in solution expressed in parts per million.
12. "Combined Sewer" - A sewer receiving both surface runoff and sewage.
13. "Consumer" - The person or entity legally or equitably responsible for the payment of charges for water service furnished through the Board's system, whether used or wasted on any premises within or beyond the corporate limits of the city.
14. "Corporation stop" - A special brass valve designed for insertion in the water mains of the Board for the purpose of attaching the Consumer's service lines.

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## RULES AND REGULATIONS

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15. "Cross Connection" - A prohibited physical connection between the Board's water system and a separate water system, whereby water not produced by the Board could enter its system.
16. "Curb Stop" - A special brass valve designed for installation between the Board's service line and the Board's meter to be used only by the Board for conveniently turning water on and off.
17. "Curb Stop Seal" - A seal placed on the curb top when the water lateral is not in service. This seal must be broken for water to come from the curb stop.
18. "Dead End" - A water lateral installed without a water meter.
19. "Distribution System" - The pipes, mains, valves, fittings and other related appliances through which water is transmitted to the Board's Consumers.
20. "Domestic Service" - A tap, lateral, meter and box that supplies water to the residential Consumer for domestic purposes only.
21. "Domestic Sewage" - Liquid waste from bathrooms, toilet rooms, kitchens and home laundries.
22. "Fire Line" - A system of pipes and equipment used to supply water in an emergency for extinguishing fire.
23. "Industrial Wastes" - The liquid wastes, other than domestic sewage, resulting from processes or operations employed in industrial establishments.
24. "Main" - The pipe in the street, avenue or alley, extending parallel or nearly parallel to the line of property abutting thereon.
25. "National Categorical Pretreatment Standard" - Any regulation containing pollutant discharge limits promulgated by the U. S. Environmental Protection Agency in accordance with Section 307(b) and (c) of the Clean Water Act.
26. "New Source" - Any building, structure, facility or installation from which there is or may be a Discharge of pollutants, the construction of which commenced after the publication of proposed Pretreatment Standards under section 307(c) of the Clean Water Act which will be applicable to such source if such Standards are thereafter promulgated in accordance with that section, provided that:
  - (a) The building, structure, facility or installation is constructed at a site at which no other source is located; or
  - (b) The building, structure, facility or installation totally replaces the process or production equipment that causes the discharge of pollutants at an existing source; or
  - (c) The production of wastewater generating processes of the building, structure, facility or installation is substantially independent of an existing source at the same site. In determining whether these are substantially independent, factors such as the extent to which the new facility is integrated with the existing plant, and the extent to which the new facility is engaged in the same general type of activity as the existing source should be considered.

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## DEFINITIONS

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27. "Normal Sewage" - Waste having "BOD" (denoting biochemical oxygen demand) of 250 parts or less per million by weight and total suspended solids of 250 parts or less per million by weight.
28. "Occupant" - The person in possession or control of any premises to which the Board supplies water service.
29. "Owner" - The person, firm, private or public corporation, association, or other entity including governmental agencies and other units of government who has legal or equitable title, sole or partial, to any premises.
30. "Paving" - The surface of a street or the treatment thereof.
31. "Person" - Every individual, firm, association, partnership, corporation, trust, estate or other entity.
32. "Plumber" - A person licensed by the State of Alabama, and has a government issued business license to do plumbing work.
33. "Premises" - Land, building or other structure or appurtenances thereto.
34. "Private Fire Protection System" - Water mains, pipes, hydrants, sprinklers, and other facilities installed on private premises for the purpose of providing fire protection and that are not the responsibility of the Board.
35. "Public Fire Protection System" - Water mains, pipes, hydrants, and other facilities in a street used in whole or in part for the protection of premises from fire.
36. "Publicly Owned Treatment Works" ("POTW") - The Board's sewage works.
37. "Receiving Stream" - That body of water, river, stream or watercourse receiving the discharge waters from a sewage treatment plant or formed by the waters discharged from a sewage treatment plant.
38. "Rules And Regulations" - All rules and regulations governing the provision of services by the Board to any Consumer, Owner, Occupant, or other Person, including those rules and regulations set forth herein and any other rules as shall be adopted by the Board from time to time, and also including all requirements, specifications, terms, instructions, codes, restrictions, instructions, limitations, and provisions contained in the Board's Engineering Design Manual, which is maintained by the Board and available for inspection and copying at the Board's Office.
39. "Sanitary Sewer" - A sewer to which storm, surface, and ground waters are not intentionally admitted.
40. "Service Location" - The premises served by an individual meter.
41. "Service Main" - The temporary supply pipe installed on a street where no standard water main exists.

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## RULES AND REGULATIONS

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42. "Sewage" - A combination of the water-carried wastes from residences, business buildings, institutions, and industrial establishments, together with such ground, surface and storm waters as may be present.
43. "Sewage Works" - All facilities for collecting, pumping, treating, and disposing of sewage, also referred to herein as "Publicly owned Treatment Works" or "POTW".
44. "Sewer" - A pipe or conduit for carrying sewage.
45. "Sewer Lateral" - The pipe or conduit carrying sewage from the Owner's premises to the sanitary sewer main. The sewer lateral is the property of and the responsibility of the Owner.
46. "Storm Sewer" or "Storm Drain" - A sewer which carries storm and surface waters and drainage but excludes sewage and polluted industrial waste.
47. "Street" - Every way or place of whatever nature open to the use of the public, whether within or beyond the corporate limits of the City of Montgomery, including streets, alleys, highways, parks, roads, and all other public places.
48. "Tampering" - Any willful interference with the fire hydrant, water meter, locks, or other system components belonging to the Board.
49. "Tap" - A corporation stop, valve or fitting, installed in the Board's main for the purpose of connecting the Owner's service line thereto.
50. "Unpolluted Water Or Waste" - Any water or waste containing none of the following: free emulsified grease or oil; acid or alkali; phenols or other substances imparting taste and odor in receiving waters; swimming pool water; toxic or poisonous substances in suspension, colloidal state or solution; and noxious or odorous gasses. It shall contain not more than 1000 parts per million by weight of dissolved solids, of which not more than 250 parts per million shall be chloride, with permissible volume subject to review by the Board, and not more than ten parts per million each of suspended solids and B.O.D. The color shall not exceed fifty parts per million. Unpolluted water shall include the discharge (1) from rain down spouts and drains, (2) from surface water drains, (3) from air conditioning systems, (4) from basement drains, and (5) from cooling waters containing none of the following: free emulsified grease or oil, acid or alkali; phenols or other substances imparting taste and odor in receiving waters; toxic or poisonous substances in suspension, colloidal state or solution; noxious or odorous gasses, or (6) from swimming pools.
51. "Utility Contractor" - Contractor licensed by the State of Alabama to construct water projects. A Major Classification of Municipal and Utility on General Contractor's License or equivalent is required.
52. "User" - A non-domestic source of discharge of pollutants into the Board's sewage works.
53. "Water Lateral" - The pipe fittings and equipment in a street connected to a main used to conduct water to any premises.

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## **DEFINITIONS**

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54. "Water Service" - The furnishing or supplying of water through the Board's water system for residential, commercial, industrial or fire protection uses, or the readiness to furnish water for said purposes from the Board's water system.
55. "Water System" - The Board's plant and distribution system.



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## SECTION VI ABBREVIATIONS

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|                    |   |   |
|--------------------|---|---|
| ADEM               | - | Alabama Department of Environmental Management  |
| BOD                | - | Biochemical Oxygen Demand                       |
| CEI                | - | Compliance Evaluation Inspection                |
| CFR                | - | Code of Federal Regulations                     |
| COD                | - | Chemical Oxygen Demand                          |
| CSI                | - | Compliance Sampling Inspection                  |
| EPA                | - | Environmental Protection Agency                 |
| LEL                | - | Lower Explosive Limit                           |
| mg/L               | - | Milligrams per liter                            |
| NH <sub>3</sub> -N | - | Ammonia as Nitrogen                             |
| NPDES              | - | National Pollutant Discharge Elimination System |
| O&M                | - | Operation and Maintenance                       |
| POTW               | - | Publicly Owned Treatment Works                  |
| SIC                | - | Standard Industrial Classification              |
| SID                | - | State Indirect Discharge Permit                 |
| TSS                | - | Total Suspended Solids                          |
| U.S.C.             | - | United States Code                              |