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FEB 12 2026

Mr. Gerald Long, General Manager
Utilities Board of the City of Tuskegee
Post Office Box 831050
Tuskegee, AL 36083

RE: Draft Permit
NPDES Permit No. AL0048763
Tuskegee North WPCP
Macon County, Alabama

Dear Mr. Long:

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.



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

Decatur Office
2715 Sandlin Road, S.W.
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(256) 340-9359 (FAX)

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

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

Sincerely,



Shanda Torbert
Municipal Section
Water Division

Enclosure

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



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: UTILITIES BOARD OF THE CITY OF TUSKEGEE
POST OFFICE BOX 831050
TUSKEGEE, AL 36083

FACILITY LOCATION: TUSKEGEE NORTH WPCP (3 MGD)
2485 MACON COUNTY ROAD 8
TUSKEGEE, ALABAMA
MACON COUNTY

PERMIT NUMBER: AL0048763

RECEIVING WATERS: TALLAPOOSA RIVER

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

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

Draft

Alabama Department of Environmental Management

Water Division Chief

TABLE OF CONTENTS

PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS	1
A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS.....	1
1. DSN 0011: Treated Domestic and Industrial Wastewater	1
2. DSN 001T: Toxicity.....	3
3. DSN 002S: Storm Water Monitoring.....	4
4. DSN 003S: Storm Water Monitoring.....	5
B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS.....	6
1. Representative Sampling.....	6
2. Measurement Frequency	6
3. Test Procedures.....	6
4. Recording of Results.....	7
5. Records Retention and Production.....	7
6. Reduction, Suspension or Termination of Monitoring and/or Reporting.....	7
7. Monitoring Equipment and Instrumentation	7
C. DISCHARGE REPORTING REQUIREMENTS.....	7
1. Reporting of Monitoring Requirements	7
2. Noncompliance Notifications and Reports.....	9
D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS.....	11
1. Anticipated Noncompliance.....	11
2. Termination of Discharge	11
3. Updating Information.....	11
4. Duty to Provide Information	11
E. SCHEDULE OF COMPLIANCE.....	12
1. Compliance with discharge limits.....	12
2. Schedule.....	12
PART II: OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES	13
A. OPERATIONAL AND MANAGEMENT REQUIREMENTS.....	13
1. Facilities Operation and Maintenance.....	13
2. Best Management Practices	13
3. Certified Operator	13
B. OTHER RESPONSIBILITIES.....	13
1. Duty to Mitigate Adverse Impacts	13
2. Right of Entry and Inspection	13
C. BYPASS AND UPSET.....	13
1. Bypass.....	13
2. Upset.....	14
D. DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES.....	14
1. Duty to Comply.....	14
2. Removed Substances.....	15
3. Loss or Failure of Treatment Facilities	15
4. Compliance with Statutes and Rules.....	15
E. PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE.....	15
1. Duty to Reapply or Notify of Intent to Cease Discharge	15
2. Change in Discharge.....	15
3. Transfer of Permit.....	15
4. Permit Modification and Revocation	16
5. Termination.....	16

6. Suspension	17
7. Stay	17
F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION	17
G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS	17
H. PROHIBITIONS	17
PART III: ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS	19
A. CIVIL AND CRIMINAL LIABILITY	19
1. Tampering	19
2. False Statements	19
3. Permit Enforcement	19
4. Relief from Liability	19
B. OIL AND HAZARDOUS SUBSTANCE LIABILITY	19
C. PROPERTY AND OTHER RIGHTS	19
D. AVAILABILITY OF REPORTS	20
E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES	20
F. COMPLIANCE WITH WATER QUALITY STANDARDS	20
G. GROUNDWATER	20
H. DEFINITIONS	21
I. SEVERABILITY	23
PART IV: SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS	24
A. SLUDGE MANAGEMENT PRACTICES	24
1. Applicability	24
2. Submitting Information	24
3. Reopener or Modification	24
B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS ACUTE – NO DIFFUSER	24
C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS	27
D. PLANT CLASSIFICATION	27
E. SANITARY SEWER OVERFLOW RESPONSE PLAN	27
F. POLLUTANT SCANS	30
G. MAJOR SOURCE STORMWATER REQUIREMENTS	30
H. PERACETIC ACID (PAA) REQUIREMENTS	31

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)
				(Report)						
Oxygen, Dissolved (DO) (00300) Effluent Gross Value	*****	*****	*****	(Report) Minimum Daily	*****	*****	mg/l	Monthly	Grab	Not Seasonal
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	9.0 Maximum Daily	S.U.	2X Weekly	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	750 Monthly Average	1125 Weekly Average	lbs/day	*****	30.0 Monthly Average	45.0 Weekly Average	mg/l	2X Weekly	24-Hr Composite	Not Seasonal
Solids, Total Suspended (00530) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Weekly	24-Hr Composite	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	500 Monthly Average	750 Weekly Average	lbs/day	*****	20.0 Monthly Average	30.0 Weekly Average	mg/l	2X Weekly	24-Hr Composite	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Phosphorus, Total (As P) (00665) Effluent Gross Value	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	Monthly	24-Hr Composite	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Continuous	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.G

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

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

(4) See Part IV.H for Peracetic Acid (PAA). Monitoring for PAA is applicable if Peracetic Acid is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter “*9” on the monthly DMR.

DSN 0011 (Continued): Treated and Industrial Domestic 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)
Chlorine, Total Residual (50060) See note (3) Effluent Gross Value	****	****	****	****	****	1.0 Maximum Daily	mg/l	2X Weekly	Grab	Not Seasonal
E. Coli (51040) Effluent Gross Value	****	****	****	****	548 Monthly Average	2507 Maximum Daily	col/100mL	2X Weekly	Grab	ECW
E. Coli (51040) Effluent Gross Value	****	****	****	****	126 Monthly Average	298 Maximum Daily	col/100mL	2X Weekly	Grab	ECS
Peracetic Acid (51674) See note (4) Effluent Gross Value	****	****	****	****	****	1.0 Maximum Daily	mg/l	5X Weekly	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	625 Monthly Average	938 Weekly Average	lbs/day	****	25.0 Monthly Average	37.5 Weekly Average	mg/l	2X Weekly	24-Hr Composite	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	****	(Report) Monthly Average	(Report) Weekly Average	mg/l	2X Weekly	24-Hr Composite	Not Seasonal
BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091) Percent Removal	****	****	****	85.0 Monthly Average Minimum	****	****	%	Monthly	Calculated	Not Seasonal
Solids, Suspended Percent Removal (81011) Percent Removal	****	****	****	85.0 Monthly Average Minimum	****	****	%	Monthly	Calculated	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.G

- (2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

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

2. DSN 001T: Toxicity

Outfall 001T represents the same physical outfall as Outfall 0011. The Department uses the 001T designation for all samples and analyzed for Toxicity testing, 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)
Toxicity, Ceriodaphnia Acute (61425) Effluent Gross Value	****	0 Single Sample	pass=0;fail=1	****	****	****	****	See Permit Requirements	24-Hr Composite	Nov
Toxicity, Pimephales Acute (61427) Effluent Gross Value	****	0 Single Sample	pass=0;fail=1	****	****	****	****	See Permit Requirements	24-Hr Composite	Nov

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

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

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

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

3. DSN 002S: Storm Water 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 as a stormwater outfall at the treatment plant. 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 notes (1)	Sample Type See note (6)	Seasonal See note (2)
				(Report) Minimum Daily		(Report) Maximum Daily				
pH (00400) Storm Water	*****	*****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Annually	FFGS	Not Seasonal
Solids, Total Suspended (00530) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Oil & Grease (00556) Storm Water	*****	*****	*****	*****	*****	15.0 Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Phosphorus, Total (As P) (00665) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	FFGS	Not Seasonal
Flow, In Conduit or Thru Treatment See note (5) Plant (50050) Storm Water	*****	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Annually	Calculated	Not Seasonal
E. Coli (51040) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	Annually	FFGS	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Storm Water	*****	*****	*****	*****	*****	(Report) 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 (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(5) See Note Part IV.H.3.

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

4. DSN 003S: Storm Water 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 003, which is described more fully in the Permittee's application as a stormwater outfall at the treatment plant. 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 note (6)	Seasonal See note (2)
				(Report) Minimum Daily		(Report) Maximum Daily				
pH (00400) Storm Water	*****	*****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Annually	Grab	Not Seasonal
Solids, Total Suspended (00530) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Oil & Grease (00556) Storm Water	*****	*****	*****	*****	*****	15.0 Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrogen, Ammonia Total (As N) (00610) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrogen, Kjeldahl Total (As N) (00625) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment See note (5) Plant (50050) Storm Water	*****	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Annually	Calculated	Not Seasonal
E. Coli (51040) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	col/100mL	Annually	Grab	Not Seasonal
BOD, Carbonaceous 05 Day, 20C (80082) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal

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

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

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

See Permit Requirements for Stormwater in Part IV.G

(2) S = Summer (April – October)

W = Winter (November - March)

ECS = E. coli Summer (May - October)

ECW = E. coli Winter (November - April)

(5) See Note Part IV.H.3.

(6) For all storm water 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 period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
18. **EPA** - means the United States Environmental Protection Agency.
19. **FC** – means the pollutant parameter fecal coliform.
20. **Flow** – means the total volume of discharge in a 24-hour period.
21. **FWPCA** - means the Federal Water Pollution Control Act.
22. **Geometric Mean** – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).

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

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

I. SEVERABILITY

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

PART IV: SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. SLUDGE MANAGEMENT PRACTICES

1. Applicability

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

2. Submitting Information

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

3. Reopener or Modification

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

B. EFFLUENT TOXICITY LIMITATIONS AND BIOMONITORING REQUIREMENTS ACUTE – 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 NOVEMBER. 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 FEBRUARY, MAY, AUGUST, and NOVEMBER.

3. Reporting Requirements:

- a. The permittee shall notify the Department in writing within 48 hours after toxicity has been demonstrated by the scheduled test(s).
- b. Biomonitoring test results obtained during each monitoring period shall be summarized and reported using the appropriate Discharge Monitoring Report (DMR) form approved by the Department. In accordance with Section 2 of this part, an effluent toxicity report containing the information in 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. If the additional acute toxicity tests are performed when PAA is being utilized, then the Permittee must analyze the effluent test solution daily test of hydrogen peroxide when the appropriately diluted composite samples are added. **The concentration of hydrogen peroxide shall be reported in the toxicity test report.**
- c. 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 recreated

d. Public Reporting of SSOs

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

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

f. Public Notification Methods for SSOs

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

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

2. SSO Response Plan Implementation

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

3. Department Review of the SSO Response Plan

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

4. SSO Response Plan Administrative Procedures

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

F. POLLUTANT SCANS

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

G. MAJOR SOURCE STORMWATER REQUIREMENTS

1. Prohibitions

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

2. Operational and Management Practices

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

- a. In the SWPP Plan, the Permittee shall:
 - (1) Assess the treatment plant site by developing and presenting site drainage maps, materials inventory, and best management operational practices. The plan shall also include a description of all spill or leak sources;
 - (2) Describe mechanisms and procedures to prevent the contact of sewage sludge, screenings, raw or partially treated wastewater, or any other waste product or pollutant with storm water discharged from the facility;
 - (3) Provide for daily inspection on workdays of any structures that function to prevent storm water pollution or that remove pollutants from storm water;
 - (4) Provide for daily inspection of the facility in general to ensure that the SWPP Plan is continually implemented and effective;
 - (5) Include a Best Management Practices (BMP) Plan that, as a minimum, addresses housekeeping, preventative maintenance, spill prevention and response, and non-storm water discharges;
 - (6) Describe mechanisms and procedures to provide sediment control sufficient to prevent or control storm water pollution storm water by particles resulting from soil or sediment migration from the site due to significant clearing, grading, or excavation activities;
 - (7) Designate by position or name the person or persons responsible for the day to day implementation of the SWPP Plan; and
 - (8) Bear the signature of an individual meeting signatory requirements as defined in ADEM Administrative Code, Rule 335-6-6-.09.
- b. The Director or his designee may notify the permittee at any time that the SWPP Plan is deficient and will require correction of the deficiency. The permittee shall correct any SWPP Plan deficiency identified by the Director or his designee within 30 days of receipt of notification and shall certify to the Department that the correction has been made and implemented.
- c. Administrative Procedures
 - (1) A copy of the SWPP Plan shall be maintained at the facility and shall be available for inspection by the Department.
 - (2) A log of daily inspections required by Provision IV.G.2.a.(3.) of the permit shall be maintained at the facility and shall be made available for inspection by the Department upon request. The log shall contain records of all inspections performed and each daily entry shall be signed by the person performing the inspection.
 - (3) The Permittee shall provide training for any personnel required to implement the SWPP Plan and shall retain documentation of such training at the facility. Training records for all personnel shall be available for inspection by the Department. Training shall be performed prior to the date implementation is required.

3. Monitoring Requirements

- a. Storm water discharged through each storm water outfall shall be sampled once per calendar year, using first flush grab samples (FFGS) collected during the first 30 minutes of discharge.
- b. The total volume of storm water discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for the storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded as part of the sampling procedure and records retained in accordance with Provision I.B.5. of this permit. The volume may be measured using flow measurement devices or may be estimated using any method approved in writing by the Department.

H. PERACETIC ACID (PAA) REQUIREMENTS

1. The Permittee shall monitor PAA daily, but not required to exceed five days per week.
2. This permit contains a maximum allowable PAA level in the effluent. The Permittee is responsible for determining the minimum PAA level needed in the contact chamber to comply with E.coli limits.
3. The sample collection point for effluent PAA shall be at a point downstream of the contact chamber and shall be representative of the discharge.
4. Within 45 days of the effective date of this reissuance, the Permittee shall investigate and submit to the Department the PAA disinfection results in regards to neutralizing infectious agents, particularly viruses, as the discharge is to a waterbody that carries a Fish and Wildlife classification for incidental water contact and whole body water-contact (ADEM Administrative Code, Rule 335-6-10-.09).

EDWARD F. POOLOS
DIRECTOR

JEFFERY W. KITCHENS
DEPUTY DIRECTOR



Alabama Department of Environmental Management
adem.alabama.gov

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(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 9, 2026

By: Shanda Torbert

NPDES Permit No. AL0048763

1. Name and Address of Applicant:

Utilities Board of the City of Tuskegee
Post Office Box 831050
Tuskegee, AL 36083

2. Name and Address of Facility:

Tuskegee North WPCP
2485 Macon County Road 8
Tuskegee, AL 36083

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	Tallapoosa River	Public Water Supply (PWS), Fish and Wildlife (F&W)
002	Tallapoosa River	Public Water Supply (PWS), Fish and Wildlife (F&W)
003	Tallapoosa River	Public Water Supply (PWS), Fish and Wildlife (F&W)

For the Outfall latitude and longitude see the permit application.

5. Permit Conditions:

See attached Rationale and Draft Permit.

6. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

a. Comment Period

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

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

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

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

b. Public Hearing

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

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

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

c. Issuance of the Permit

All comments received during the public comment period shall be considered in making the final permit decision. At the time that any final permit decision is issued, the Department

shall prepare a response to comments in accordance with ADEM Admin. Code r. 335-6-6-.21. **The permit record, including the response to comments, will be available to the public via the eFile System <http://app.adem.alabama.gov/eFile/> or an appointment to review the record may be made by writing the Permits and Services Division at the above address.**

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

d. Appeal Procedures

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

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

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

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0048763**

Date: February 9, 2026

Permit Applicant: Utilities Board of the City of Tuskegee
Post Office Box 831050
Tuskegee, AL 36083

Location: Tuskegee North WPCP
2485 Macon County Road 8
Tuskegee, AL 36444
Macon County

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

Basis for Limitations: Water Quality Model: CBOD₅ and NH₃N
Reissuance with no modification: CBOD₅, NH₃N, TSS, pH, E. coli, PAA, TRC, and Percent Removals
Instream calculation at 7Q10: IWC ≈ 2%
Toxicity based: TRC
Secondary Treatment Levels: TSS and Percent Removals
Other (described below): PAA, pH and E. coli

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	Tallapoosa River	Public Water Supply (PWS), Fish and Wildlife (F&W)	No	No
002	Storm water monitoring	Tallapoosa River	Public Water Supply (PWS), Fish and Wildlife (F&W)	No	No
003	Storm water monitoring	Tallapoosa River	Public Water Supply (PWS), Fish and Wildlife (F&W)	No	No

Discussion: This is a permit reissuance due to permit expiration. This discharge limits for Five Day Carbonaceous Biochemical Oxygen Demand (CBOD₅) and Total Ammonia Nitrogen (NH₃N) were developed by the Municipal Section based on a Waste Load Allocation (WLA) model performed by the Department's Water Quality Branch on September 23, 2024.

In this permit, the monthly average limits for CBOD₅ and NH₃N are 25.0 mg/L and 20.0 mg/L, respectively. Dissolved Oxygen (DO) is monitored monthly as required by the WLA model.

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 85.0 percent are imposed for both CBOD₅ and TSS in accordance with 40 CFR 133.102. The TSS numerical limit and percent removal limits are unchanged from the prior permit.

The receiving stream is the Tallapoosa River and the segment containing the discharge is a Tier II stream. Although the Tallapoosa River is on the most recent 303(d) list, the segment of the Tallapoosa River containing the discharge is not listed on the 303 (d) list. There is an Organic Enrichment/Dissolved Oxygen (OE/DO) TMDL for the Tallapoosa River basin for the State of Alabama; however, the facility was not part of this TMDL because the TMDL segment only included Cleburne County.

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 monthly for Total Kjeldahl Nitrogen (TKN), Nitrite plus Nitrate (NO₂+NO₃), and Total Phosphorus (TP). Monitoring for these nutrient-related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge.

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 466.6 cfs, a mean annual flow of 4737.4 cfs, a hardness of 12.675 mg/L, and instream background data from station TARE-2 provided by the Department's Water Quality Branch. For this discharge, the RPA indicates that there are no pollutants in the treated effluent that could likely contribute to excursions of Alabama's in-stream water quality standards. Although the RPA shows a reasonable potential for Arsenic, the reasonable potential is due to the background data not the discharge itself since the treated effluent tests had Arsenic testing results below the detection limit.

The imposed E. coli limits were determined based on the water-use classification of the receiving stream. Since the segment of the Tallapoosa River containing this discharge is classified as Public Water Supply and 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).

Although the permit application stated ultraviolet is used as a backup disinfection, a Total Residual Chlorine (TRC) limit is included in the permit, in case chlorine is utilized for disinfection purposes. The daily maximum limit for TRC is 1.0 mg/L. The TRC limit was developed based on EPA suggested 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 period, enter “*9” on the monthly DMR.

The Permittee has indicated that Peracetic Acid (PAA) will be used for disinfection purposes. The PAA limit of 1.0 mg/L (daily maximum) is consistent with other Permit limits. Monitoring for PAA is only applicable if peracetic acid is utilized for disinfection purposes. Monitoring for PAA is required five days per week.

Based on the Department's review of the application and receiving water conditions, 48-hour acute toxicity testing with no diffuser is warranted. The Permittee will be required to test annually in the month of November.

In the permit application, the Permittee reported two storm water outfalls (002S and 003S) from the permitted area. Storm water monitoring will be required on an annual basis.

The monitoring frequency for most parameters is two days per week. The monitoring frequency for nutrient-related parameters (TKN, TP, and $\text{NO}_2+\text{NO}_3\text{N}$) and dissolved oxygen is once per month. Flow is to be monitored continuously. The percent removals are to be calculated 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.

Prepared by: Shanda Torbert

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	Tuskegee North WPCP	
NPDES Permit Number:	AL0048763	
Receiving Stream:	Tallapoosa River	
Facility Design Flow (Qw):	3.000 MGD	
Receiving Stream 7Q10:	466.600 cfs	
Receiving Stream 1Q10:	350.000 cfs	
Winter Headwater Flow (WHF):	984.70 cfs	
Summer Temperature for CCC:	30 deg. Celsius	
Winter Temperature for CCC:	20 deg. Celsius	
Headwater Background NH3-N Level:	0.24 mg/l	
Receiving Stream pH:	7.0 s.u.	
Headwater Background FC Level (summer):	N/A.	(Only applicable for facilities with diffusers.)
(winter):	N/A.	

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

$$\text{Stream Dilution Ration (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 0.98\%$$

AMMONIA TOXICITY LIMITATIONS

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

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

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

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 0.98\% \quad \text{Stream-Dominated, CMC Applies} \end{aligned}$$

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

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

	<u>CMC</u>	<u>CCC</u>
Allowable Summer Instream NH3-N:	36.09 mg/l	2.18 mg/l
Allowable Winter Instream NH3-N:	36.09 mg/l	4.15 mg/l

$$\begin{aligned} \text{Summer NH3-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH3-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH3-N}) * (7Q_{10})]}{Q_w} \\ &= 3639.8 \text{ mg/l NH3-N at 7Q10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH3-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH3-N}) * (WHF + Q_w)] - [(\text{Headwater NH3-N}) * (WHF)]}{Q_w} \\ &= 7641.2 \text{ mg/l NH3-N at Winter Flow} \end{aligned}$$

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

	<u>DO-based NH3-N limit</u>	<u>Toxicity-based NH3-N limit</u>
Summer	20.00 mg/l NH3-N	3639.80 mg/l NH3-N
Winter	20.00 mg/l NH3-N	7641.20 mg/l NH3-N

Summer: The DO based limit of 20.00 mg/l NH3-N applies.

Winter: The DO based limit of 20.00 mg/l NH3-N applies.

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

The following factors trigger toxicity testing requirements:

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

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

Acute toxicity testing is required

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{1Q_{10} + Q_w} = 1.31\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

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: **Public Water Supply, Fish & Wildlife**

Disinfection Type: **Ultraviolet**

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

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

MAXIMUM ALLOWABLE CHLORINATION LIMITS

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

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

Maximum allowable TRC in effluent:	1.117 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	1.929 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: **2/9/2026**

Waste Load Allocation Summary

Page 1

REQUEST INFORMATION

Request Number: 4016

From: Shanda Torbert In Branch/Section: Municipal
Date Submitted: 6/25/2024 Date Required: 7/25/2024 FUND Code: 605
Date Permit application received by NPDES program: 6/4/2024

Receiving Waterbody: Tallapoosa River

Previous Stream Name:

Facility Name: Tuskegee North WPCP (Name of Discharger-WQ will use to file)

Previous Discharger Name:

River Basin: Tallapoosa Outfall Latitude: 32.475426 (decimal degrees)

*County: Macon Outfall Longitude: -85.864315 (decimal degrees)

Permit Number: AL0048763 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:
Tallassee Sewer Stabilization Pond

Impacting dischargers permit numbers:
AL0020486

Existing Discharge Design Flow: 3 MGD
Proposed Discharge Design Flow: 3 MGD

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

Comments included

Yes No

Information Verified By: HAW

Year File Was Created:

Response ID Number: 2009

Lat/Long Method: GPS

12 Digit HUC Code: 031501100406

Use Classification: PWS / F&W

Site Visit Completed? Yes No

Date of Site Visit: 7/23/2024

Waterbody Impaired? Yes No

Date of WLA Response: 9/25/2024

Antidegradation Yes No

Approved TMDL?

Yes No

Waterbody Tier Level: Tier II

Use Support Category: 1

Approval Date of TMDL:

Waste Load Allocation Information

Modeled Reach Length: 8.613 Miles

Date of Allocation: 9/23/2024

Name of Model Used: SWQM

Allocation Type: 2 Seasons

Model Completed by: Hayden Willis

Type of Model Used: Desk-top

Allocation Developed by: Water Quality Branch

Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters				Other Parameters							
	Qw	3	MGD		Qw	3	MGD		Qw	MGD	Qw	MGD
	Season		Summer	Season		Winter	Season			Season		
	From		May	From		Dec	From			From		
	Through		Nov	Through		Apr	Through			Through		
CBOD5				CBOD5	25	mg/L	CBOD5	25	mg/L	TP		
NH3-N				NH3-N	20	mg/L	NH3-N	20	mg/L	TN		
TKN				TKN			TKN			TSS		
D.O.				D.O.			D.O.					

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

Water Quality Characteristics Immediately Upstream of Discharge				
Parameter	Summer		Winter	
CBODu	2.096	mg/l	2.054	mg/l
NH3-N	0.2441	mg/l	0.1798	mg/l
Temperature	30	°C	20	°C
pH	7	su	7	su

Hydrology at Discharge Location				Method Used to Calculate	
Drainage Area Qualifier Exact	Drainage Area	3763.4	sq mi	ADEM Estimate w/USGS Gage Data	
	Stream 7Q10	466.6	cfs	75% of 7Q10	
	Stream 1Q10	350	cfs	ADEM Estimate w/USGS Gage Data	
	Stream 7Q2	984.7	cfs	ADEM Estimate w/USGS Gage Data	
	Annual Average	4737.4	cfs	ADEM Estimate w/USGS Gage Data	

Comments and/or Notations The ammonia-nitrogen limits are not toxicity-based.
The above latitude/longitude reflects where the effluent reaches the Tallapoosa River.



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September 25, 2024

MEMORANDUM

TO: Shanda Torbert
Industrial/Municipal Branch

FROM: Hayden Willis
Water Quality Branch

RE: Tuskegee North WPCP (AL0048763) – Tallapoosa River WLA

A seasonal wasteload allocation (WLA) was completed for the existing discharge from Tuskegee North Water Pollution Control Plant (WPCP) to the Tallapoosa River. The Department’s Spreadsheet Water Quality Model was utilized to determine the seasonal effluent limits. The use classification for the Tallapoosa River at the discharge point is Public Water Supply (PWS)/Fish and Wildlife (F&W). ADEM Admin Code r. 335-6-10-.09(2)(e)(4.)(i) states the following in regard to the dissolved oxygen (DO) criteria for the PWS use classification: “For a diversified warm water biota, including game fish, daily dissolved oxygen concentrations shall not be less than 5 mg/L at all times.” The following seasonal effluent limits are expected to be protective of water quality and maintain instream DO concentrations above 5 mg/L:

Tuskegee North WPCP ($Q_w = 3$ MGD)		
Seasonal Effluent Limits (mg/L)		
	<i>Summer</i>	<i>Winter</i>
CBOD ₅	25	25
NH ₃ -N*	20	20

*Ammonia-nitrogen (NH₃-N) seasonal effluent limits are not toxicity-based.

The Tallapoosa River is a Tier 2 waterbody within the Tallapoosa River Basin. There are currently no total maximum daily loads (TMDLs) affecting this facility.

HAW: haw



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

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

Coastal Office
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$Q_d * C_d + Q_{d2} * C_{d2} + Q_s * C_s = Q_r * C_r$							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)	
ID	Pollutant	Carcinogen "Yes"	Type	Background from upstream source (C _{d2}) Daily Max	Background from upstream source (C _{d2}) Monthly Ave	Background Instream (C _s) Daily Max	Background Instream (C _s) Monthly Ave	µg/l	µg/l	
1	Antimony		Metals	0	0	0	0	0	0	-
2	Arsenic**	YES	Metals	0	0	0.651	0.28045	0	0	0.574
3	Beryllium		Metals	0	0	0	0	0.31	0.2	-
4	Cadmium**		Metals	0	0	0	0	0	0	0.236
5	Chromium / Chromium III**		Metals	0	0	4.661	2.60476	0	0	0.210
6	Chromium / Chromium VI**		Metals	0	0	0.979	0.547	0	0	-
7	Copper**		Metals	0	0	1.669	1.1082	8.6	7.5	0.388
8	Lead**		Metals	0	0	0	0	0.93	0.03	0.206
9	Mercury**		Metals	0	0	0	0	0.0113	0.00727	0.302
10	Nickel**		Metals	0	0	0	0	1.5	1.27	0.505
11	Selenium		Metals	0	0	0	0	0.61	0.48	-
12	Silver		Metals	0	0	0	0	0.36	0.29	-
13	Thallium		Metals	0	0	0	0	0	0	-
14	Zinc**		Metals	0	0	6.49	3.698	9.1	7.5	0.330
15	Cyanide		Metals	0	0	0	0	0	0	-
16	Total Phenolic Compounds		Metals	0	0	0	0	32	27	-
17	Hardness (As CaCO3)		Metals	0	0	13700	12675	53000	45300	-
18	Acrolein		VOC	0	0	0	0	0	0	-
19	Acrylonitrile*	YES	VOC	0	0	0	0	0	0	-
20	Aldrin	YES	VOC	0	0	0	0	0	0	-
21	Benzene*	YES	VOC	0	0	0	0	0	0	-
22	Bromoform*	YES	VOC	0	0	0	0	0	0	-
23	Carbon Tetrachloride*	YES	VOC	0	0	0	0	2.16	1.39	-
24	Chlordane	YES	VOC	0	0	0	0	0	0	-
25	Chlorobenzene		VOC	0	0	0	0	0	0	-
26	Chlorodibromo-Methane*	YES	VOC	0	0	0	0	0	0	-
27	Chloroethane		VOC	0	0	0	0	2.39	1.46	-
28	2-Chloro-Ethylvinyl Ether		VOC	0	0	0	0	3.6	2.53	-
29	ChloroForm*	YES	VOC	0	0	0	0	1.59	1.2	-
30	4,4'-DDD	YES	VOC	0	0	0	0	0	0	-
31	4,4'-DDE	YES	VOC	0	0	0	0	0	0	-
32	4,4'-DDT	YES	VOC	0	0	0	0	0	0	-
33	Dichlorobromo-Methane*	YES	VOC	0	0	0	0	0	0	-
34	1,1-Dichloroethane		VOC	0	0	0	0	0	0	-
35	1,2-Dichloroethane*	YES	VOC	0	0	0	0	0	0	-
36	Trans-1,2-Dichloro-Ethylene		VOC	0	0	0	0	0	0	-
37	1,1-Dichloroethylene*	YES	VOC	0	0	0	0	0	0	-
38	1,2-Dichloropropane		VOC	0	0	0	0	0	0	-
39	1,3-Dichloro-Propylene		VOC	0	0	0	0	0	0	-
40	Dieldrin	YES	VOC	0	0	0	0	0	0	-
41	Ethylbenzene		VOC	0	0	0	0	2.06	1.35	-
42	Methyl Bromide		VOC	0	0	0	0	1.81	1.27	-
43	Methyl Chloride		VOC	0	0	0	0	1.63	1.21	-
44	Methylene Chloride*	YES	VOC	0	0	0	0	0	0	-
45	1,1,1,2-Tetrachloro-Ethane*	YES	VOC	0	0	0	0	0	0	-
46	Tetrachloro-Ethylene*	YES	VOC	0	0	0	0	0	0	-
47	Toluene		VOC	0	0	0	0	1.26	1.09	-
48	Texaphene	YES	VOC	0	0	0	0	0	0	-
49	Tributyltine (TBT)	YES	VOC	0	0	0	0	0	0	-
50	1,1,1-Trichloroethane		VOC	0	0	0	0	1.71	1.24	-
51	1,1,2-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	4-Dimethylphenol		Acids	0	0	0	0	0	0	-
58	4,6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	-
59	2,4-Dinitrophenol		Acids	0	0	0	0	0	0	-
60	4,6-Dinitro-2-methylphenol	YES	Acids	0	0	0	0	0	0	-
61	Dioxin (2,3,7,8-TCDD)	YES	Acids	0	0	0	0	0	0	-
62	2-Nitrophenol		Acids	0	0	0	0	0	0	-
63	4-Nitrophenol		Acids	0	0	0	0	0	0	-
64	Pentachlorophenol*	YES	Acids	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	-
66	2,4,6-Trichlorophenol*	YES	Acids	0	0	0	0	0	0	-
67	Acenaphthene		Bases	0	0	0	0	0	0	-
68	Acenaphthylene		Bases	0	0	0	0	0	0	-
69	Anthracene		Bases	0	0	0	0	0	0	-
70	Benzidine		Bases	0	0	0	0	0	0	-
71	Benzo(A)Anthracene*	YES	Bases	0	0	0	0	0	0	-
72	Benzo(A)Pyrene*	YES	Bases	0	0	0	0	0	0	-
73	3,4-Benzo-Fluoranthene		Bases	0	0	0	0	0	0	-
74	Benzo(G)Fluoranthene		Bases	0	0	0	0	0	0	-
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	-
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	-
77	Bis (2-Chloroethyl)-Ether*	YES	Bases	0	0	0	0	0	0	-
78	Bis (2-Chloroisopropyl) Ether		Bases	0	0	0	0	0	0	-
79	Bis (2-Ethylhexyl) Phthalate*	YES	Bases	0	0	0	0	0	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-Chloronaphthalene		Bases	0	0	0	0	0	0	-
83	4-Chlorophenyl Phenyl Ether		Bases	0	0	0	0	0	0	-
84	Chrysene*	YES	Bases	0	0	0	0	0	0	-
85	Di-N-Butyl Phthalate		Bases	0	0	0	0	0	0	-
86	Di-N-Octyl Phthalate		Bases	0	0	0	0	0	0	-
87	Dibenzo(A,H)Anthracene*	YES	Bases	0	0	0	0	0	0	-
88	1,2-Dichlorobenzene		Bases	0	0	0	0	0	0	-
89	1,3-Dichlorobenzene		Bases	0	0	0	0	0	0	-
90	1,4-Dichlorobenzene		Bases	0	0	0	0	0	0	-
91	3,3-Dichlorobenzidine*	YES	Bases	0	0	0	0	0	0	-
92	Diethyl Phthalate		Bases	0	0	0	0	0	0	-
93	Dimethyl Phthalate		Bases	0	0	0	0	0	0	-
94	2,4-Dinitrotoluene*	YES	Bases	0	0	0	0	0	0	-
95	2,6-Dinitrotoluene		Bases	0	0	0	0	0	0	-
96	1,2-Diphenylhydrazine		Bases	0	0	0	0	0	0	-
97	Endosulfan (alpha)	YES	Bases	0	0	0	0	0	0	-
98	Endosulfan (beta)	YES	Bases	0	0	0	0	0	0	-
99	Endosulfan sulfate	YES	Bases	0	0	0	0	0	0	-
100	Endrin	YES	Bases	0	0	0	0	0	0	-
101	Endrin 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	YES	Bases	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	-
106	Hexachlorobenzene*	YES	Bases	0	0	0	0	0	0	-
107	Hexachlorobutadiene*	YES	Bases	0	0	0	0	0	0	-
108	Hexachlorocyclohexan (alpha)	YES	Bases	0	0	0	0	0	0	-
109	Hexachlorocyclohexan (beta)	YES	Bases	0	0	0	0	0	0	-
110	Hexachlorocyclohexan (gamma)	YES	Bases	0	0	0	0	0	0	-
111	Hexachlorocyclopentadiene		Bases	0	0	0	0	0	0	-
112	Hexachloroethane		Bases	0	0	0	0	0	0	-
113	Indeno(1,2,3-CD)Pyrene*	YES	Bases	0	0	0	0	0	0	-
114	Isophorone		Bases	0	0	0	0	0	0	-
115	Naphthalene		Bases	0	0	0	0	0	0	-
116	Nitrobenzene		Bases	0	0	0	0	0	0	-
117	N-Nitrosodi-N-Propylamine*	YES	Bases	0	0	0	0	0	0	-
118	N-Nitrosodi-N-Methylamine*	YES	Bases	0	0	0	0	0	0	-
119	N-Nitrosodi-N-Phenylamine*	YES	Bases	0	0	0	0	0	0	-
120	PCB-1016	YES	Bases	0	0	0	0	0	0	-
121	PCB-1221	YES	Bases	0	0	0	0	0	0	-
122	PCB-1232	YES	Bases	0	0	0	0	0	0	-
123	PCB-1242	YES	Bases	0	0	0	0	0	0	-
124	PCB-1248	YES	Bases	0	0	0	0	0	0	-
125	PCB-1254	YES	Bases	0	0	0	0	0	0	-
126	PCB-1260	YES	Bases	0	0	0	0	0	0	-
127	Phenanthrene		Bases	0	0	0	0	0	0	-
128	Pyrene		Bases	0	0	0	0	0	0	-
129	1,2,4-Trichlorobenzene		Bases	0	0	0	0	0	0	-

3	Enter Q _d = wastewater discharge flow from facility (MGD)
4.641687	Q _d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Q _{d2} = background stream flow in MGD above point of discharge
0	Q _{d2} = background stream flow from upstream source (cfs)
466.8	Enter TQ10, Q _s = background stream flow in cfs above point of discharge
350	Enter or estimated, 1Q10, Q _s = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of TQ10)
4737.4	Enter Mean Annual Flow, Q _s = background stream flow in cfs above point of discharge
984.7	Enter TQ2, Q _s = background stream flow in cfs above point of discharge (For LWF class streams)
Enter to Left	Enter C _s = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
Q _d +Q _{d2} +Q _s	Q _s = resultant in-stream flow, after discharge
Calculated on other	C _s = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
12.675	Enter Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of Birmingham)
7.00 s.u.	Enter Background pH above point of discharge
YES	Enter, is discharge to a stream? "YES" Other option would be to a Lake. (This changes the partition coefficients for the metals)

** Using Partition Coefficients

January 28, 2015

Freshwater F&W classification		Freshwater Acute (µg/l) Q _a = 1Q10										Freshwater Chronic (µg/l) Q _a = 7Q10				Human Health Consumption Fish only (µg/l) Carcinogen Q _a = Annual Average Non-Carcinogen Q _a = 7Q10			
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (Cd2) Daily Max	Max Daily Discharge as reported by Applicant (C _{max})	Water Quality Criteria (C _c)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?	Background from upstream source (Cd2) Monthly Avg	Avg Daily Discharge as reported by Applicant (C _{avg})	Water Quality Criteria (C _c)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?	Water Quality Criteria (C _c)	Draft Permit Limit (C _{max})	20% of Draft Permit Limit	RP?
1	Antimony			0	0	-	-	-	No	0	0	-	-	-	No	3.79E+02	3.79E+04	7.58E+03	No
2	Arsenic		YES	0	0	592.334	45210.428	9042.086	No	0	0	261.324	26504.427	5300.885	No	3.03E-01	4.38E+01	8.75E+00	No
3	Beryllium			0	0.31	-	-	-	No	0	0.2	-	-	-	No	-	-	-	-
4	Cadmium			0	0	1.141	87.157	17.431	No	0	0	0.247	25.084	5.017	No	-	-	-	-
5	Chromium Chromium III			0	0	469.792	37834.496	7566.899	No	0	0	65.013	6336.499	1267.700	No	-	-	-	-
6	Chromium Chromium VI			0	0	16.000	1148.638	229.728	No	0	0	11.000	1061.775	212.355	No	-	-	-	-
7	Copper			0	0	4.947	253.923	50.725	No	0	7.5	3.951	289.750	57.950	No	-	-	-	-
8	Lead			0	0.83	31.212	2384.747	476.949	No	0	0.03	3.216	123.484	24.697	No	-	-	-	-
9	Mercury			0	0.0113	2.400	183.369	36.674	No	0	0.00727	0.012	1.218	0.244	No	4.24E-02	4.31E+00	8.61E-01	No
10	Nickel			0	1.5	161.535	12341.875	2468.375	No	0	1.27	17.942	1621.497	364.299	No	9.93E+02	1.01E+05	2.02E+04	No
11	Selenium			0	0.81	20.000	1528.072	305.614	No	0	0.48	5.000	507.619	101.524	No	2.43E+03	2.47E+05	4.94E+04	No
12	Silver			0	0.36	0.052	7.040	1.408	No	0	0.29	-	-	-	No	-	-	-	-
13	Thallium			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
14	Zinc			0	9.1	61.698	4222.559	844.912	No	0	7.5	62.202	5943.286	1188.657	No	1.49E+04	1.51E+06	3.02E+05	No
15	Cyanide			0	0	22.000	1680.880	336.176	No	0	0	5.200	527.924	105.585	No	9.39E+03	9.48E+05	1.90E+05	No
16	Total Phenolic Compounds			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
17	Hardness (As CaCO3)			0	53000	-	-	-	No	0	45300	-	-	-	No	-	-	-	-
18	Acrolein			0	0	-	-	-	No	0	0	-	-	-	No	5.43E+00	5.51E+02	1.10E+02	No
19	Acrylonitrile		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.44E-01	1.47E+02	2.94E+01	No
20	Aldrin		YES	0	0	3.000	228.211	45.642	No	0	0	-	-	-	No	2.94E-05	3.00E-02	6.01E-03	No
21	Benzene		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.55E+01	1.58E+04	3.16E+03	No
22	Bromoform		YES	0	0	-	-	-	No	0	0	-	-	-	No	7.88E+01	8.05E+04	1.61E+04	No
23	Carbon Tetrachloride		YES	0	2.16	-	-	-	No	1.39	-	-	-	-	No	9.57E-01	9.78E+02	1.96E+02	No
24	Chlordane		YES	0	0	2.400	183.369	36.674	No	0	0	0.0043	0.437	0.087	No	4.73E-04	4.83E-01	9.66E-02	No
25	Chlorobenzene			0	0	-	-	-	No	0	0	-	-	-	No	9.06E+02	9.20E+04	1.84E+04	No
26	Chlorodibromomethane		YES	0	0	-	-	-	No	0	0	-	-	-	No	7.41E+00	7.57E+03	1.51E+03	No
27	Chloroethane			0	2.39	-	-	-	No	0	1.46	-	-	-	No	-	-	-	-
28	2-Chloro-Ethylvinyl Ether			0	3.6	-	-	-	No	0	2.53	-	-	-	No	-	-	-	-
29	Chloroform		YES	0	1.59	-	-	-	No	0	1.2	-	-	-	No	1.02E+02	1.04E+05	2.08E+04	No
30	4,4'- DDD		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.81E-04	1.85E-01	3.71E-02	No
31	4,4'- DDE		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.28E-04	1.31E-01	2.62E-02	No
32	4,4'- DDT		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.28E-04	1.31E-01	2.62E-02	No
33	Dichlorobromo-Methane		YES	0	0	1.100	84.044	16.809	No	0	0	0.001	0.102	0.020	No	1.28E-04	1.31E-01	2.62E-02	No
34	1,1-Dichloroethane			0	0	-	-	-	No	0	0	-	-	-	No	1.00E+01	1.03E+04	2.05E+03	No
35	1,2-Dichloroethane		YES	0	0	-	-	-	No	0	0	-	-	-	No	2.14E+01	2.18E+04	4.37E+03	No
36	Trans-1,2-Dichloro-Ethylene			0	0	-	-	-	No	0	0	-	-	-	No	5.91E+03	6.00E+05	1.20E+05	No
37	1,1-Dichloroethylene		YES	0	0	-	-	-	No	0	0	-	-	-	No	4.17E+03	4.28E+06	8.51E+05	No
38	1,2-Dichloropropane			0	0	-	-	-	No	0	0	-	-	-	No	8.46E+00	8.62E+02	1.72E+02	No
39	1,3-Dichloro-Propylene			0	0	-	-	-	No	0	0	-	-	-	No	1.23E+01	1.25E+03	2.49E+02	No
40	Dieldrin		YES	0	0	0.240	18.337	3.667	No	0	0	0.056	5.685	1.137	No	3.17E-05	3.19E-02	6.38E-03	No
41	Ethylbenzene			0	2.08	-	-	-	No	0	1.35	-	-	-	No	1.24E+03	1.28E+05	2.53E+04	No
42	Methyl Bromide			0	1.81	-	-	-	No	0	1.27	-	-	-	No	8.71E+02	8.84E+04	1.77E+04	No
43	Methyl Chloride			0	1.83	-	-	-	No	0	1.21	-	-	-	No	-	-	-	-
44	Methylene Chloride		YES	0	0	-	-	-	No	0	0	-	-	-	No	3.46E+02	3.53E+05	7.08E+04	No
45	1,1,1,2,2-Tetrachloro-Ethane		YES	0	0	-	-	-	No	0	0	-	-	-	No	2.33E+00	2.38E+03	4.77E+02	No
46	Tetrachloro-Ethylene		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.92E+00	1.98E+03	3.92E+02	No
47	Toluene			0	1.28	-	-	-	No	0	1.09	-	-	-	No	8.72E+03	8.86E+05	1.77E+05	No
48	Toxaphene		YES	0	0	0.730	55.775	11.155	No	0	0	0.0002	0.020	0.004	No	1.62E-04	1.65E-01	3.31E-02	No
49	Tributyltin (TBT)			0	0	0.460	35.148	7.029	No	0	0	0.072	7.310	1.462	No	-	-	-	-
50	1,1,1-Trichloroethane			0	1.71	-	-	-	No	0	1.24	-	-	-	No	-	-	-	-
51	1,1,1,2-Trichloroethane		YES	0	0	-	-	-	No	0	0	-	-	-	No	9.10E+00	9.29E+03	1.86E+03	No
52	Trichloroethylene		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.75E+01	1.78E+04	3.57E+03	No
53	Vinyl Chloride		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.42E+00	1.46E+03	2.91E+02	No
54	p-Chloro-m-Cresol			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
55	2-Chlorophenol			0	0	-	-	-	No	0	0	-	-	-	No	8.71E+01	8.84E+03	1.77E+03	No
56	2,4-Dichlorophenol			0	0	-	-	-	No	0	0	-	-	-	No	1.72E+02	1.75E+04	3.49E+03	No
57	2,4-Dimethylphenol			0	0	-	-	-	No	0	0	-	-	-	No	4.98E+02	5.05E+04	1.01E+04	No
58	2,6-Dinitro-O-Cresol			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
59	2,4-Dinitrophenol			0	0	-	-	-	No	0	0	-	-	-	No	3.11E+03	3.16E+05	6.32E+04	No
60	4,6-Dinitro-2-methylphenol			0	0	-	-	-	No	0	0	-	-	-	No	1.66E+02	1.69E+05	3.38E+04	No
61	Dioxin (2,3,7,8-TCDD)		YES	0	0	-	-	-	No	0	0	-	-	-	No	2.67E-08	2.72E-05	5.45E-08	No
62	2-Nitrophenol			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
63	4-Nitrophenol			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
64	Pentachlorophenol		YES	0	0	8.733	666.493	133.299	No	0	0	8.693	679.457	135.891	No	1.77E+00	1.81E+03	3.61E+02	No
65	Phenol			0	0	-	-	-	No	0	0	-	-	-	No	5.00E+05	5.08E+07	1.02E+07	No
66	2,4,6-Trichlorophenol		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.41E+00	1.44E+03	2.89E+02	No
67	Acenaphthene			0	0	-	-	-	No	0	0	-	-	-	No	5.79E+02	5.97E+04	1.17E+04	No
68	Acenaphthylene			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
69	Anthracene			0	0	-	-	-	No	0	0	-	-	-	No	2.33E+04	2.37E+08	4.74E+05	No
70	Benidine			0	0	-	-	-	No	0	0	-	-	-	No	1.16E-04	1.18E-02	2.35E-03	No
71	Benzo(A)Anthracene		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.07E-02	1.09E+01	2.18E+00	No
72	Benzo(A)Pyrene		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.07E-02	1.09E+01	2.18E+00	No
73	Benzo(b)fluoranthene			0	0	-	-	-	No	0	0	-	-	-	No	1.07E-02	1.08E+00	2.16E-01	No
74	Benzo(GH)Perylene			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
75	Benzo(K)Fluoranthene			0	0	-	-	-	No	0	0	-	-	-	No	1.07E-02	1.08E+00	2.16E-01	No
76	Bis (2-Chloroethoxy) Methane			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
77	Bis (2-Chloroethyl)-Ether		YES	0	0	-	-	-	No	0	0	-	-	-	No	3.07E-01	3.14E+02	6.28E+01	No
78	Bis (2-Chloro-Propyl) Ether			0	0	-	-	-	No	0	0	-	-	-	No	3.78E+04	3.84E+08	7.67E+05	No
79	Bis (2-Ethylhexyl) Phthalate		YES	0	0	-	-	-	No	0	0	-	-	-	No	1.28E+00	1.31E+03	2.62E+02	No
80	4-Bromophenyl Phenyl Ether			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
81	Butyl Benzyl Phthalate			0	0	-	-	-	No	0	0	-	-	-	No	1.13E+03	1.14E+05	2.29E+04	No
82	Chloronaphthalene			0	0	-	-	-	No	0	0	-	-	-	No	9.24E+02	9.38E+04	1.88E+04	No
83	4-Chlorophenyl Phenyl Ether			0	0	-	-	-	No	0	0	-	-	-	No	-	-	-	-
84																			

Permit Number: AL00248763

Monitoring Point: 001

Stage: Effluent Gross Value

Parameter Name: Total Recoverable Lead

Parameter Code: 01114

Monitoring Period	Monthly Average	Conc. Unit
December 2019	0	µg/L
January 2020	0	µg/L
February 2020	0	µg/L
March 2020	0	µg/L
April 2020	0	µg/L
May 2020	0	µg/L
June 2020	0	µg/L
July 2020	0	µg/L
August 2020	0	µg/L
September 2020	0	µg/L
October 2020	0	µg/L
November 2020	0	µg/L
December 2020	0	µg/L
January 2021	0	µg/L
February 2021	0	µg/L
March 2021	0	µg/L
April 2021	0	µg/L
May 2021	0	µg/L
June 2021	0	µg/L
July 2021	0	µg/L
August 2021	0	µg/L
September 2021	0	µg/L
October 2021	0	µg/L
November 2021	0	µg/L
December 2021	0	µg/L
January 2022	0	µg/L
February 2022	0	µg/L
March 2022	0	µg/L
April 2022	0	µg/L
May 2022	0	µg/L
June 2022	0	µg/L
July 2022	0	µg/L
August 2022	0	µg/L
September 2022	0	µg/L
October 2022	0	µg/L
November 2022	0	µg/L
December 2022	0	µg/L
January 2023	0	µg/L
February 2023	0	µg/L
March 2023	0	µg/L
April 2023	0	µg/L
May 2023	0	µg/L
June 2023	0	µg/L
July 2023	0	µg/L
August 2023	0	µg/L
September 2023	0	µg/L
October 2023	0	µg/L
November 2023	0	µg/L
December 2023	0	µg/L
January 2024	0.59	µg/L
February 2024	0	µg/L
March 2024	0.93	µg/L

April 2024	0	µg/L
May 2024	0	µg/L
June 2024	0	µg/L
July 2024	0	µg/L
August 2024	0	µg/L
July 2024	0	µg/L
August 2024	0	µg/L
September 2024	0	µg/L
October 2024	0	µg/L
November 2024	0	µg/L
December 2024	0	µg/L
January 2025	0	µg/L
February 2025	0	µg/L
March 2025	0	µg/L
April 2025	0	µg/L
May 2025	0	µg/L
June 2025	0	µg/L
July 2025	0	µg/L
August 2025	0	µg/L
September 2025	0	µg/L
October 2025	0	µg/L
November 2025	0	µg/L
December 2025	0	µg/L
Application	0.32	µg/L
Application	0.32	µg/L
Application	0.32	µg/L

<i>Average</i>	0.03	µg/L
<i>Maximum</i>	0.93	µg/L



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June 2, 2025

Mr. Dustin Stokes, Chief
Municipal Section, Industrial/Municipal Branch, Water Division
Alabama Department of Environmental Management
P.O. Box 301463
Montgomery, Alabama 36130-1463

RE: UBT Quarterly Update
ADEM Noncompliance Notification Reports
NPDES Permit No. AL0048763
Tuskegee WPCP
Macon County, Alabama

Dear Mr. Stokes:

Per the letter dated August 8, 2024, from ADEM's Chief of the Municipal Section, Industrial/Municipal Branch, Water Division regarding UBT Non-Compliance Notification Reports at the North Water Pollution Control Plant (WPCP), the Utilities Board of the City of Tuskegee (UBT) is submitting this **third quarterly update** regarding the information provided in the original Response Report dated August 20, 2024, and the first quarterly update early in December 2024.

The Appalachian Regional Commission (ARC) grant applied for by South Central Alabama Development Commission (SCADC) on behalf of UBT for a new peracetic acid (PAA) disinfection contact basin has been awarded, but funds are not yet available. UBT anticipates that funding will be available and design work will begin this summer for design and construction of the PAA disinfection contact basin for UBT's North WPCP.

ELECTRIC - WATER - WASTEWATER

204 W. Lee Street - P.O. Box 831050 - Tuskegee, Alabama 36083
Telephone 334-720-0700 - www.yourubt.com

An Alabama Department of Environmental Management (ADEM) Clean Water State Revolving Fund (CWSRF) Section representative has previously confirmed that UBT's Pre-Application for CWSRF projects for sewer collection system investigation and improvements, that was prepared and delivered in September of 2023 will be included in ADEM's Intended Use Plans for 2025. The list of projects included in that CWSRF Pre-Application included the PAA disinfection contact basin, a project to address sanitary sewer collection system defects in UBT's Sub-Basin 3 already identified, trunk sewer manhole investigations, and a new project to address manhole defects identified. Since the ARC grant for the PAA disinfection contact basin is anticipated to be awarded, any Clean Water SRF funding granted by ADEM will not be used for PAA contact basin improvements at the North WPCP.

Additional projects to address sanitary sewer collection system investigation, and inflow and infiltration abatement will be substituted for the PAA disinfection contact basin project. Projects currently under consideration include a flow monitoring study to measure the effectiveness of sewer collection system improvement work completed in Sub-Basin 3 and to identify the areas where efforts need to be concentrated for future work, an expanded project to complete trunk sewer manhole improvements based on field observations included in the original grant project scope, smoke testing and closed circuit television inspection in areas identified by flow monitoring with high ratios of wet to dry weather sewer flows, etc.

UBT cannot predict the award of the CWSRF program funding anticipated from ADEM, so there is no schedule or method of securing a schedule on which those funds will be available for the projects listed. However, UBT remains committed to performing sanitary sewer collection system investigations and improvements as funding is available. UBT has completed at least five unscheduled collection system main improvements with emergency contractor assistance in the past three months. The cost of the improvements was close to \$200,000 from UBT's operations budget. Each of the main/manhole improvements were potential sources of extraneous flows that have been eliminated.

During the past few years, up to the present, UBT has received inquiries regarding proposed and potential new industrial waste dischargers who may send their wastewater flows to the North WPCP in the next one to five years. If projections of industrial waste stream volume meet projections of existing customers and those new dischargers already committed and anticipated in the very near future, the industrial waste stream may approach one-third of the total flow of the influent of the North WPCP in only a few years. These industrial waste streams are anticipated to have very low total suspended solids (TSS) and biological oxygen demand (BOD) concentrations. As these flows grow, the difficulty of meeting TSS and BOD percent removal limits at the North WPCP becomes more and more difficult. A summary of the status of those industries is listed below:

- **Samkee International** (current discharger at Tuskegee Commerce Park) proposes to double their facilities in the next 1 to 2 years (additional 50,000 gpd). This flow increase has a very high probability of developing.
- **ITAC** is currently planning an industrial facility in Tuskegee Commerce Park that may discharge up to 160,000 gpd over a five-year period beginning sometime in 2026 after construction is completed. This flow has a high probability of developing.
- **REAL Park** at I-85 Exit 42 is a proposed industrial park with at least one spec building constructed, but no confirmation has been provided regarding a specific discharger or volume of discharge. Plans for the sewer collection system are approximately 75% complete. Since several potential industrial developments have been proposed only to fail to come to fruition, the likelihood of a new developer in the next few years is deemed only a marginal probability.
- **Macon County** proposed industrial discharge near the Town of Shorter (unnamed for the sake of anonymity) planned to locate in Macon County but is currently on hold due to tariff considerations. The schedule for development might be 1-5 years and the potential flows to the North WPCP might be between $\frac{1}{4}$ to $\frac{3}{4}$ mgd. This development remains very tentative in the view of UBT management. Given the current uncertainty of international trade tariffs, this development is deemed to have a low probability of moving forward.

UBT and their consulting engineering service provider have reviewed the 40 CFR sections related to a potential reduction in percent TSS and BOD removal limits. Based on current

and anticipated TSS and CBOD influent concentrations, current concentration permit limits and reported effluent concentrations, frequent NOVs with current 85% percent removal limits, and the terms set out in 40 CFR; **UBT proposes that new percent removal limits for TSS and CBOD be reduced to 45% in the new North WPCP permit.**

- UBT can demonstrate that the North WPCP has consistently met permit effluent concentration limits, and quite obviously cannot consistently meet TSS and CBOD percent removal requirements based on the previous two years and 2025 reported results.
- In order to meet the current 85% percent removal limits consistently the treatment works would have to periodically achieve significantly lower discharge concentration limits based on the current discharge concentrations over the past 27 months.
- Plant influent totals that have been characterized with high extraneous wet weather flows do not meet the current 40 CFR definition of excessive flow. The average daily influent flow at the North WPCP was 2.62 and 2.21 MGD respectively for 2023 and 2024. The reported population of Tuskegee based on 2020 Census data is 9,338 people. Using a per capita waste flow of 275 gpd to define if waste flows are excessive (2.57 MGD) wastewater flows are well below or marginally above the definition of excessive flow for the past two years.

If the percent removal limits for TSS and CBOD were 45%, UBT would have had only a single NOV for the past 27 months and only three if the limit were lowered to 60%. UBT is anxious to discuss any consideration by ADEM for a potential reduction in percent removal limits.

Respectfully submitted



Gerald B. Long, General Manager



UTILITIES BOARD OF TUSKEGEE

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RECEIVED

FEB 04 2026

IND/MUN BRANCH
WATER DIVISION

February 4, 2026

Alabama Department of Environmental Management
Shanda Torbert, Municipal Section, Water Division
PO Box 301463
Montgomery, AL 36130-1463

Please find attached the updated process flow schematic for the North plant with the requested revisions. Additionally, please find below our responses to ADEM's additional questions.

- **The attached process flow diagram text has been enlarged on the components, and influent and effluent sampling locations have been added. Below, you will find clarification on the disinfection used (UV, Chlorine, PAA) See attached**
- Please give an update on the industrial dischargers
 - What currently discharges to you all Response: **There is only one industrial discharger with an SID permit discharging to the UBT collection system. SAMKEE International (Producing aluminum car components)**
 - How much they are discharging Response: **They are permitted to discharge 175,000 Gallons per Day**
 - % of influent from Industrial discharge Response: **This industry constitutes approximately 6% of the NWWTPs influent**
- When do you all expect to expand to 4.0 MGD? Response: **The Current projected plant expansion is 2030. UBT does not plan to expand the plant capacity unless a new industrial discharger or a collection of industrial dischargers adds sufficient flow to the system to trigger an expansion.**

Thank you, and please let us know if we can be of further assistance.

Gerald B. Long, CPA, CGMA
General Manager

ELECTRIC - WATER - WASTEWATER

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Telephone 334-720-0700 - www.yourubt.com

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

version 1.11

(Submission #: HQ3-S0B8-TA780, version 1)

Digitally signed by:
AEPACS
Date: 2024.06.04 16:23:46 -05:00
Reason: Copy Of Record
Location: State of Alabama

Details

Submission ID HQ3-S0B8-TA780

Form Input

General Instructions

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

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

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

- (1) Permit Transfers
- (2) Permittee/Facility Name Changes
- (3) Minor Modifications
This modification may not be used for changes that would result in changes to permit conditions
- (4) Major Modifications (No Effluent Limit Change)
- (5) Major Modifications (Effluent Limit Change)
- (6) Reissuances
Reissuance of a permit due to approaching expiration
Revocation and Reissuance of permit prior to its scheduled expiration

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

Applicable Fees:

Permit Transfers and/or Permittee/Facility Name Changes
\$800
Minor Modifications
\$800
Major Modifications (No Effluent Limit Change)
\$3,140 (Major Sources)
\$2,250 (Minor Sources or Public Water Supply Treatment Plants)
Major Modifications (Effluent Limit Change)
\$7,060 (Major Sources)
\$4,290 (Minor Sources or Public Water Supply Treatment Plants)
Reissuances
\$7,060 (Major Sources)
\$4,290 (Minor Sources or Public Water Supply Treatment Plants)
For assistance, please click here to determine the permit engineer responsible for the site or call (334) 271-7810.

Processing Information

Purpose of Application

Reissuance of Permit Due to Approaching Expiration

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:

Permanent addition of Peracetic Acid (PAA) as the primary means of disinfection with UV light being a secondary means of disinfection.

Do you have additional contacts associated with this site?

No

Permit Information

Permit Number

AL0048763

Current Permittee Name

Utilities Board of the City of Tuskegee

Permittee

Permittee Name

Utilities Board of the City of Tuskegee

Mailing Address

Post Office Box 831050
Tuskegee, AL 36083

Is the Operator the same as the Permittee?

Yes

Has the Operator's scope of responsibility changed?

No

Responsible Official

Prefix

Mr.

First Name Last Name

Gerald Long

Title

General Manager

Organization Name

The Utilities Board of the City of Tuskegee

Phone Type Number Extension

Business 3347200750

Email

glong@yourubt.com

Mailing Address

Post Office Box 831050
Tuskegee, AL 36083

Existing Permit Contacts

Affiliation Type	Contact Information	Remove?
Responsible Official,Notification Recipient	Gerald Long, Utilities Board of the City of Tuskegee	NONE PROVIDED
Facility Contact,Emergency Contact,DMR Contact	Marc Cooley, Utilities Board of the City of Tuskegee	NONE PROVIDED
Permittee	Utilities Board of the City of Tuskegee	NONE PROVIDED

Facility/Site Information

Facility/Site Name

Tuskegee North WPCP

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

2485 Macon County Road 8
Tuskegee, AL 36083

Facility/Site County

Macon

Facility/Site Contact

Prefix

Mr.

First Name Last Name

Marc Cooley

Title

Plant Manager

Organization Name

Tuskegee North WPCP

Phone Type Number Extension

Business 3347242123

Email

mcooley.northplant@gmail.com

Note

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

Detailed Directions to the Facility/Site

T17N, R23E, S22, 25, 26

Pd \$425 07/01/03 Disturbed Acres 22.9

Expires 07/09/2004 Hwy 81 N. Trm W on Ashdale Rd. Lft on Hajack Dr until dead end. Site begins here & goes SW along fence line into woods.

12/30/04 Site insp and ready for Term

Google Earth (Virtual Alabama) verified the lat/long for facility.

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

[Map Instruction Help](#)

Facility/Site Front Gate Latitude and Longitude

32.47192400000000,-85.85178400000000

2485 Macon County Road 8, Franklin, AL

Facility/Site Front Gate Latitude and Longitude

32.47192400000000,-85.85178400000000

2485 Macon County Road 8, Franklin, AL

Primary SIC Code

4952-Sewerage Systems

Primary NAICS Code

221320-Sewage Treatment Facilities

Emergency Contact

Prefix

Mr.

First Name Last Name

Marc Cooley

Title

Plant Manager

Phone Type Number Extension

Business 3347242123

Email

mcooley.northplant@gmail.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?

3.0

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

2.69

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

Yes

Process Flow Schematic

[Process Flow Schematic.pdf - 05/20/2024 03:13 PM](#)

Comment

NONE PROVIDED

Do you share an outfall with another facility?

No

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

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	No
Automatic Sampling Equipment	No

Schematic Diagram

[Autmatic sampler and meter locations.pdf - 05/20/2024 03:46 PM](#)

Comment

Note that the Sharpe's Field Lift station serves as the headworks for the Plant providing preliminary treatment (screening and grit removal).

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

Yes

Please briefly describe these changes and any potential or anticipated effects on the wastewater quality and quantity:

New industrial developments are planned in the UBT water and sewer service area, near exit 38. Though the industries are anticipated to have SID permits and add

Treatment Methods (TWTDS)

Treatment Level

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

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

Wastewater Disinfection Technology Information

Peracetic Acid

Ultraviolet Light Disinfection

Please select all POTW Treatment Categories that apply.

Activated Sludge Process & Modifications

Aeration

Clarification

Disinfection

Please select all unit operations that apply for Activated Sludge Process & Modifications:

Activated Sludge, Conventional

Please select all unit operations that apply for Aeration:

Aeration (general)

Please select all unit operations that apply for Clarification:

Clarification, Secondary

Please select all unit operations that apply for Disinfection:

Disinfection, Other

Disinfection, Ultraviolet

Please select all unit operations that apply for Preliminary Treatment:

- Screen, Mechanical Bar
- Grit Removal
- Screen, Bar

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?

Yes

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

Description of Waste	Description of Storage Location	Disposal Location
Peracetic Acid	Stored in Totes on site near the RAS building. There are plans for a more permanent containment storage and spill containment area.	On-site

Collection System Information

Collection Systems

Collection System ID	Collection System Name	Owner Type of Collection System	Population of Collection System
NONE PROVIDED	Utilities Board of Tuskegee Sewer Collection System	Publicly owned (Owned by State, municipality, or Tribal government. This includes a district association or other public body created by or pursuant to State law and having jurisdiction over the disposal of sewage).	9,500

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?
SAMKEE	Process water from Aluminum Parts Assembly	Proposed	0.175	Yes

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

No

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

[Complete Form 2A 5-21-24.pdf - 05/21/2024 10:47 AM](#)

Comment

NONE PROVIDED

EPA Form 2F

[Complete Form 2F 5-21-24.pdf - 05/21/2024 10:59 AM](#)

Comment

NONE PROVIDED

EPA form 2S

[Complete Form 2S 5-21-24.pdf - 05/21/2024 11:10 AM](#)

Comment

NONE PROVIDED

Other attachments (as needed)

NONE PROVIDED

Comment

NONE PROVIDED

Topographic Map

Attach topographic map here.

[form 188 Topo Map, Sharpe and plant components .pdf - 05/21/2024 11:27 AM](#)

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)?

2.69

Receiving Water

Tallapoosa River

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

32.47578000000000, -85.86320000000001

[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 2)

Stormwater Outfall: 002

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

No

Stormwater Outfall Identifier

002

Receiving Water

Tallapoosa River

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

32.47184400000000, -85.85299200000000

303(d) Segment?

No

TMDL Segment?

No

Stormwater Outfall(s) (2 of 2)

Stormwater Outfall: 003

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

No

Stormwater Outfall Identifier

003

Receiving Water

Tallapoosa River

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

32.47191700000000, -85.85194400000000

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

Katie

Last Name

Robinson

Title

Lab Manager/Chemist

Organization Name

NONE PROVIDED

Phone Type

Business

Number

3347242123

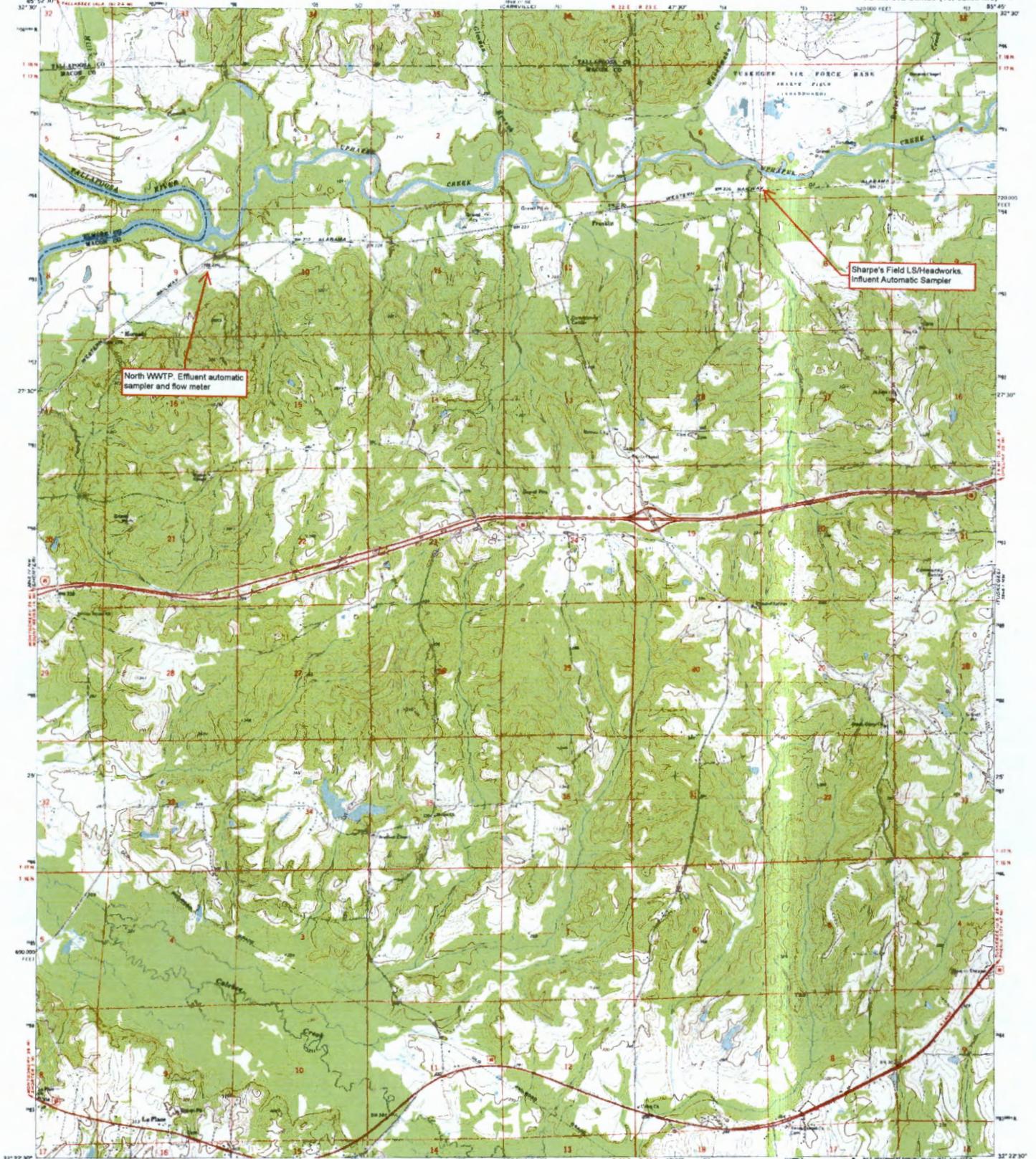
Extension**Email**

katierob.robinson@gmail.com

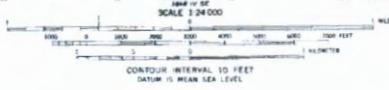
Address

[NO STREET ADDRESS SPECIFIED]

[NO CITY SPECIFIED], AL [NO ZIP CODE SPECIFIED]



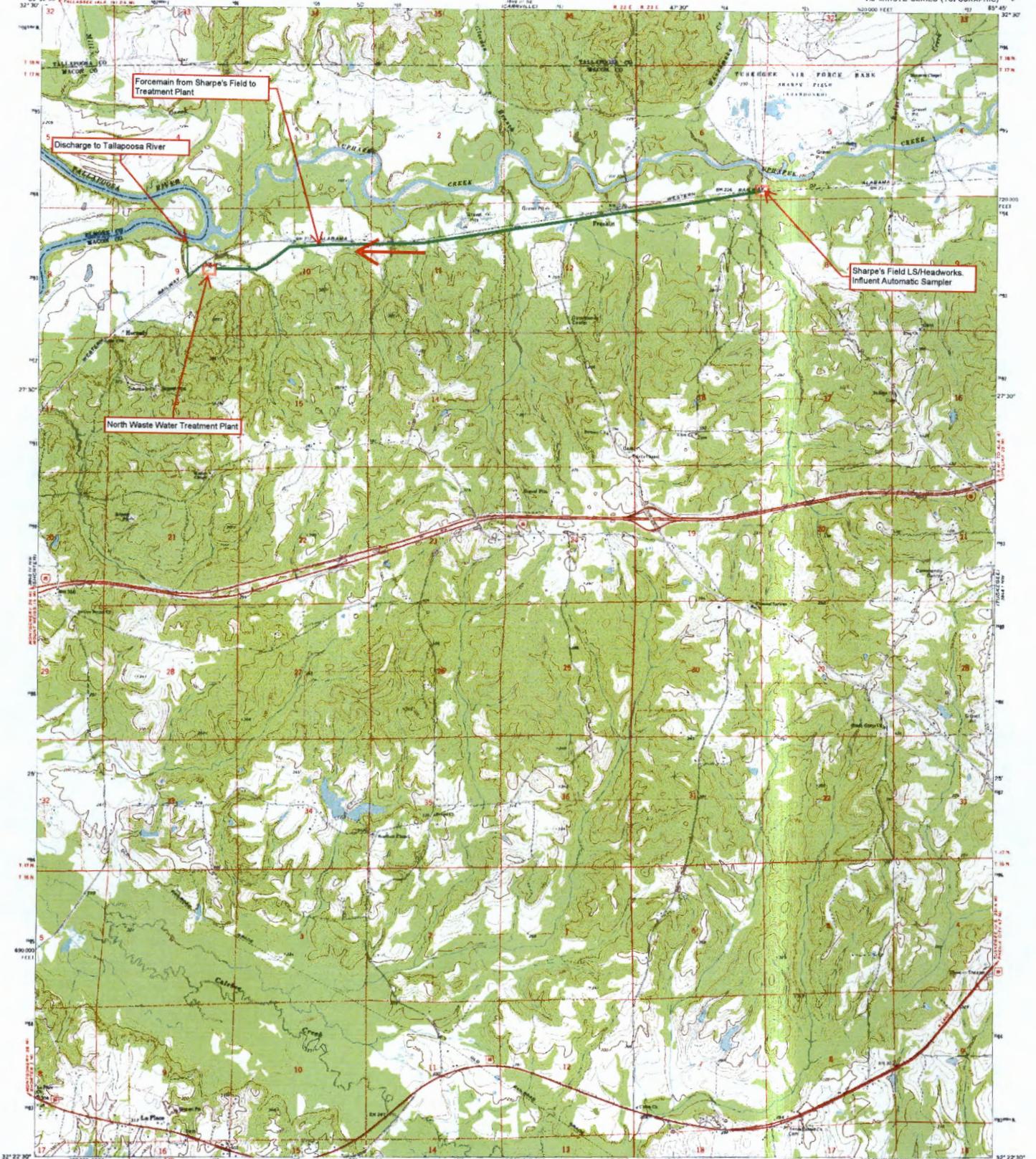
Mapped, edited, and published by the Geological Survey
Control by USGS and USCAAS
Topography by photogrammetric methods from aerial
photographs taken 1969. Field checked 1971
Polyconic projection. 1927 North American datum
10,000-foot grid based on Alabama coordinate system, east zone
1000 under the vertical Transverse Mercator grid lines,
zone 16, shown in blue
Pink red dashed lines indicate sectioned fence and hair lines where
generally visible on aerial photographs. This information is unchecked



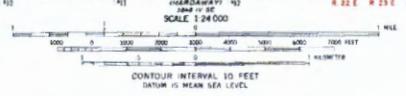
ROAD CLASSIFICATION
Primary highway
hard surface
Secondary highway
hard surface
Lightly road hard or
improved surface
Unimproved road
Interstate Route
U. S. Route
State Route

THIS MAP COMPILED WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20542
A FINDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

LA PLACE, ALA.
N3225-W865/7.5
1971
AMB 1645 OF THE SERIES 1544



Maped, edited, and published by the Geological Survey
Control by USGS and USGAS
Topography by photogrammetric methods from aerial
photographs taken 1969. Field checked 1971
Projection: projection, 1927 North American datum
25,000-foot grid based on Alabama coordinate system, read plus
1000 meters. Universal Transverse Mercator grid ticks,
some 500 meters in blue
Five red dashed lines indicate selected fence and field lines where
generally visible on aerial photographs. This information is unattached



ROAD CLASSIFICATION
 Primary highway: hard surface (solid red line), light duty road, hard or improved surface (dashed red line)
 Secondary highway: hard surface (solid red line), unimproved road (dashed red line)
 Interstate Route (red circle with 'I'), U.S. Route (red circle with 'U.S.'), State Route (red circle with 'S')

THIS MAP COMPLETES WITH NATIONAL MAP ACCURACY STANDARDS
 FOR SCALE BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D.C. 20542
 A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

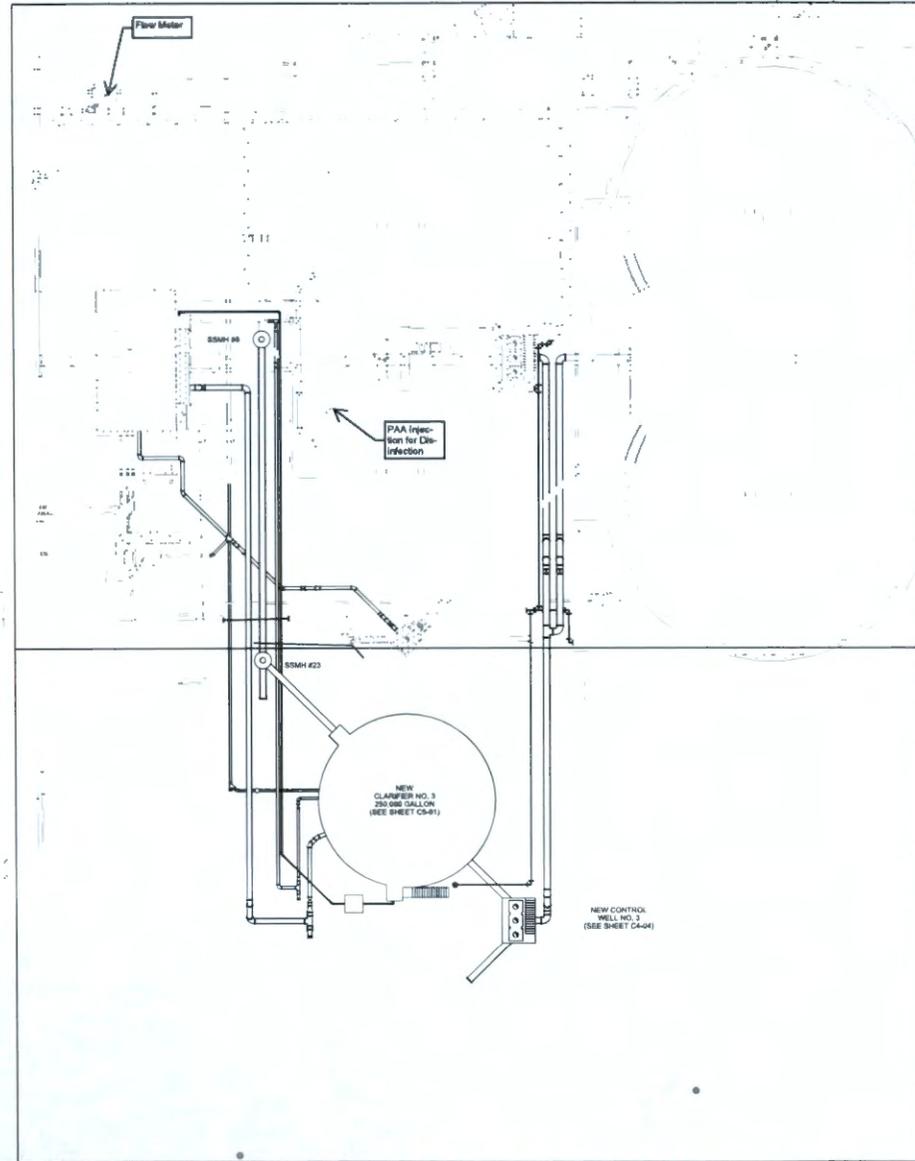
LA PLACE, ALA.
 N3222.5-W8545/7.5
 1971
 AND 5645 IV DE. SERIES 1784

Designer	JMT	Project No.	
Checker	JML		11703
Checker	GBW		
Issue	Date	Description	
	05/10/18	SECOND DRAWINGS	

**RECORD
DRAWING**

NORTH PLANT
OVERALL
YARD PIPING PLAN

Issue Date	May 2013	Issue No.	
Revision			C2-07



SEE SHEET C2-08
FOR ENLARGED
YARD PIPING PLAN

SEE SHEET C2-09
FOR ENLARGED
YARD PIPING PLAN

- NOTES:
1. CONTRACTOR SHALL ENSURE THAT THE WET WELL (INV. EL. 188.00) OF THE ON SITE PUMPING STATION IS AT ALL TIMES CAPABLE OF BEING PUMPED TO CONTROL WELL NO. 11 (E.G. EL. 211.00) AT A FLOW RATE OF 2 MGD.
 2. THE LOCATION OF EXISTING UNDERGROUND UTILITIES ARE SHOWN IN AN APPROXIMATE MANNER ONLY. THE CONTRACTOR SHALL DETERMINE THE EXACT LOCATION OF ALL EXISTING UTILITIES BEFORE COMMENCING WORK. THE CONTRACTOR AGREES TO BE FULLY RESPONSIBLE FOR ANY AND ALL DAMAGES WHICH MIGHT BE OCCURRED BY HIS FAILURE TO EXACTLY LOCATE AND PRESERVE ANY AND ALL UNDERGROUND UTILITIES.

M
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B
A

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Torbert, Shanda R

From: Katie Robinson <katierob.robinson@gmail.com>
Sent: Tuesday, May 13, 2025 3:01 PM
To: Torbert, Shanda R
Subject: Schematics Permit #AL0048763
Attachments: form 188 Process Flow Schematic.pdf; 2-F NWWTP Site Drainage Map.pdf

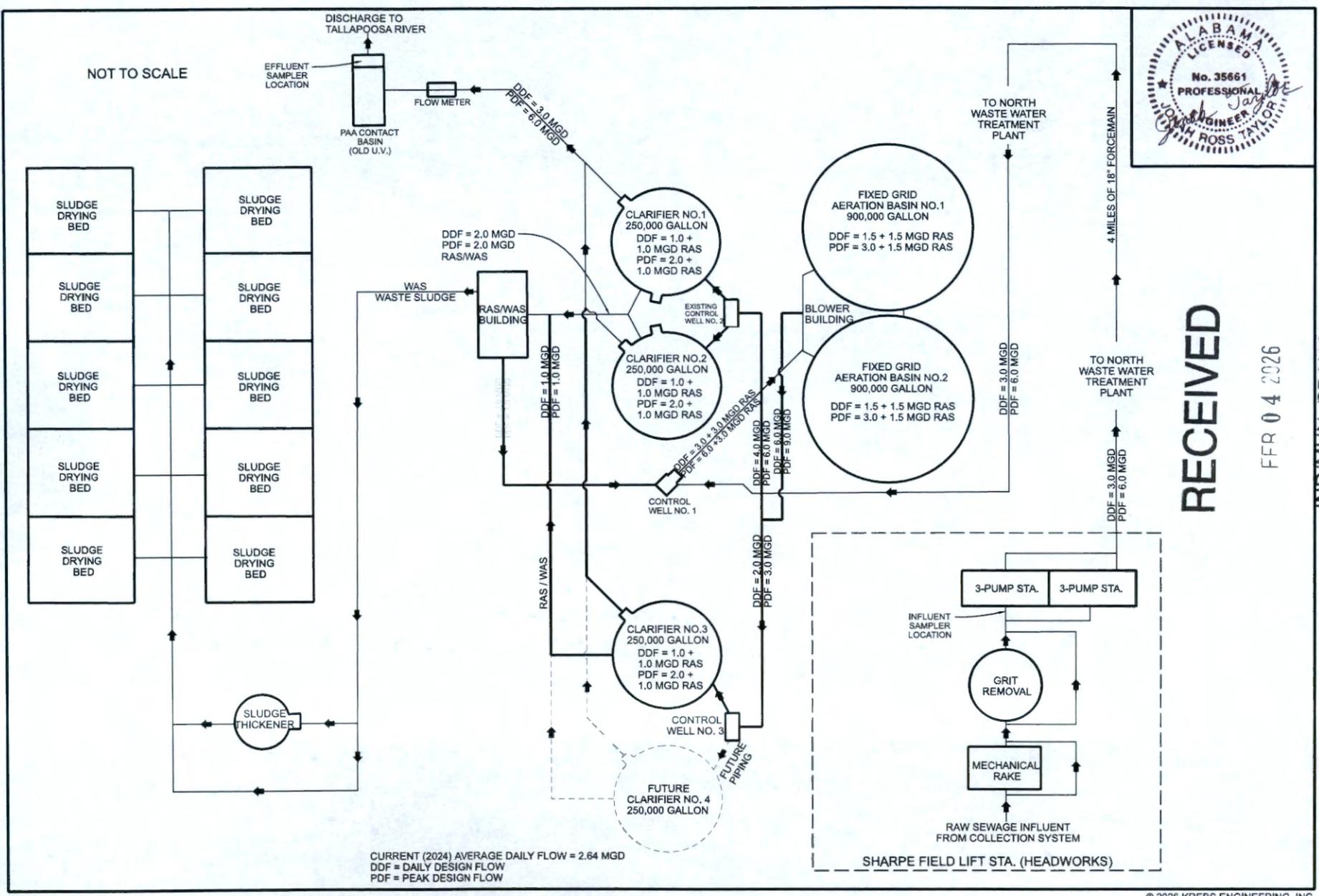
Dear Ms.Torbert,

I have attached the Flow Diagram per EPA form 2A, section 2.4, and the Site Drainage Map per EPA form 2F, Section III.

Sincerely,

Katie Robinson

2/3/2026 3:40:06 PM C:\tasking\24701 UBT 2024 General Services\PH 72 North Plaza WWTP Renewal\Figures for Inclusion\Process Flow Schematic 2-AP\Process Flow.dgn



RECEIVED

FFR 04 2026



IND/MUN BRANCH
 WATER UTILITIES BOARD
 OF THE CITY OF TUSKEGEE
 NORTH TREATMENT PLANT PERMIT RENEWAL
 TUSKEGEE, ALABAMA

SHEET TITLE	NORTH PLANT PROCESS FLOW SCHEMATIC
PROJECT NO.	24701 PH 72
SHEET NO.	FIG. 2A
SCALE	NTS
DATE	02-03-26
SECTION	SEC. 2.4

Torbert, Shanda R

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Dear Ms.Torbert,

I have attached the Flow Diagram per EPA form 2A, section 2.4, and the Site Drainage Map per EPA form 2F, Section III.

Sincerely,

Katie Robinson

Form 2A NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS
---------------------	--	--

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

Facility Information	1.1	Facility name TUSKEGEE NORTH WATER POLLUTION CONTROL PLANT		
		Mailing address (street or P.O. box) POST OFFICE BOX 831050		
		City or town TUSKEGEE	State ALABAMA	ZIP code 36083
		Contact name (first and last) MARK COOLEY	Title PLANT MANAGER	Phone number (334) 421-8335
		Email address mcooley.north.plant@gmail.c		
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 2485 MACON COUNTY ROAD 8		
		City or town TUSKEGEE	State ALABAMA	ZIP code 36083
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input type="checkbox"/> No		

Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4.		
		Applicant name UTILITIES BOARD OF THE CITY OF TUSKEGEE (UBT)		
		Applicant address (street or P.O. box) POST OFFICE BOX 831050		
		City or town TUSKEGEE	State ALABAMA	ZIP code 36083
		Contact name (first and last) GERALD LONG	Title GENERAL MANAGER	Phone number 334-720-0700
		Email address glong@yourubt.com		
	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both		
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)		

Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)		
		Existing Environmental Permits		
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) AL0048763	<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 type="checkbox"/> Other (specify)

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL0048763

TUSKEGEE NORTH WPCP

OMB No. 2040-0004

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
		Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status
		Tuskegee	8,900	<u>100</u> % separate sanitary sewer	<input checked="" type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<u>0</u> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
	Total Population Served	8,900				
			Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer		
	Total percentage of each type of sewer line (in miles)		100 %	0 %		
Indian Country	1.8	Is the treatment works located in Indian Country?				
		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Indian Country	1.9	Does the facility discharge to a receiving water that flows through Indian Country?				
		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Design and Actual Flow Rates	1.10	Provide design <i>and</i> actual flow rates in the designated spaces.			Design Flow Rate	
					3.0 mgd	
	Annual Average Flow Rates (Actual)					
		Two Years Ago	Last Year	This Year		
		2.735 mgd	2.61 mgd	3.43 mgd		
	Maximum Daily Flow Rates (Actual)					
	Two Years Ago	Last Year	This Year			
	6.98 mgd	6.03 mgd	5.52 mgd			
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
	Total Number of Effluent Discharge Points by Type					
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows
	1	0	0	0	0	

Outfalls Other Than to Waters of the United States

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?
 Yes No → SKIP to Item 1.14.

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

Surface Impoundment Location and Discharge Data

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?
 Yes No → SKIP to Item 1.16.

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

Land Application Site and Discharge Data

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?
 Yes No → SKIP to Item 1.21.

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

1.18 Is the effluent transported by a party other than the applicant?
 Yes No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data

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

Outfalls and Other Discharge or Disposal Methods

EPA Identification Number		NPDES Permit Number AL0048763		Facility Name TUSKEGEE NORTH WPCP		Form Approved 03/05/19 OMB No. 2040-0004	
Outfalls and Other Discharge or Disposal Methods Continued	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.					
	Receiving Facility Data						
	Facility name			Mailing address (street or P.O. box)			
	City or town			State		ZIP code	
	Contact name (first and last)			Title			
	Phone number			Email address			
	NPDES number of receiving facility (if any) <input type="checkbox"/> None			Average daily flow rate mgd			
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?					
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.						
	1.22	Provide information in the table below on these other disposal methods.					
Information on Other Disposal Methods							
	Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)		
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
Variance Requests	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)					
	<input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable						
Contractor Information	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?					
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.						
	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.					
	Contractor Information						
			Contractor 1	Contractor 2	Contractor 3		
		Contractor name (company name)					
		Mailing address (street or P.O. box)					
		City, state, and ZIP code					
		Contact name (first and last)					
		Phone number					
	Email address						
	Operational and maintenance responsibilities of contractor						

AL0048763

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

Design Flow	Outfalls to Waters of the United States					
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.			Average Daily Volume of Inflow and Infiltration 1,600,000 gpd	
	Indicate the steps the facility is taking to minimize inflow and infiltration. UBT has performed a system wide flow monitoring, dividing the system into 5 basin. UBT has utilized grant funding to perform further investigations and rehabilitation projects. Efforts continue to resolve inflow and infiltration as funding becomes available.					
Topographic Map	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Scheduled Improvements and Schedules of Implementation	2.5	Are improvements to the facility scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
	Briefly list and describe the scheduled improvements.					
	1. Construction of Peracetic Acid Contact basin intended to eliminate the UV disinfection System					
	2.					
	3.					
	4.					
2.6	Provide scheduled or actual dates of completion for improvements.					
Scheduled or Actual Dates of Completion for Improvements						
	Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
	1.	001	03/01/2025	10/01/2025	10/01/2025	10/01/2025
	2.					
	3.					
	4.					
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None required or applicable					
Explanation:						

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

Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
	State	AL		
	County	Macon		
	City or town	Franklin		
	Distance from shore	60 ft.	ft.	ft.
	Depth below surface	n/a ft.	ft.	ft.
	Average daily flow rate	4.2 mgd	mgd	mgd
	Latitude	32° 28' 31.8" N	° ' "	° ' "
Longitude	85° 51' 50.6" W	° ' "	° ' "	
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd	
Months in which discharge occurs				
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL0048763

TUSKEGEE NORTH WPCP

OMB No. 2040-0004

Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number ⁰⁰¹ _____	Outfall Number _____	Outfall Number _____
	Receiving water name	Tallapoosa River		
	Name of watershed, river, or stream system	Lower Tallapoosa Water Shed		
	U.S. Soil Conservation Service 14-digit watershed code	12-031501100406		
	Name of state management/river basin	Tallapoosa		
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	03150110		
	Critical low flow (acute)	n/a cfs	cfs	cfs
	Critical low flow (chronic)	n/a cfs	cfs	cfs
Total hardness at critical low flow	mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃	
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____
	Design Removal Rates by Outfall			
	BOD ₅ or CBOD ₅	90 %	%	%
	TSS	90 %	%	%
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify) _____	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

Treatment Description Continued	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below. Paracetic Acid (PAA) combined with Ultraviolet Light.					
			Outfall Number <u>1</u>	Outfall Number _____	Outfall Number _____		
		Disinfection type	PAA and UV				
		Seasons used	4 (ALL)				
		Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	
Effluent Testing Data	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.					
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.					
			Outfall Number <u>001</u>	Outfall Number _____		Outfall Number _____	
			Acute	Chronic	Acute	Chronic	Acute Chronic
		Number of tests of discharge water	11				
		Number of tests of receiving water					
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.					
	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. <input checked="" type="checkbox"/> No → Complete Table B, omitting chlorine.					
	3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> • The facility has a design flow greater than or equal to 1 mgd. • The POTW has an approved pretreatment program or is required to develop such a program. • The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). <input checked="" type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input type="checkbox"/> No → SKIP to Section 4.						
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No additional sampling required by NPDES permitting authority.						

EPA Identification Number

NPDES Permit Number

Facility Name

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

AL0048763

TUSKEGEE NORTH WPCP

Effluent Testing Data Continued

3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.				
3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.				
	<table border="1"> <thead> <tr> <th>Date(s) Submitted (MM/DD/YYYY)</th> <th>Summary of Results</th> </tr> </thead> <tbody> <tr> <td>3/26/24 12/20/23 9/26/23 6/27/23</td> <td>Samples were not toxic.</td> </tr> </tbody> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results	3/26/24 12/20/23 9/26/23 6/27/23	Samples were not toxic.
Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
3/26/24 12/20/23 9/26/23 6/27/23	Samples were not toxic.				
3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.26.				
3.23	Describe the cause(s) of the toxicity: .				
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
3.25	Provide details of any toxicity reduction evaluations conducted.				
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.				

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

Industrial Discharges and Hazardous Wastes

4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.				
4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.				
	<table border="1"> <thead> <tr> <th>Number of SIUs</th> <th>Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> </tr> </tbody> </table>	Number of SIUs	Number of NSCIUs	0	
Number of SIUs	Number of NSCIUs				
0					
4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.6.				
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.				
4.6	Have you completed and attached Table F to this application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

AL0048763

TUSKEGEE NORTH WPCP

Industrial Discharges and Hazardous Wastes Continued

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

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

CSO Map and Diagram

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

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

AL0048763

TUSKEGEE NORTH WPCP

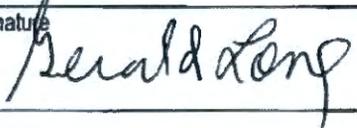
OMB No. 2040-0004

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

CSO Receiving Waters	5.7	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Receiving water name			
	Name of watershed/ stream system			
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/river basin			
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

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

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.		
		Column 1	Column 2	
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input type="checkbox"/> w/ Table F
	<input checked="" type="checkbox"/>	Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

6.2	Certification Statement		
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
	Name (print or type first and last name) Gerald Long	Official title General Manager	
	Signature 	Date signed 5/17/2024	

EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input checked="" type="checkbox"/> CBOD ₅ (report one)	6.20	mg/l	3.45	mg/l	16	SM5210 B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	1220	MPN/100ml	129.3	MPN/100ml	16	ldexx	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	5.21	MGD	3.25	MGD	16		
pH (minimum)	6.52	units					
pH (maximum)	7.55	units					
Temperature (winter)	19.1	°C	15.78	°C	4		
Temperature (summer)	25.5	°C	24.85	°C	4		
Total suspended solids (TSS)	27.50	mg/l	9.75	mg/l	16	SM2540 D 22ED	<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

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

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	.99	mg/l	.21	mg/l	16	DR3900-Spectromete	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	12.80	mg N/L	5.19	mg N/L	16	EPA 300.0	0.107 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	1.16	mg/L	0.79	mg/L	16	DR3900-Spectromete	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	0.73	mg/L	0.38	mg/l	16	DR3900- Spectromete	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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

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EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number	DEC 12 2024	Form Approved 03/05/19 OMB No. 2040-0004
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			WATER DIVISION Analytical Method ¹	ML or MDL (Include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO ₃)	53.0	mg/l	45.3	mg/l	3	SM2340C-2011	5 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Antimony, total recoverable	<1.0	ug/l	<0.48	ug/l	3	EPA 200.8	0.23 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Arsenic, total recoverable	<0.64	ug/l	<0.64	ug/l	3	" "	.64 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Beryllium, total recoverable	0.31	ug/l	.20	ug/l	3	" "	.15 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cadmium, total recoverable	<0.24	ug/l	<0.24	ug/l	3	" "	0.24 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	<10.0	ug/l	<4.33	ug/l	3	" "	1.5 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Copper, total recoverable	8.6	ug/l	7.5	ug/l	3	" "	0.37 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Lead, total recoverable	0.35	mg/l	0.32	mg/l	3	" "	0.28 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	11.3	ng/l	7.27	ng/l	3	EPA 1631E	0.19 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nickel, total recoverable	1.5	ug/l	1.27	ug/l	3	EPA 200.8	0.76 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Selenium, total recoverable	0.61	ug/l	0.48	ug/l	3	" "	0.41 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Silver, total recoverable	0.36	ug/l	0.29	ug/l	3	" "	0.25 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Thallium, total recoverable	<0.60	ug/l	<0.60	ug/l	3	" "	0.60 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Zinc, total recoverable	9.1	ug/l	7.5	ug/l	3	" "	0.90 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cyanide	<0.0040	mg/l	<0.0033	mg/l	3	EPA 335.4	0.004 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total phenolic compounds	0.0320	mg/l	0.027	mg/l	3	EPA 420.1	0.025 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein	<16.1	ug/l	<12.03	ug/l	3	EPA 624.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acrylonitrile	<10.1	ug/l	<10.0	ug/l	3	" "	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzene	<1.00	ug/l	<1.0	ug/l	3	" "	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bromoform	<1.0	ug/l	<1.0	ug/l	3	" "	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	2.16	ug/l	1.39	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	<0.700	ug/l	<0.90	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	<0.820	ug/l	<0.94	ug/l	3	EPA 624.1	1 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	2.39	ug/l	1.46	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	3.60	ug/l	2.53	ug/l	3	EPA 624.1	2 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	1.59	ug/l	1.20	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane	<0.820	ug/l	<0.94	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethane	<0.340	ug/l	<0.78	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	<0.570	ug/l	<0.86	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	<0.650	ug/l	<0.883	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	<0.810	ug/l	<0.937	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloropropane	<0.800	ug/l	<0.933	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	<1.00	ug/l	<1.00	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Ethylbenzene	2.06	ug/l	1.35	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide	1.81	ug/l	1.27	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl chloride	1.63	ug/l	1.21	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methylene chloride	<0.660	ug/l	<0.887	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	<0.820	ug/l	<0.94	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	<.980	ug/l	<.993	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	1.26	ug/l	1.09	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	1.71	ug/l	1.24	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	<0.780	ug/l	<0.93	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	<0.980	ug/l	<0.993	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	<0.770	ug/l	<0.923	ug/l	3	EPA 624.1	1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol	<10.0	ug/l	<3.85	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chlorophenol	<10.0	ug/l	<5.37	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dichlorophenol	<10.0	ug/l	<5.29	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dimethylphenol	<10.0	ug/l	<5.23	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4,6-dinitro-o-cresol	<10.0	ug/l	<5.87	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrophenol	<10.0	ug/l	<6.07	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-nitrophenol	<10.0	ug/l	<5.37	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-nitrophenol	<10.0	ug/l	<6.20	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pentachlorophenol	<10.0	ug/l	<5.77	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenol	<10.0	ug/l	<5.67	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4,6-trichlorophenol	<10.0	ug/l	<5.33	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene	<10.0	ug/l	<5.77	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	<10.0	ug/l	<5.67	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	<10.0	ug/l	<5.57	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzdine	<10.0	ug/l	<6.13	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	<10.0	ug/l	<5.53	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	<10.0	ug/l	<5.57	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene	<10.0	ug/l	<6.00	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

EPA Identification Number

NPDES Permit Number
AL0048763Facility Name
TUSKEGEE NORTH WPCP

Outfall Number

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	<10.0	ug/l	<5.77	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	<10.0	ug/l	<6.0	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	<10.0	ug/l	<5.7	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	<10.0	ug/l	<5.83	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	<10.0	ug/l	<6.33	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	<10.0	ug/l	<5.67	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	<10.0	ug/l	<5.37	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	<10.0	ug/l	<5.5	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	<10.0	ug/l	<5.53	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	<10.0	ug/l	<5.53	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	<10.0	ug/l	<5.57	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-butyl phthalate	<10.0	ug/l	<5.63	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	<10.0	ug/l	<5.63	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	<10.0	ug/l	<5.77	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene	<1.16	ug/l	<1.05	ug/l	3	EPA 624.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichlorobenzene	<1.05	ug/l	<1.02	ug/l	3	EPA 624.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,4-dichlorobenzene	<1.00	ug/l	<0.887	ug/l	3	EPA 624.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,3-dichlorobenzidine	<10.0	ug/l	<5.6	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	<10.0	ug/l	<5.43	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	<10.0	ug/l	<7.67	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	<10.0	ug/l	<5.5	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	<10.0	ug/l	<5.5	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	<10.0	ug/l	<5.83	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluoranthene	<10.0	ug/l	<5.5	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluorene	<10.0	ug/l	<5.57	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobenzene	<10.0	ug/l	<5.4	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobutadiene	<10.0	ug/l	<5.4	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	<10.0	ug/l	<5.47	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachloroethane	<10.0	ug/l	<5.4	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	<10.0	ug/l	<5.8	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Isophorone	<10.0	ug/l	<5.5	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Naphthalene	<10.0	ug/l	<5.67	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrobenzene	<10.0	ug/l	<5.77	ug/l	3	EPA 625.1	10 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodi-n-propylamine	<10.0	ug/l	<5.8	ug/l	3	EPA 625.1	10 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodimethylamine	<10.0	ug/l	<6.17	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodiphenylamine	<10.0	ug/l	<5.8	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenanthrene	<10.0	ug/l	<5.6	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pyrene	<10.0	ug/l	<5.53	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2,4-trichlorobenzene	<10.0	ug/l	<5.33	ug/l	3	EPA 625.1	10 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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

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EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

Test Information

	Test Number ____	Test Number ____	Test Number ____
Test species			
Age at initiation of test			
Outfall number			
Date sample collected			
Date test started			
Duration			

Toxicity Test Methods

Test method number			
Manual title			
Edition number and year of publication			
Page number(s)			

Sample Type

Check one:	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
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Sample Location

Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
------------	--	--	--

Point in Treatment Process

Describe the point in the treatment process at which the sample was collected for each test.			
--	--	--	--

Toxicity Type

Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both
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EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

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

EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

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

This Table intentionally left blank. Results have been previously submitted to ADEM, See Items 3.19, 3.20, and 3.21

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EPA Identification Number

NPDES Permit Number
AL0048763Facility Name
TUSKEGEE NORTH WPCPForm Approved 03/05/19
OMB No. 2040-0004**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

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

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

EPA Identification Number

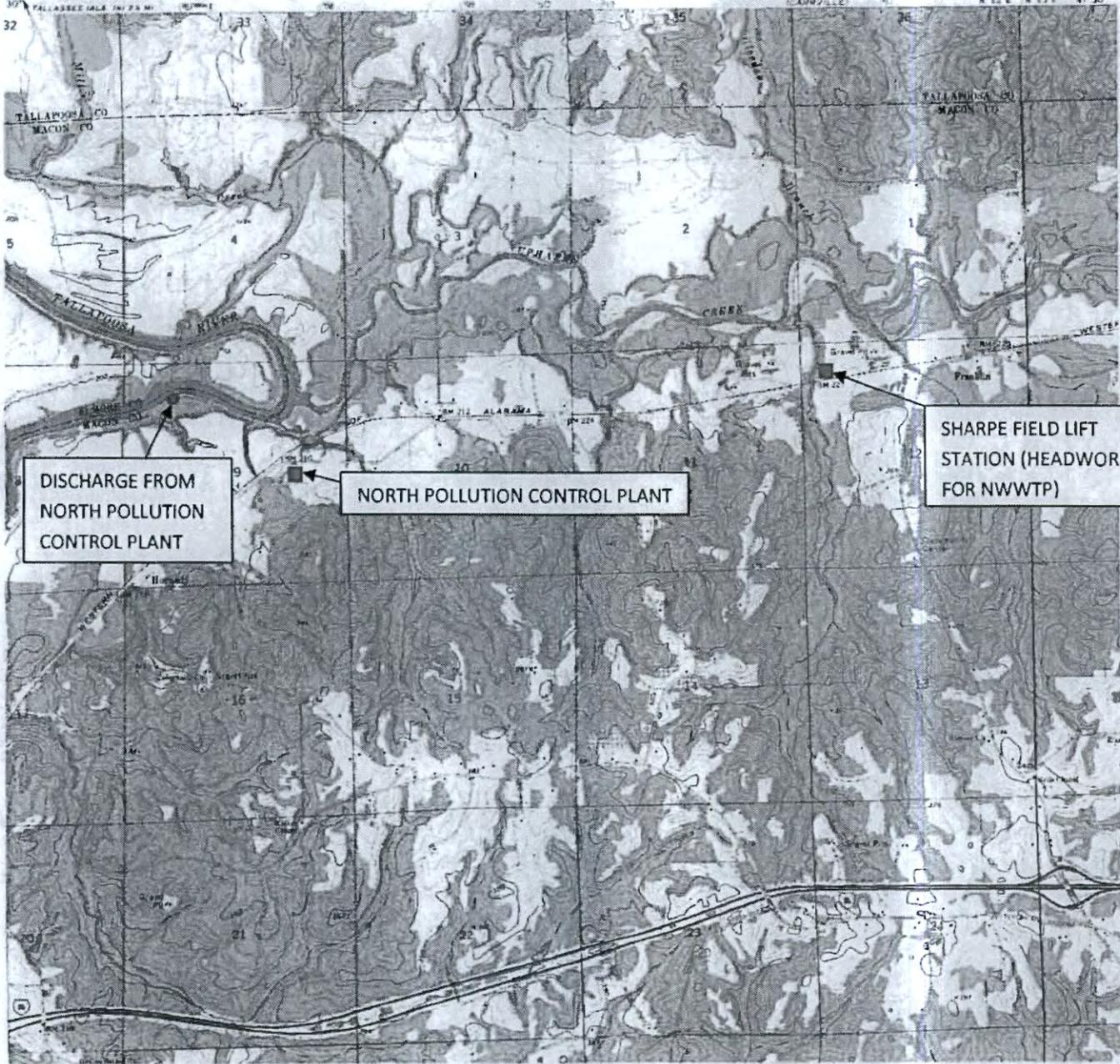
NPDES Permit Number
AL0048763Facility Name
TUSKEGEE NORTH WPCPForm Approved 03/05/19
OMB No. 2040-0004**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

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

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

Topographic Map per EPA form 2A, sec 2.3

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



DISCHARGE FROM
NORTH POLLUTION
CONTROL PLANT

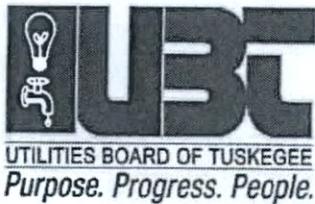
NORTH POLLUTION CONTROL PLANT

SHARPE FIELD LIFT
STATION (HEADWORKS
FOR NWWTP)

1:50,000
27 MILES
11 KILOMETERS

0 1000 2000 3000 4000 5000 6000 7000 FEET
0 1 2 KILOMETERS
CONTOUR INTERVAL 10 FEET
DATUM IS MEAN SEA LEVEL

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D.C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



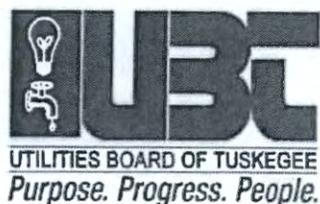
Additional Form 2A Table A & B results

North Wastewater Treatment Plant
 PO Box 831050
 Tuskegee, AL 36083

Location: EFFLUENT

<u>Analysis</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>	<u>Collection Date/Time</u>	<u>Analysis Date/Time</u>	<u>Analyst</u>
CBOD	4.94	mg/l	SM5210 B	1/15/20 08:15	1/16/20 11:16	SR
PH	7.55	units	SM 4500-H+B	1/13/20 09:00	1/13/20 09:00	JP
TSS	17.50	mg/l	SM2540 D	1/15/20 08:15	1/17/20 11:51	SR
NH ₃ -N	0.17	mg/l	DR3900	1/15/20 08:15	1/17/20 2:14	SR
TKN	0.85	mg/l	DR3900	1/15/20 08:15	1/15/20 10:46	KR
PO ₄	0.71	mg/l	DR3900	1/15/20 08:15	1/15/20 11:25	KR
E.Coli	170	mg/l	SM9222B22E	1/13/20 09:00	1/13/20 09:14	SR
CBOD	6.02	mg/l	SM5210 B	4/21/20 08:31	4/22/20 12:02	SR
PH	7.20	units	SM 4500-H+B	4/20/20 12:20	4/20/20 12:20	JP
TSS	12.50	mg/l	SM2540 D	4/21/20 08:31	4/23/20 12:03	KR
NH ₃ -N	0.20	mg/l	DR3900	4/21/20 08:31	4/23/20 12:55	KR/SR
TKN	1.16	mg/l	DR3900	4/21/20 08:31	4/21/20 1:13	KR/SR
PO ₄	0.39	mg/l	DR3900	4/21/20 08:31	4/21/20 11:35	KR/SR
E.Coli	1210	mg/l	SM9222B22E	4/20/20 12:20	4/20/20 3:12	KR
CBOD	4.89	mg/l	SM5210 B	7/21/20 07:50	7/22/20 10:31	SR
PH	7.06	units	SM 4500-H+B	7/20/20 10:30	7/20/20 10:30	DC
TSS	8.50	mg/l	SM2540 D	7/21/20 07:50	7/23/20 4:03	SR
NH ₃ -N	0.24	mg/l	DR3900	7/21/20 07:50	7/23/20 1:51	KR
TKN	0.88	mg/l	DR3900	7/21/20 07:50	7/21/20 1:15	KR

PO ₄	0.42	mg/l	DR3900	7/21/20 07:50	7/21/20 4:15	SR
E.Coli	140	mg/l	SM9222B22E	7/20/20 10:30	7/20/20 11:00	SR
CBOD	2.64	mg/l	SM5210 B	10/20/20 08:22	10/21/20 10:58	SR/KR
PH	6.92	units	SM4500-H+B	10/19/20 09:52	10/19/20 09:52	DC
TSS	10.00	mg/l	SM2540 D	10/20/20 08:22	10/22/20 09:39	KR
NH ₃ -N	0.07	mg/l	DR3900	10/20/20 08:22	10/22/20 3:18	SR
TKN	0.67	mg/l	DR3900	10/20/20 08:22	10/20/20 11:48	SR
PO ₄	0.27	mg/l	DR3900	10/20/20 08:22	10/20/20 2:13	KR
E.Coli	1	mg/l	SM9222B22E	10/19/20 09:50	10/19/20 11:30	SR

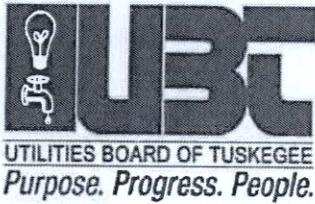


North Wastewater Treatment Plant
 PO Box 831050
 Tuskegee, AL 36083

Location: EFFLUENT

<u>Analysis</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>	<u>Collection Date/Time</u>	<u>Analysis Date/Time</u>	<u>Analyst</u>
CBOD	3.54	mg/l	SM5210 B	01/19/21 08:05	01/20/21 1:07	SR
PH	7.48	units	SM4500-H+B	01/19/21 09:45	01/19/21 09:45	DC
TSS	12.00	mg/l	SM2540 D	01/19/21 08:05	01/21/21 10:18	KR
NH ₃ -N	0.14	mg/l	DR3900	01/19/21 08:05	01/21/21 3:35	KR
TKN	0.96	mg/l	DR3900	01/19/21 08:05	01/19/21 2:03	SR
PO ₄	0.36	mg/l	DR3900	01/19/21 08:05	01/19/21 2:03	KR
E.Coli	15	mg/l	SM9222B22E	01/19/21 09:45	01/19/21 10:20	SR
CBOD	2.65	mg/l	SM5210 B	04/20/21 08:30	04/21/21 09:57	SR
PH	6.91	units	SM4500-H+B	04/19/21 1:44	04/19/21 1:44	CT
TSS	7.50	mg/l	SM2540 D	04/20/21 08:30	04/22/21 09:43	KR
NH ₃ -N	0.20	mg/l	DR3900	04/20/21 08:30	04/22/21 3:34	KR
TKN	0.75	mg/l	DR3900	04/20/21 08:30	04/29/21 3:39	SR
PO ₄	0.24	mg/l	DR3900	04/20/21 08:30	04/22/21 11:01	SR
E.Coli	480	mg/l	SM9222B22E	04/19/21 1:44	04/19/21 2:04	KR
CBOD	3.15	mg/l	SM5210 B	07/20/21 07:17	07/21/21 11:08	SR
PH	6.56	units	SM4500-H+B	07/19/21 11:40	07/19/21 11:40	DC
TSS	6.00	mg/l	SM2540 D	07/20/21 07:17	07/22/21 11:23	KR
NH ₃ -N	0.25	mg/l	DR3900	07/20/21 07:17	07/22/21 4:27	KR
TKN	0.63	mg/l	DR3900	07/20/21 07:17	07/22/21 11:20	SR
PO ₄	0.26	mg/l	DR3900	07/20/21 07:17	07/20/21 12:49	SR
E.Coli	3	mg/l	SM9222B22E	07/19/21 11:40	07/19/21 11:54	SR

CBOD	2.14	mg/l	SM5210 B	10/19/21 08:25	10/20/21 10:46 SR
PH	6.80	units	SM4500-H+B	10/18/21 12:25	10/18/21 12:25 NS
TSS	5.50	mg/l	SM2540 D	10/19/21 08:25	10/21/21 11:17 KR
NH ₃ -N	0.14	mg/l	DR3900	10/19/21 08:25	10/21/21 3:55 KR
TKN	0.89	mg/l	DR3900	10/19/21 08:25	10/19/21 2:03 SR
PO ₄	0.22	mg/l	DR3900	10/19/21 08:25	10/19/21 2:03 KR
E.Coli	5	mg/l	SM9222B22E	10/18/21 12:25	10/18/21 2:08 SR



North Wastewater Treatment Plant
PO Box 831050
Tuskegee, AL 36083

Location: EFFLUENT

<u>Analysis</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>	<u>Collection Date/Time</u>	<u>Analysis Date/Time</u>	<u>Analyst</u>
CBOD	3.54	mg/l	SM5210 B	01/19/21 08:05	01/20/21 1:07	SR
PH	7.48	units	SM4500-H+B	01/19/21 09:45	01/19/21 09:45	DC
TSS	12.00	mg/l	SM2540 D	01/19/21 08:05	01/21/21 10:18	KR
NH ₃ -N	0.14	mg/l	DR3900	01/19/21 08:05	01/21/21 3:35	KR
TKN	0.96	mg/l	DR3900	01/19/21 08:05	01/19/21 2:03	SR
PO ₄	0.36	mg/l	DR3900	01/19/21 08:05	01/19/21 2:03	KR
E.Coli	15	mg/l	SM9222B22E	01/19/21 09:45	01/19/21 10:20	SR
CBOD	2.65	mg/l	SM5210 B	04/20/21 08:30	04/21/21 09:57	SR
PH	6.91	units	SM4500-H+B	04/19/21 1:44	04/19/21 1:44	CT
TSS	7.50	mg/l	SM2540 D	04/20/21 08:30	04/22/21 09:43	KR
NH ₃ -N	0.20	mg/l	DR3900	04/20/21 08:30	04/22/21 3:34	KR
TKN	0.75	mg/l	DR3900	04/20/21 08:30	04/29/21 3:39	SR
PO ₄	0.24	mg/l	DR3900	04/20/21 08:30	04/22/21 11:01	SR
E.Coli	480	mg/l	SM9222B22E	04/19/21 1:44	04/19/21 2:04	KR
CBOD	3.15	mg/l	SM5210 B	07/20/21 07:17	07/21/21 11:08	SR
PH	6.56	units	SM4500-H+B	07/19/21 11:40	07/19/21 11:40	DC
TSS	6.00	mg/l	SM2540 D	07/20/21 07:17	07/22/21 11:23	KR
NH ₃ -N	0.25	mg/l	DR3900	07/20/21 07:17	07/22/21 4:27	KR
TKN	0.63	mg/l	DR3900	07/20/21 07:17	07/22/21 11:20	SR
PO ₄	0.26	mg/l	DR3900	07/20/21 07:17	07/20/21 12:49	SR
E.Coli	3	mg/l	SM9222B22E	07/19/21 11:40	07/19/21 11:54	SR

CBOD	2.14	mg/l	SM5210 B	10/19/21 08:25	10/20/21 10:46 SR
PH	6.80	units	SM4500-H+B	10/18/21 12:25	10/18/21 12:25 NS
TSS	5.50	mg/l	SM2540 D	10/19/21 08:25	10/21/21 11:17 KR
NH ₃ -N	0.14	mg/l	DR3900	10/19/21 08:25	10/21/21 3:55 KR
TKN	0.89	mg/l	DR3900	10/19/21 08:25	10/19/21 2:03 SR
PO ₄	0.22	mg/l	DR3900	10/19/21 08:25	10/19/21 2:03 KR
E.Coli	5	mg/l	SM9222B22E	10/18/21 12:25	10/18/21 2:08 SR

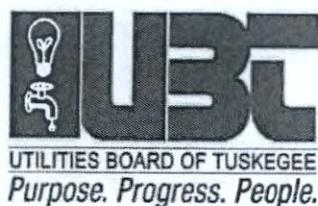


North Wastewater Treatment Plant
PO Box 831050
Tuskegee, AL 36083

Location: EFFLUENT

<u>Analysis</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>	<u>Collection Date/Time</u>	<u>Analysis Date/Time</u>	<u>Analyst</u>
CBOD	3.85	mg/l	SM5210 B	01/18/22 08:15	01/19/22 11:26	SR
PH	6.31	units	SM4500-H+B	01/18/22 09:18	01/18/22 9:18	CT
TSS	3.00	mg/l	SM254O D	01/18/22 08:15	01/20/22 12:23	KR
NH ₃ -N	0.08	mg/l	DR3900	01/18/22 08:15	01/20/22 2:13	KR
TKN	0.35	mg/l	DR3900	01/18/22 08:15	01/19/22 11:27	SR/KR
PO ₄	0.29	mg/l	DR3900	01/18/22 08:15	01/19/22 11:45	KR
E.Coli	0	mg/l	SM9222B22E	01/18/22 09:18	01/18/22 11:15	SR
CBOD	2.78	mg/l	SM5210 B	04/19/22 07:31	04/20/22 10:54	SR
PH	7.02	units	SM4500-H+B	04/18/22 11:08	04/18/22 11:08	NS
TSS	9.00	mg/l	SM254O D	04/19/22 07:31	04/21/22 11:39	KR
NH ₃ -N	0.99	mg/l	DR3900	04/19/22 07:31	04/28/22 11:19	SR
TKN	1.30	mg/l	DR3900	04/19/22 07:31	04/19/22 11:04	SR
PO ₄	0.23	mg/l	DR3900	04/19/22 07:31	04/19/22 11:45	KR
E.Coli	4.10	mg/l	IDEXX	04/18/22 11:08	04/18/22 2:31	KR
CBOD	3.29	mg/l	SM5210 B	07/19/22 07:30	07/20/22 10:57	SR
PH	6.52	units	SM4500-H+B	07/18/22 10:05	07/18/22 10:05	DC
TSS	5.50	mg/l	SM254O D	07/19/22 07:30	07/21/22 10:04	KR
NH ₃ -N	0.20	mg/l	DR3900	07/19/22 07:30	07/21/22 3:47	KR
TKN	0.81	mg/l	DR3900	07/19/22 07:30	07/19/22 11:59	KR
PO ₄	0.44	mg/l	DR3900	07/19/22 07:30	07/19/22 11:59	KR
E.Coli	1	mg/l	IDEXX	07/18/22 10:05	07/18/22 10:14	SR

CBOD	2.00	mg/l	SM5210 B	10/18/22 07:42	10/19/22 12:38	SR
PH	6.55	units	SM4500-H+B	10/18/22 4:19	10/18/22 4:19	NS
TSS	7.50	mg/l	SM2540 D	10/18/22 07:42	10/20/22 12:20	KR
NH ₃ -N	0.21	mg/l	DR3900	10/18/22 07:42	10/20/22 2:46	KR
TKN	0.70	mg/l	DR3900	10/18/22 07:42	10/18/22 11:14	SR
PO ₄	0.73	mg/l	DR3900	10/18/22 07:42	10/18/22 12:03	SR/KR
E.Coli	1	mg/l	IDEXX	10/18/22 4:19	10/18/22 4:32	SR



North Wastewater Treatment Plant
PO Box 831050
Tuskegee, AL 36083

Location: EFFLUENT

<u>Analysis</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>	<u>Collection Date/Time</u>	<u>Analysis Date/Time</u>	<u>Analyst</u>
CBOD	3.26	mg/l	SM5210 B	01/17/23 07:57	01/18/23 10:53	SR
PH	7.30	units	SM4500-H+B	01/17/23 10:15	01/17/23 10:15	DC
TSS	7.50	mg/l	SM2540 D	01/17/23 07:57	01/19/23 12:03	KR
NH ₃ -N	0.02	mg/l	DR3900	01/17/23 07:57	01/17/23 1:50	SR
TKN	0.67	mg/l	DR3900	01/17/23 07:57	01/17/23 1:08	SR
PO ₄	0.26	mg/l	DR3900	01/17/23 07:57	01/17/23 1:18	SR
E.Coli	1	mg/l	IDEXX	01/17/23 10:15	01/17/23 11:21	SR
CBOD	2.33	mg/l	SM5210 B	04/18/23 07:29	04/19/23 10:50	SR
PH	7.38	units	SM4500-H+B	04/17/23 10:40	04/17/23 10:40	NS
TSS	27.50	mg/l	SM2540 D	04/18/23 07:29	04/20/23 09:59	KR
NH ₃ -N	0.22	mg/l	DR3900	04/18/23 07:29	04/19/23 12:38	KR
TKN	1.66	mg/l	DR3900	04/18/23 07:29	04/19/23 11:20	SR
PO ₄	0.28	mg/l	DR3900	04/18/23 07:59	04/19/23 10:53	KR
E.Coli	34.6	mg/l	IDEXX	04/17/23 10:40	04/17/23 10:50	SR
CBOD	5.45	mg/l	SM5210 B	07/18/23 10:25	07/19/23 11:39	SR
PH	6.98	units	SM4500-H+B	07/17/23 11:48	07/17/23 11:48	CT
TSS	10.50	mg/l	SM2540 D	07/17/23 10:25	07/20/23 1:08	SR
NH ₃ -N	0.06	mg/l	DR3900	07/17/23 10:25	07/20/23 1:36	SR
TKN	0.05	mg/l	DR3900	07/17/23 10:25	07/18/23 3:00	KR
PO ₄	0.39	mg/l	DR3900	07/17/23 10:25	07/18/23 1:06	KR
E.Coli	1	mg/l	IDEXX	07/17/23 11:48	07/17/23 11:59	SR

CBOD	2.25	mg/l	SM5210 B	10/10/23 8:22	10/11/23 10:27	SR
PH	7.02	units	SM4500-H+B	10/09/23 1:59	10/09/23 1:59	SH
TSS	6.00	mg/l	SM2540 D	10/10/23 08:22	10/12/23 10:46	KR
NH ₃ -N	0.17	mg/l	DR3900	10/10/23 08:22	10/10/23 4:29	SR
TKN	0.32	mg/l	DR3900	10/10/23 08:22	10/10/23 09:49	SR
PO ₄	0.58	mg/l	DR3900	10/10/23 08:22	10/10/23 11:06	KR
E.Coli	2	mg/l	IDEXX	10/09/23 1:59	10/09/23 2:47	SR



Test Results

Client_ID	100140
Client	Tuskegee North WWTP
Sample_Number	200635-01
Project	140-0120

Location	Test	Method	Date_Sampled	Test_Date	Result_Text	Units	DL	Analyst
effluent	NO2-/NO3	EPA 353.2	1/15/2020	1/16/2020	1.87	mg N/L	0.035	Josh Andrews

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ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
2485 Macon Co Rd #8
Tuskegee, AL 36083

Project: 140-0420
Date Received: 4/22/2020

Sample Number: 202436-01	Collection Date: 04/21/2020 8:00
Description: comp	Location: effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
NO2-/NO3	2.21	mg N/L		0.035	0.1	EPA 353.2	04/21/20 08:00	04/24/20 10:58	JA

Sample Number: 202436-02	Collection Date: 04/21/2020 8:37
Description: grab	Location: Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Lead	<23.3	ug/L		23.3	50	EPA 200.7	04/21/20 08:37	04/29/20 16:08	TH

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
EPA- Methods for Chemical Analysis of Water and Wastes, 1994.
State of Florida, NELAC Certification #E87542
The results shown relate only to these samples.
These results meet all of the requirements of the NELAC standard.

This report was reviewed for completeness and approved.
Date Complete: 05/04/2020

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, QA/QC Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
2485 Macon Co Rd #8
Tuskegee, AL 36083

Project: 140-0720
Date Received: 7/22/2020

Sample Number: 205988-01	Collection Date: 07/21/2020 7:25
Description: comp	Location: effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
NO2-/NO3	6.52	mg N/L		0.035	0.1	EPA 353.2	07/21/20 07:25	07/31/20 15:04	JA

Sample Number: 205988-02	Collection Date: 07/22/2020 8:05
Description: grab	Location: Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Lead	<23.3	ug/L		23.3	50	EPA 200.7	07/22/20 08:05	07/28/20 17:24	TH

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
EPA- Methods for Chemical Analysis of Water and Wastes, 1994.
State of Florida, NELAC Certification #E87542
The results shown relate only to these samples.
These results meet all of the requirements of the NELAC standard.

This report was reviewed for completeness and approved.
Date Complete: 08/03/2020

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, QA/QC Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
2485 Macon Co Rd #8
Tuskegee, AL 36083

Project: 140-1020

Date Received: 10/21/2020

Sample Number: 208786-01

Description: comp

Collection Date: 10/20/2020 8:15

Location: effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
NO2-/NO3	4.68	mg N/L		0.035	0.1	EPA 353.2	10/20/20 08:15	10/28/20 11:26	JA

Sample Number: 208786-02

Description: grab

Collection Date: 10/20/2020 8:17

Location: Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Lead	<14.6	ug/L		14.6	50	EPA 200.7	10/20/20 08:17	10/23/20 13:27	AO

MDL: Method Detection Limit

PQL: Practical Quantitation Limit

BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.

EPA- Methods for Chemical Analysis of Water and Wastes, 1994.

State of Florida, NELAC Certification #E87542

The results shown relate only to these samples.

These results meet all of the requirements of the NELAC standard.

This report was reviewed for completeness and approved.

Date Complete: 10/30/2020

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, QA/QC Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
2485 Macon Co Rd #8
Tuskegee, AL 36083

Project: 140-0121

Date Received: 1/20/2021

Sample Number: 211746-01	Collection Date: 01/19/2021 8:00
Description: comp	Location: effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
NO2-/NO3	3.70	mg N/L		0.035	0.1	EPA 353.2	01/19/21 08:00	02/03/21 10:34	JA

Sample Number: 211746-02	Collection Date: 01/19/2021 8:05
Description: grab	Location: Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Lead	<14.6	ug/L		14.6	50	EPA 200.7	01/19/21 08:05	01/26/21 15:42	JA

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
EPA- Methods for Chemical Analysis of Water and Wastes, 1994.
State of Florida, NELAC Certification #E87542
The results shown relate only to these samples.
These results meet all of the requirements of the NELAC standard.

This report was reviewed for completeness and approved.
Date Complete: 02/04/2021

All data on this report is in compliance with the reported method unless otherwise noted.

Dyana Hughes, Reporting Manager

Erin Consuegra, QA/QC Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
2485 Macon Co Rd #8
Tuskegee, AL 36083

Project: 140-0421
Date Received: 4/21/2021

Sample Number: 214530-01
Description: comp

Collection Date: 04/20/2021 8:25
Location: effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
NO2-/NO3	4.03	mg N/L		0.035	0.1	EPA 353.2	04/20/21 08:25	04/28/21 10:18	JA

Sample Number: 214530-02
Description: grab

Collection Date: 04/19/2021 8:30
Location: Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Lead	<14.6	ug/L		14.6	50	EPA 200.7	04/19/21 08:30	04/27/21 12:52	JA

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
EPA- Methods for Chemical Analysis of Water and Wastes, 1994.
State of Florida, NELAC Certification #E87542
The results shown relate only to these samples.
These results meet all of the requirements of the NELAC standard.

This report was reviewed for completeness and approved.
Date Complete: 04/29/2021

All data on this report is in compliance with the reported
method unless otherwise noted.

Dyana Hughes, Reporting Manager

Erin Consuegra, QA/QC Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
2485 Macon Co Rd #8
Tuskegee, AL 36083

Project: 140-0721
Date Received: 7/21/2021

Sample Number: 216593-01	Collection Date: 07/19/2021 7:30
Description: comp	Location: effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
NO2-/NO3	4.84	mg N/L		0.035	0.1	EPA 353.2	07/19/21 07:30	07/23/21 13:52	TE

Sample Number: 216593-02	Collection Date: 07/19/2021 11:40
Description: grab	Location: Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Lead	<14.6	ug/L		14.6	50	EPA 200.7	07/19/21 11:40	07/27/21 16:06	JA

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
EPA- Methods for Chemical Analysis of Water and Wastes, 1994.
State of Florida, NELAC Certification #E87542
The results shown relate only to these samples.
These results meet all of the requirements of the NELAC standard.

This report was reviewed for completeness and approved.
Date Complete: 07/28/2021

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, QA/QC Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
2485 Macon Co Rd #8
Tuskegee, AL 36083

Project: 140-1021
Date Received: 10/20/2021

Sample Number: 220641-01	Collection Date: 10/19/2021 8:00
Description: comp	Location: effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
NO2-/NO3	4.26	mg N/L		0.035	0.1	EPA 353.2	10/19/21 08:00	10/25/21 14:18	TE

Sample Number: 220641-02	Collection Date: 10/18/2021 12:25
Description: grab	Location: Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Lead	<14.6	ug/L		14.6	50	EPA 200.7	10/18/21 12:25	10/27/21 16:18	JA

MDL: Method Detection Limit
PQL: Practical Quantitation Limit
BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
EPA- Methods for Chemical Analysis of Water and Wastes, 1994.
State of Florida, NELAC Certification #E87542
The results shown relate only to these samples.
These results meet all of the requirements of the NELAC standard.

This report was reviewed for completeness and approved.
Date Complete: 10/28/2021

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, QA/QC Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
 2485 Macon Co Rd #8
 Tuskegee, AL 36083

Project: 140-0122
 Date Received: 1/19/2022

Sample Number: 223656-01	Collection Date: 01/18/2022 8:00
Description: comp	Location: effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
NO2-/NO3	2.53	mg N/L		0.035	0.1	EPA 353.2	01/18/22 08:00	01/25/22 10:18	TE

Sample Number: 223656-02	Collection Date: 01/17/2022 9:00
Description: grab	Location: Effluent

Analysis	Result	Units	Qual.	MDL	PQL	Method	Collection Date/Time	Analysis Date/Time	Analyst
Lead	<14.6	ug/L		14.6	50	EPA 200.7	01/17/22 09:00	01/25/22 17:50	JA

MDL: Method Detection Limit
 PQL: Practical Quantitation Limit
 BMDL: Below Method Detection Limit

All collection and test times are reported as central standard time.
 EPA- Methods for Chemical Analysis of Water and Wastes, 1994.
 State of Florida, NELAC Certification #E87542
 The results shown relate only to these samples.
 These results meet all of the requirements of the NELAC standard.

This report was reviewed for completeness and approved.
 Date Complete: 01/27/2022

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, QA/QC Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Project: 140-0422

Date Received: 4/28/2022

Sample Number: 303718-01	Collection Date: 04/28/2022 7:40
Sample Type: Composite	Location: Effluent Quarterly

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Nitrate + Nitrite as N	4.81	mg N/L	0.107	0.304	EPA 300.0	04/29/22 00:39	BG	*

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

-02A was not collected and was removed from the login because we had already received a sample for April. 042822DD

* = ERA is not TNI accredited for this analyte.

This report was reviewed for completeness and approved.
Date Complete: 05/02/2022

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, Technical Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
 PO Box 831050
 Tuskegee, AL 36083

Project: 140-0722

Date Received: 7/20/2022

Sample Number: 306636-01	Collection Date:	07/19/2022 7:30
Sample Type: Composite	Location:	Effluent Quarterly

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Nitrate + Nitrite as N	7.06	mg N/L	0.107	0.304	EPA 300.0	07/20/22 22:18	DS	H1 *

Sample Number: 306636-02	Collection Date:	07/18/2022 9:42
Sample Type: Grab	Location:	Effluent Quarterly

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Lead	<14.6	ug/L	14.6	50	EPA 200.7	07/28/22 19:28	DS	

MDL: Method Detection Limit
 PQL: Practical Quantitation Limit

Qualifiers

- H1 = Sample analysis performed past holding time.
- * = ERA is not TNI accredited for this analyte.

This report was reviewed for completeness and approved.
 Date Complete: 08/01/2022

All data on this report is in compliance with the reported method unless otherwise noted.

Dyana Hughes, Reporting Manager

Erin Consuegra, Technical Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Project: 140-1022

Date Received: 10/19/2022

Sample Number: 310108-01	Collection Date: 10/18/2022 7:40
Sample Type: Composite	Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Nitrate + Nitrite as N	12.8	mg N/L	0.107	0.304	EPA 300.0	10/19/22 20:23	BG

Sample Number: 310108-02	Collection Date: 10/18/2022 7:53
Sample Type: Grab	Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Lead	<14.6	ug/L	14.6	50	EPA 200.7	10/25/22 13:47	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

This report was reviewed for completeness and approved.
Date Complete: 10/27/2022

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, Technical Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Project: 140-0123
Date Received: 1/18/2023

Sample Number: 312733-01	Collection Date: 01/17/2023 10:00
Sample Type: Composite	Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Nitrate + Nitrite as N	4.76	mg N/L	0.107	0.304	EPA 300.0	01/18/23 20:26	AO

Sample Number: 312733-02	Collection Date: 01/17/2023 10:00
Sample Type: Grab	Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Lead	<14.6	ug/L	14.6	50	EPA 200.7	01/24/23 15:51	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

This report was reviewed for completeness and approved.
Date Complete: 01/27/2023

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, Technical Manager



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Project: 140-0423
Date Received: 4/19/2023

Sample Number: 315540-01	Collection Date:	04/18/2023 7:25
Sample Type: Composite	Location:	Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Nitrate + Nitrite as N	5.47	mg N/L	0.107	0.304	EPA 300.0	04/19/23 21:23	BG

Sample Number: 315540-02	Collection Date:	04/17/2023 10:40
Sample Type: Grab	Location:	Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Lead	<14.6	ug/L	14.6	50	EPA 200.7	04/25/23 14:04	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

This report was reviewed for completeness and approved.
Date Complete: 04/28/2023

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported
method unless otherwise noted.

Erin Consuegra, Technical Manager



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Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Project: 140-0723
Date Received: 7/19/2023

Sample Number: 319494-01	Collection Date:	07/18/2023 10:20
Sample Type: Composite	Location:	Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Nitrate + Nitrite as N	0.263	mg N/L	0.107	0.304	EPA 300.0	07/19/23 17:40	DS	N10

Sample Number: 319494-02	Collection Date:	07/17/2023 10:30
Sample Type: Grab	Location:	Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Lead	<14.6	ug/L	14.6	50	EPA 200.7	07/25/23 14:38	DS	

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

Qualifiers

N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.

This report was reviewed for completeness and approved.
Date Complete: 07/31/2023

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, Technical Manager



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Results of Analysis For: Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Project: 140-1023
Date Received: 10/11/2023

Sample Number: 322767-01
Sample Type: Composite

Collection Date: 10/10/2023 9:15
Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Nitrite/Nitrate (NO ₂ /NO ₃) as N 12.5		mg N/L	0.107	0.304	EPA 300.0	10/11/23 19:16	BG

Sample Number: 322767-02
Sample Type: Grab

Collection Date: 10/09/2023 9:20
Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Lead	<14.6	ug/L	14.6	50	EPA 200.7	10/17/23 15:22	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

This report was reviewed for completeness and approved.
Date Complete: 10/23/2023

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported
method unless otherwise noted.

Erin Consuegra, Technical Manager



Environmental Resource Analysts, Inc.

2975 Brown Court
Auburn, AL 36830
334-502-3444
(Fax) 334-502-8888

30 Years in Business, and Counting
www.eralab.com

Laboratory Testing Report

Sample #: 303007

Prepared For:

Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Attention: Katie Robinson

We appreciate the opportunity to provide testing results for you. The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data, please do not hesitate to contact the Technical Manager or the Lab Director at the number listed above.

The analyses presented in this report were performed by ERA, Inc. Any exceptions or problems with the analyses are noted in the Laboratory Testing Report.

Any issues encountered during sample receipt are documented on the Cooler Receipt Form.

The results as reported relate only to the item(s) submitted for testing.

This report shall be used or copied only in its entirety. ERA, Inc. is not responsible for the consequences arising from the use of a partial report.



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Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Project: 140-0422
Date Received: 4/6/2022



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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Tel. (334) 502-3444 Fax (334) 502-8888

Sample Number: 303007-01	Collection Date: 04/06/2022 8:40
Sample Type: Grab	Location: Effluent Permit Renewal

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Cyanide	<0.0040	mg/L	0.004	0.01	EPA 335.4	04/07/22 16:27	BG	
Total Phenols	<0.0250	mg/L	0.025	0.05	EPA 420.1	05/02/22 10:19	DS	

Organics

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
624.1 WW VOC								
1,1,1-Trichloroethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	O
1,1,2,2-Tetrachloroethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
1,1,2-Trichloroethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
1,1-Dichloroethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	O
1,1-Dichloroethylene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
1,2-Dichlorobenzene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
1,2-Dichloroethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	O
1,2-Dichloropropane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
1,3-Dichlorobenzene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
1,4-Dichlorobenzene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
2-Chloroethyl Vinyl Ether	<2.0	ug/L	2	2	EPA 624.1	04/18/22 13:09	AO	
Acrolein	<10.0	ug/L	10	10	EPA 624.1	04/18/22 13:09	AO	O,HI
Acrylonitrile	<10.0	ug/L	10	10	EPA 624.1	04/18/22 13:09	AO	
Benzene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Bromodichloromethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Bromoform	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Bromomethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Carbon Tetrachloride	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	O
Chlorobenzene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Chloroethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Chloroform	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Chloromethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Cis-1,3-Dichloropropene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Dibromochloromethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Ethylbenzene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Methylene Chloride	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Tetrachloroethylene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Toluene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Trans-1,2 Dichloroethylene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Trans-1,3-Dichloropropene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	



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Organics

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
624.1 WW VOC								
Trichloroethylene	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Trichlorofluoromethane	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	O
Vinyl Chloride	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Xylenes, m&p	<2.0	ug/L	2	2	EPA 624.1	04/18/22 13:09	AO	
Xylenes, o	<1.0	ug/L	1	1	EPA 624.1	04/18/22 13:09	AO	
Xylenes, Total	<2.0	ug/L	2	2	EPA 624.1	04/18/22 13:09	AO	
1,2-Dichloroethane-d4	112	%				04/18/22 13:09	AO	*
Toluene-d8	90.7	%				04/18/22 13:09	AO	*
4-Bromofluorobenzene	97.5	%				04/18/22 13:09	AO	*

Surrogate	Recovery %	Target Range
1,2-Dichloroethane-d4	112	70-130
Toluene-d8	90.7	70-130
4-Bromofluorobenzene	97.5	70-130

625.1 WW SVOC

1,2,4-Trichlorobenzene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
1,2-Diphenylhydrazine as Azob	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
2,4,6-Trichlorophenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
2,4-Dichlorophenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
2,4-Dimethylphenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
2,4-Dinitrophenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
2,4-Dinitrotoluene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
2,6-Dinitrotoluene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
2-Chloronaphthalene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
2-Chlorophenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
2-Nitrophenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
3,3'-Dichlorobenzidine	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
4,6-Dinitro-2-Methylphenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
4-Bromophenyl-phenyl ether	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
4-Chloro-3-Methylphenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
4-Chlorophenyl phenylether	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
4-Nitrophenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
Acenaphthene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
Acenaphthylene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
Anthracene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
Benzidine	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO
Benzo(a)anthracene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO



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Organics

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
625.1 WW SVOC								
Benzo(a)pyrene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Benzo(b)fluoranthene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Benzo(g,h,i)perylene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Benzo(k)fluoranthene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Bis(2-Chloroethoxy) Methane	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Bis(2-Chloroethyl) Ether	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Bis(2-chloroisopropyl) Ether	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	*
Bis(2-Ethylhexyl) Phthalate	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Butylbenzyl phthalate	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Chrysene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Dibenz(a,h)anthracene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Diethyl Phthalate	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Dimethyl Phthalate	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Di-n-butyl Phthalate	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Di-n-octyl Phthalate	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	O
Fluoranthene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Fluorene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Hexachlorobenzene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Hexachlorobutadiene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Hexachlorocyclopentadiene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	O
Hexachloroethane	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Indeno(1,2,3-cd)pyrene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Isophorone	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Naphthalene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Nitrobenzene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
n-Nitrosodimethylamine	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	O1
n-Nitrosodi-n-propylamine	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
n-Nitrosodiphenylamine	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Pentachlorophenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Phenanthrene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Phenol	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
Pyrene	<5.0	ug/L	5	5	EPA 625.1	04/12/22 22:40	AO	
2-Fluorophenol	25.1	%				04/12/22 22:40	AO	*
Phenol d5	15.5	%				04/12/22 22:40	AO	*
Nitrobenzene d5	82.9	%				04/12/22 22:40	AO	*
2-Fluorobiphenyl	85.0	%				04/12/22 22:40	AO	*
2,4,6-Tribromophenol	87.3	%				04/12/22 22:40	AO	*



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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Organics

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
625.1 WW SVOC								
p-Terphenyl-d14	85.8	%				04/12/22 22:40	AO	*
Surrogate			Recovery %		Target Range			
2-Fluorophenol			25.1					
Phenol d5			15.5		9-110			
Nitrobenzene d5			82.9		15-120			
2-Fluorobiphenyl			85.0		17-135			
2,4,6-Tribromophenol			87.3		17-112			
p-Terphenyl-d14			85.8		5-173			

Sample Number: 303007-02

Sample Type: Composite

Collection Date: 04/06/2022 8:41

Location: Effluent Permit Renewal

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Antimony	<1.0	ug/L	0.23	1.0	EPA 200.8	04/11/22 14:47	JA	
Arsenic	<0.64	ug/L	0.64	1.0	EPA 200.8	04/11/22 09:34	JA	*
Beryllium	<0.15	ug/L	0.15	1.0	EPA 200.8	04/11/22 09:34	JA	
Cadmium	<0.24	ug/L	0.24	1.0	EPA 200.8	04/11/22 09:34	JA	
Chromium	<10.0	ug/L	1.5	5.0	EPA 200.8	04/11/22 09:34	JA	
Copper	6.7	ug/L	0.37	1.0	EPA 200.8	04/11/22 09:34	JA	
Hardness	44.9	mg CaCO3/L	5	5	SM 2340C-2011	04/06/22 19:10	DS	
Lead	0.35	ug/L	0.28	1.0	EPA 200.8	04/11/22 09:34	JA	N10
Nickel	1.3	ug/L	0.76	1.0	EPA 200.8	04/11/22 09:34	JA	
Selenium	<0.41	ug/L	0.41	1.0	EPA 200.8	04/11/22 09:34	JA	
Silver	<0.25	ug/L	0.25	1.0	EPA 200.8	04/11/22 09:34	JA	
Thallium	<0.60	ug/L	0.60	1.0	EPA 200.8	04/11/22 09:34	JA	
Zinc	9.1	ug/L	0.90	1.0	EPA 200.8	04/11/22 09:34	JA	

Sample Number: 303007-03

Sample Type: Grab

Collection Date: 04/06/2022 8:31

Location: Field Blank



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

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Tel. (334) 502-3444 Fax (334) 502-8888

MDL: Method Detection Limit

PQL: Practical Quantitation Limit

Qualifiers

- HI = Sample analysis performed past holding time.
- N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.
- O = The Continuing Calibration Verification Standard recovery was not within acceptable limits.
- O1 = The Laboratory Control Standard recovery was not within acceptable limits.
- * = ERA is not TNI accredited for this analyte.

This report was reviewed for completeness and approved.
Date Complete: 05/10/2022

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported
method unless otherwise noted.

Erin Consuegra, Technical Manager



CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.
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 Tel. (334) 502-3444 Fax (334) 502-8888

Standard
 Expedite (Addition Fees Apply)
 Date Required _____

Client: Tuskegee North WWTP
 Project: 140-0422

Sample No.	Location	Collector	Date/Time Sample	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
303007-01	Effluent Permit Renewal	C. Travis	4-6-22 / 8:40 A	Grab			

Sample No.	Location	Collector	Date/Time Sample	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
303007-02	Effluent Permit Renewal	C. Travis	4-6-22 / 8:45 A	Comp	Every 30 Mins	4-5-22 8:41 A	4-6-22 8:41 A

Sample No.	Location	Collector	Date/Time Sample	G or C
303007-03	Field Blank	C. Travis	4-6-22 / 8:31 A	Grab

For Client Use:	Relinquished To Sealed Container: <input checked="" type="checkbox"/>		
Relinquished By: <u>Chris [Signature]</u>	Date/Time: <u>4-6-22 / 8:55 A</u>	Received By: <u>[Signature]</u>	Date/Time: <u>4/6/22 0855</u>
Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____
Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____

For Lab Use:							
Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01A	H2SO4	Total Phenols	<u>[Signature]</u>	-01B	NaOH	Cyanide-WW	<u>PH ≥ 10 [Signature]</u>
-01C	Sodium Thiosulfate	624.1 WW VOC	<u>[Signature]</u>	-01D	Sodium Thiosulfate	Duplicate - WW VOC	<u>[Signature]</u>
-01E	Sodium Thiosulfate	Duplicate - WW VOC	<u>[Signature]</u>	-01F	Sodium Sulfite	625.1 WW SVOC	<u>[Signature]</u>
-01I		Subcontract - LL Hg	<u>[Signature]</u>	-02A	None	Hardness WW	<u>[Signature]</u>
-02B	HNO3	200.8-Antimony, 200.8-Arsenic, 200.8-Beryllium, 200.8-Cadmium, 200.8-Chromium, 200.8-Copper, 200.8-L	<u>PH ≥ 2 [Signature]</u>	-03A		Subcontract - LL Hg	<u>[Signature]</u>

Received at Lab By: [Signature] Date/Time: 4/6/22 1355 Date Prepared: 3-28-22 [Signature]



Client Tuskegee

Sample # 303007

ERA Cooler Receipt Form

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 4/6/22 1400 Receiving Analyst: TRP

B. Method of Delivery:

Fed Ex UPS USPS ERA Driver Client Drop Off Other _____
Tracking Number _____

C. Condition of Custody Seal upon arrival: Absent Present & Broken by ERA Driver Present & sealed Present & broken

2. Condition of Cooler Contents

A. Chain Of Custody Information: Completed Incomplete, _____

B. Cooling Process Solid Ice Ice pack Dry Ice None Other _____

C. Broken Bottles? No Yes If yes, which? _____

D. Temperature °C 1.3 Thermometer ID: Adborn
Reason for incorrect temp: (>6.0°C) Frozen Beginning of Cooling process Ice melted Other _____

3. Sample Information and Verification

A. Sample Numbers match Chain of Custody? Yes No, _____
Correct bottle types used for each sample? Yes No, _____
All samples arrived within holding time? Yes No, _____
Sufficient volume in each bottle for tests? Yes No, _____
B. All samples were verified & marked on the Chain of Custody? Yes No, _____

C. Samples with preservative have been checked and are in the correct pH range? Yes, no preservatives needed No, see preservative info Not applicable
pH Strip Lot #: 223819AV, 21050247

Additional Preservative information	
1	Preservative Type: _____
2	Preservative Lot # _____
3	Preservative Type: _____
4	Preservative Lot # _____

D. Hexane Lot for O&G N/A
E. Trip Blanks Absent Present N/A

4. Comments and Resolutions

If any non-compliance was noted (temp out of range, holding time exceedance), contact the client to inform them and document here. Note how client was contacted (email/phone) when/who contacted and result of communication:
How was client contacted: _____ Who contacted? _____ Date/Time of contact: _____
Result of communication: _____

5. Analyst Conformation

The information regarding cooler, chain of custody, and sample receipt is correct and verified by the analyst. If conditions are not met the appropriate actions were taken by the receiving analyst and/or the lab manager.

Primary Reviewer: TRP

Secondary Reviewer: PT Page 9 of 20



Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar, FL 34677
(813)881-9401

April 28, 2022

Erin Consuegra
Environmental Resource Analysts, Inc.
2975 Brown Court
Auburn, AL 36830

RE: Project: 140-0422
Pace Project No.: 35711242

Dear Erin Consuegra:

Enclosed are the analytical results for sample(s) received by the laboratory on April 15, 2022. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

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

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

Sincerely,

Chelsea Gagne
chelsea.gagne@pacelabs.com
813-855-1844
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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

SAMPLE SUMMARY

Project: 140-0422
Pace Project No.: 35711242

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35711242001	303007-01	Water	04/06/22 08:40	04/15/22 10:00
35711242002	303007-03	Water	04/06/22 08:31	04/15/22 10:00

REPORT OF LABORATORY ANALYSIS

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without the written consent of Pace Analytical Services, LLC.



CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888

Standard
 Expedite (Addition Fees Apply)

Date Required _____

Page 3 of 10

Client: Tuskegee North WWTP
Project: 140-0422

G or C	Composite Sample(s)		
	Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Grab	Sample No.	303007-01	
	Location	Effluent Permit Renewal	
	Collector		
	Date/Time Sample	4/6/2022 8:40:00 AM	

G or C	Composite Sample(s)		
	Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Grab	Sample No.	303007-03	
	Location	Field Blank	
	Collector		
	Date/Time Sample	4/6/2022 8:31:00 AM	

For Client Use:		Relinquished To Sealed Container: <input type="checkbox"/>	
Relinquished By: _____	Date/Time: _____	Received By: <u>UPS</u>	Date/Time: _____
Relinquished By: <u>UPS</u>	Date/Time: <u>4-15-22 1000</u>	Received By: <u>Dawn Sargent</u>	Date/Time: <u>4-15-22 1000</u>
Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____

For Lab Use:							
Sample Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK	
-011	Subcontract - LL Hg	_____	-03A		Subcontract - LL Hg	_____	
Received at Lab By: _____				Date/Time: _____		Date Prepared: _____	

Relinquished by [Signature]
4/13/22 1:28 PM to UPS at Fed Ex

WO#: 35711242



Pace

WO#: **35711242** UR)

Project # **PM: CLG** Due Date: **04/29/22**
 Project Manager: **CLIENT: 37-ENVRES**
 Client:

Date and Initials of person:
 Examining contents:
 Label:
 Deliver: 4/15/22
 pH: N/A

Thermometer Used: T202 Date: 4-15-22 Time: 1000 Initials: DS

State of Origin: AL For WV projects, all containers verified to ≤ 6 °C
 Cooler #1 Temp. °C 22.4 (Visual) +0.2 (Correction Factor) 22.6 (Actual) Samples on ice, cooling process has begun
 Cooler #2 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) Samples on ice, cooling process has begun
 Cooler #3 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) Samples on ice, cooling process has begun
 Cooler #4 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) Samples on ice, cooling process has begun
 Cooler #5 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) Samples on ice, cooling process has begun
 Cooler #6 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) Samples on ice, cooling process has begun
 Recheck for OOT °C _____ (Visual) _____ (Correction Factor) _____ (Actual) Time: _____ Initials: _____

Courier: Fed Ex UPS USPS Client Commercial Pace Other _____
 Shipping Method: First Overnight Priority Overnight Standard Overnight Ground International Priority
 Other UPS Ground
 Billing: Recipient Sender Third Party Credit Card Unknown

Tracking # 1Z IE2 3R4 03 5525 0287

Custody Seal on Cooler/Box Present: Yes No Seals Intact: Yes No Ice: Wet Blue Melted None

Packing Material: Bubble Wrap Bubble Bags None Other _____

Samples shorted to lab (if Yes, complete) Shorted Date: _____ Shorted Time: _____ Qty: _____

		Comments:
Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation: <small>Exceptions: Vials, Microbiology, O&G, PFAS</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Comments/ Resolution (use back for additional comments):



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

Certificate of Analysis 2044122

Chelsea Gagne
Pace Analytical Services LLC Ormond Beach
8 E Tower Cir
Ormond Beach, FL 32174

Customer ID: 44-102026
Report Printed: 04/28/2022 09:03

Project Name: Chelsea Gagne PM	Workorder: 2044122
--------------------------------	--------------------

Dear Chelsea Gagne

Enclosed are the analytical results for samples received by the laboratory 04/19/2022 10:43.

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

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

- Pace Analytical Services LLC Kentucky - Madisonville

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



#460210 Madisonville, KY
#460291 Pikeville, KY

Melissia Brown, Project Coordinator

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



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

SAMPLE SUMMARY

Lab ID	Client Sample ID/Alias	Matrix	Date Collected	Date Received	Sampled By
2044122-01	Drinking Water/35711242001 303007-01	Drinking Water	04/06/2022 08:40	04/19/2022 10:43	Client
2044122-02	Drinking Water/35711242002 303007-03	Drinking Water	04/06/2022 08:31	04/19/2022 10:43	Client

ANALYTICAL RESULTS

Lab Sample ID: **2044122-01**
 Description: **Drinking Water 35711242001 303007-01**

Sample Collection Date Time: 04/06/2022 08:40
 Sample Received Date Time: 04/19/2022 10:43

Metals Analysis Madisonville

Analyte	Result	Flag	Units	MRL	MDL	Method	Prepared	Analyzed	Analyst
Mercury	0.4	J	ng/L	0.5	0.4	EPA 1631E 2002	04/26/2022 08:04	04/27/2022 12:10	NKP

ANALYTICAL RESULTS

Lab Sample ID: **2044122-02**
 Description: **Drinking Water 35711242002 303007-03**

Sample Collection Date Time: 04/06/2022 08:31
 Sample Received Date Time: 04/19/2022 10:43

Metals Analysis Madisonville

Analyte	Result	Flag	Units	MRL	MDL	Method	Prepared	Analyzed	Analyst
Mercury	0.3	J	ng/L	0.5	0.2	EPA 1631E 2002	04/26/2022 08:04	04/27/2022 15:24	NKP



Notes for work order 2044122

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

Qualifiers

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

Standard Qualifiers/Acronyms

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



Metals Analysis Madisonville - Quality Control

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

Batch BBD3123 - Default Prep Metals

Blank (BBD3123-BLK1)

Prepared: 4/26/2022 8:04, Analyzed: 4/27/2022 11:12

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

Blank (BBD3123-BLK2)

Prepared: 4/26/2022 8:04, Analyzed: 4/27/2022 11:20

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

Blank (BBD3123-BLK3)

Prepared: 4/26/2022 8:04, Analyzed: 4/27/2022 11:29

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

LCS (BBD3123-BS1)

Prepared: 4/26/2022 8:04, Analyzed: 4/27/2022 14:17

Mercury	5.4	0.5	ng/L	5.00		107	77-123	
Mercury	5.4	0.5	ng/L	5.00		107	77-123	

Matrix Spike (BBD3123-MS1) Source: 2043916-03

Prepared: 4/26/2022 8:04, Analyzed: 4/27/2022 15:57

Mercury	8.0	0.5	ng/L	5.00	2.8	104	71-125	
Mercury	8.0	0.5	ng/L	5.00	2.8	104	71-125	

Matrix Spike (BBD3123-MS2) Source: 2044127-01

Prepared: 4/26/2022 8:04, Analyzed: 4/27/2022 16:14

Mercury	7.6	0.5	ng/L	5.00	0.5	141	71-125	M1
Mercury	7.6	0.5	ng/L	5.00	0.5	141	71-125	M1

Matrix Spike Dup (BBD3123-MSD1) Source: 2043916-03

Prepared: 4/26/2022 8:04, Analyzed: 4/27/2022 16:05

Mercury	8.1	0.5	ng/L	5.00	2.8	105	71-125	1.07	24
Mercury	8.1	0.5	ng/L	5.00	2.8	105	71-125	1.07	24

Matrix Spike Dup (BBD3123-MSD2) Source: 2044127-01

Prepared: 4/26/2022 8:04, Analyzed: 4/27/2022 16:22

Mercury	9.5	0.5	ng/L	5.00	0.5	178	71-125	22.1	24	M1
Mercury	9.5	0.5	ng/L	5.00	0.5	178	71-125	22.1	24	M1

Certified Analyses included in this Report

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



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

Sample Acceptance Checklist for Work Order 2044122	
Shipped By: Fed Ex	Temperature: 18.90° Celcius
Condition	
Check if Custody Seals are Present/Intact	<input type="checkbox"/>
Check if Custody Signatures are Present	<input checked="" type="checkbox"/>
Check if Collector Signature Present	<input type="checkbox"/>
Check if bottles are intact	<input checked="" type="checkbox"/>
Check if bottles are correct	<input checked="" type="checkbox"/>
Check if bottles have sufficient volume	<input checked="" type="checkbox"/>
Check if samples received on ice	<input type="checkbox"/>
Check if VOA headspace is acceptable	<input type="checkbox"/>
Check if samples received in holding time.	<input checked="" type="checkbox"/>
Check if samples are preserved properly	<input checked="" type="checkbox"/>



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Sample #: 303007

All results are reported in Central Time.

Abbreviations

BMDL – Below Method Detection Limit	RECRA – Resource Conservation and Recovery Act
BOD – Biochemical Oxygen Demand	RL – Reporting Limit
BTEX – Benzene, Ethylbenzene, Toluene, Xylenes	SID – State Indirect Discharge
cBOD – Carbonaceous Biochemical Oxygen Demand	SOC – Synthetic Organic Compound
CCV – Continuing Calibration Verification	SVOC – Semi-volatile Organic Compound
COD – Chemical Oxygen Demand	TCLP – Toxic Characteristic Leaching Procedure
DO – Dissolved Oxygen	TD – Total Dissolved
DOC – Dissolved Organic Carbon	TDS – Total Dissolved Solids
DW – Drinking Water	TKN – Total Kjeldahl nitrogen
HAA – Halo Acetic Acid	TNI – The NELAC Institute
HPC – Heterotrophic Plate Count	TOC – Total Organic Carbon
HR – High Range	TOX – Toxicity
ICP – Inductively Coupled Plasma	TS – Total Solids
LCS – Laboratory Control Sample	TSS – Total Suspended Solids
LR – Low Range	TTHM – Total Trihalomethanes
MDL – Method Detection Limit	UV – Ultraviolet
MS – Mass Spectrometer	VOC – Volatile Organic Compound
MS – Matrix Spike	VS – Volatile Solids
ND – Not Detected at or above the MDL	WW – Wastewater
NPDES – National Pollutant Discharge Elimination System	
PQL – Practical Quantitation Limit	

Additional Information

Carbon Dioxide determination is a calculation using the Alkalinity and pH values.
ADMI color is reported using 10 ordinates at 400-700nm wavelength using instrument DR4000.
ERA is not TNI accredited for field analyses.

End of Report



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Organics

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
625.1 WW SVOC								
p-Terphenyl-d14	85.8	%				04/12/22 22:40	AO	*
Surrogate			Recovery %		Target Range			
2-Fluorophenol			25.1					
Phenol d5			15.5					9-110
Nitrobenzene d5			82.9					15-120
2-Fluorobiphenyl			85.0					17-135
2,4,6-Tribromophenol			87.3					17-112
p-Terphenyl-d14			85.8					5-173

Sample Number: 303007-02

Sample Type: Composite

Collection Date: 04/06/2022 8:41

Location: Effluent Permit Renewal

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Antimony	<1.0	ug/L	0.23	1.0	EPA 200.8	04/11/22 14:47	JA	
Arsenic	<0.64	ug/L	0.64	1.0	EPA 200.8	04/11/22 09:34	JA	*
Beryllium	<0.15	ug/L	0.15	1.0	EPA 200.8	04/11/22 09:34	JA	
Cadmium	<0.24	ug/L	0.24	1.0	EPA 200.8	04/11/22 09:34	JA	
Chromium	<10.0	ug/L	1.5	5.0	EPA 200.8	04/11/22 09:34	JA	
Copper	6.7	ug/L	0.37	1.0	EPA 200.8	04/11/22 09:34	JA	
Hardness	44.9	mg CaCO3/L	5	5	SM 2340C-2011	04/06/22 19:10	DS	
Lead	0.35	ug/L	0.28	1.0	EPA 200.8	04/11/22 09:34	JA	N10
Nickel	1.3	ug/L	0.76	1.0	EPA 200.8	04/11/22 09:34	JA	
Selenium	<0.41	ug/L	0.41	1.0	EPA 200.8	04/11/22 09:34	JA	
Silver	<0.25	ug/L	0.25	1.0	EPA 200.8	04/11/22 09:34	JA	
Thallium	<0.60	ug/L	0.60	1.0	EPA 200.8	04/11/22 09:34	JA	
Zinc	9.1	ug/L	0.90	1.0	EPA 200.8	04/11/22 09:34	JA	

Sample Number: 303007-03

Sample Type: Grab

Collection Date: 04/06/2022 8:31

Location: Field Blank



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Organics

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
625.1 WW SVOC								
p-Terphenyl-d14	503	%				04/19/23 7:02	AO	*

Surrogate	Recovery %	Target Range
2-Fluorophenol	65.2	
Phenol d5	34.3	9-110
Nitrobenzene d5	219	15-120
2-Fluorobiphenyl	261	17-135
2,4,6-Tribromophenol	171	17-112
p-Terphenyl-d14	503	5-173

Sample Number: 315559-02

Collection Date: 04/05/2023 8:30

Sample Type: Composite

Location: Effluent Permit Renewal

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Antimony	<0.23	ug/L	0.23	1.0	EPA 200.8	04/12/23 17:07	DS	
Arsenic	<0.64	ug/L	0.64	1.0	EPA 200.8	04/12/23 17:07	DS	*
Beryllium	<0.15	ug/L	0.15	1.0	EPA 200.8	04/12/23 17:07	DS	
Cadmium	<0.24	ug/L	0.24	1.0	EPA 200.8	04/12/23 17:07	DS	
Chromium	<1.5	ug/L	1.5	5.0	EPA 200.8	04/12/23 17:07	DS	
Copper	7.2	ug/L	0.37	1.0	EPA 200.8	04/12/23 17:07	DS	
Hardness	38.0	mg CaCO3/L	5.00	5.00	SM 2340C-2011	04/07/23 15:30	CR	
Lead	<0.28	ug/L	0.28	1.0	EPA 200.8	04/12/23 17:07	DS	
Nickel	1.0	ug/L	0.76	1.0	EPA 200.8	04/12/23 17:07	DS	
Selenium	<0.41	ug/L	0.41	1.0	EPA 200.8	04/12/23 17:07	DS	
Silver	<0.25	ug/L	0.25	1.0	EPA 200.8	04/12/23 17:07	DS	
Thallium	<0.60	ug/L	0.60	1.0	EPA 200.8	04/12/23 17:07	DS	
Zinc	6.1	ug/L	0.90	1.0	EPA 200.8	04/12/23 17:07	DS	



Environmental Resource Analysts, Inc.

2975 Brown Court
Auburn, AL 36830
334-502-3444
(Fax) 334-502-8888

30 Years in Business, and Counting
www.eralab.com

Laboratory Testing Report

Sample #: 336229

Prepared For:

Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Attention: Katie Robinson

We appreciate the opportunity to provide testing results for you. The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data, please do not hesitate to contact the Technical Manager or the Lab Director at the number listed above.

The analyses presented in this report were performed by ERA, Inc. Any exceptions or problems with the analyses are noted in the Laboratory Testing Report.

Any issues encountered during sample receipt are documented on the Cooler Receipt Form.

The results as reported relate only to the item(s) submitted for testing.

This report shall be used or copied only in its entirety. ERA, Inc. is not responsible for the consequences arising from the use of a partial report.



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Project: 140-1024
Date Received: 10/16/2024

Sample Number: 336229-01	Collection Date: 10/16/2024 8:00
Sample Type: Composite	Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Nitrite/Nitrate (NO ₂ /NO ₃) as N	12.4	mg N/L	0.0511	0.304	EPA 300.0	10/16/24 16:06	ALP

Sample Number: 336229-02	Collection Date: 10/15/2024 9:17
Sample Type: Grab	Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Lead	<6.1	ug/L	6.1	50	EPA 200.7	10/22/24 12:59	DS

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

This report was reviewed for completeness and approved.
Date Complete: 11/11/2024

Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported method unless otherwise noted.

Erin Consuegra, Technical Manager



CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888

Any requests for EXPEDITED results must be pre-arranged with the lab.

Client: Tuskegee North WWTP
Project: 140-1024

G or C	Composite Sample(s) Subsample Frequency	First Subsample	Last Subsample
		Date/Time	Date/Time
Comp	Every 30 Mins	10/15/24 8:00 AM	10/16/24 8:00 AM

Sample No.	336229-01
Location	Effluent
Collector	Jeffrey Lewis, II
Date/Time Sample	10/16/24 / 7:30 AM

G or C	Composite Sample(s) Subsample Frequency	First Subsample	Last Subsample
		Date/Time	Date/Time
Grab			

Sample No.	336229-02
Location	Effluent
Collector	Jeffrey Lewis, II
Date/Time Sample	10/15/24 / 9:17 AM

For Client Use:

Relinquished By: *Jeffrey Lewis, II* Relinquished To: Sealed Container:
Date/Time: 10/16/24 7:55 AM

Additional Signatures: (Not Required If Relinquishing To A Sealed Container)

Relinquished By: _____ Date/Time: _____
Received By: _____ Date/Time: _____
Relinquished By: _____ Date/Time: _____
Received By: _____ Date/Time: _____

Received By Lab: DM Date/Time: 10/16/24 1515 Kit Prepared: 9/17/24 BC

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01A	None	Nitrite/Nitrate 300.0 WW	Rcvd DM	-02A	HNO3	200.7-Pb	pH≤2 Rcvd DM



ERA Cooler Receipt Form

Client Tuskegee North WWTP Sample # 376729

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 10/16/24 1515 Receiving Analyst: DM

B. Method of Delivery:

Fed Ex UPS USPS ERA Driver Client Drop Off Other
Tracking Number _____

C. Condition of Custody Seal upon arrival: Absent Present

2. Condition of Cooler Contents

A. Chain Of Custody Information: Completed Incomplete

B. Cooling Process Solid Ice Ice pack Dry Ice None Other

C. Broken Bottles? No Yes If yes, which? _____

D. Temperature °C 1.8 Thermometer ID: Auburn
Reason for incorrect temp: Frozen Beginning of Cooling process Ice melted
(>6.0°C) Other

3. Sample Information and Verification

A. Sample Numbers match Chain of Custody? Yes No
Correct bottle types used for each sample? Yes No
All samples arrived within holding time? Yes No
Sufficient volume in each bottle for tests? Yes No
B. All samples were verified & marked on the Chain of Custody? Yes No

C. Samples with preservative have been checked and are in the correct pH range? Yes, no preservatives needed No, see preservative info Not applicable

pH Strip Lot #: 834727v

D. Hexane Lot for O&G N/A

E. Trip Blanks Absent Present N/A

Additional Preservative information	
1	Preservative Type: _____
2	Preservative Lot # _____
3	Preservative Type: _____
4	Preservative Lot # _____

4. Comments and Resolutions

If any non-compliance was noted (temp out of range, holding time exceedance), the client has been informed and as needed our system has been documented in regards to the communication.

5. Analyst Conformation

The information regarding cooler, chain of custody, and sample receipt is correct and verified by the analyst. If conditions are not met the appropriate actions were taken by the receiving analyst and/or the lab manager.

Primary Reviewer: DM

Secondary Reviewer: [Signature]



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Sample #: 336229

All results are reported in Central Time.

Abbreviations

BMDL – Below Method Detection Limit	RECRA – Resource Conservation and Recovery Act
BOD – Biochemical Oxygen Demand	RL – Reporting Limit
BTEX – Benzene, Ethylbenzene, Toluene, Xylenes	SID – State Indirect Discharge
cBOD – Carbonaceous Biochemical Oxygen Demand	SOC – Synthetic Organic Compound
CCV – Continuing Calibration Verification	SVOC – Semi-volatile Organic Compound
COD – Chemical Oxygen Demand	TCLP – Toxic Characteristic Leaching Procedure
DO – Dissolved Oxygen	TD – Total Dissolved
DOC – Dissolved Organic Carbon	TDS – Total Dissolved Solids
DW – Drinking Water	TKN – Total Kjeldahl nitrogen
HAA – Halo Acetic Acid	TNI – The NELAC Institute
HPC – Heterotrophic Plate Count	TOC – Total Organic Carbon
HR – High Range	TOX – Toxicity
ICP – Inductively Coupled Plasma	TS – Total Solids
LCS – Laboratory Control Sample	TSS – Total Suspended Solids
LR – Low Range	TTHM – Total Trihalomethanes
MDL – Method Detection Limit	UV – Ultraviolet
MS – Mass Spectrometer	VOC – Volatile Organic Compound
MS – Matrix Spike	VS – Volatile Solids
ND – Not Detected at or above the MDL	WW – Wastewater
NPDES – National Pollutant Discharge Elimination System	
PQL – Practical Quantitation Limit	

Additional Information

Carbon Dioxide determination is a calculation using the Alkalinity and pH values.
ADMI color is reported using 10 ordinates at 400-700nm wavelength using instrument DR4000.
Reported TOC values are of non-purgable organic carbon.
ERA is not TNI accredited for field analyses.

Environmental Resource Analysts, Inc is TNI accredited through Florida DOH under E87542. For a full list of analytes, methods, and matrices, please request a copy of our scope from the Reporting Manager or download from our website: eralab.com

End of Report



Environmental Resource Analysts, Inc.

2975 Brown Court
Auburn, AL 36830
334-502-3444
(Fax) 334-502-8888

30 Years in Business, and Counting
www.eralab.com

Laboratory Testing Report

Sample #: 337103

Prepared For:

Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Attention: Katie Robinson

We appreciate the opportunity to provide testing results for you. The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data, please do not hesitate to contact the Technical Manager or the Lab Director at the number listed above.

The analyses presented in this report were performed by ERA, Inc. Any exceptions or problems with the analyses are noted in the Laboratory Testing Report.

Any issues encountered during sample receipt are documented on the Cooler Receipt Form.

The results as reported relate only to the item(s) submitted for testing.

This report shall be used or copied only in its entirety. ERA, Inc. is not responsible for the consequences arising from the use of a partial report.



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
 PO Box 831050
 Tuskegee, AL 36083

Project: 140-1124
 Date Received: 11/20/2024

Sample Number: 337103-01	Collection Date: 11/19/2024 7:27
Sample Type: Composite	Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Nitrite/Nitrate (NO2/NO3) as N	14.5	mg N/L	0.0511	0.304	EPA 300.0	11/20/24 23:28	ALP

Sample Number: 337103-02	Collection Date: 11/18/2024 7:35
Sample Type: Grab	Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst Qualifier
Lead	<6.1	ug/L	6.1	50	EPA 200.7	11/27/24 10:57	DS

MDL: Method Detection Limit
 PQL: Practical Quantitation Limit

This report was reviewed for completeness and approved.
 Date Complete: 12/12/2024

Dyana Hughes
 Dyana Hughes, Reporting Manager

All data on this report is in compliance with the reported
 method unless otherwise noted

Erin Consuegra
 Erin Consuegra, Technical Manager



CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888

Any requests for **EXPEDITED** results must be pre-arranged with the lab.

Client: Tuskegee North WWTP	G or C	Composite Sample(s)		
Project: 140-1124		Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Sample No. 337103-01	Comp	Every 30 mins	11-18-24 7:25	11-19-24 7:27
Location Effluent				
Collector NASIER Smith				
Date/Time Sample 11-19-24 / 7:27 am				

	G or C	Composite Sample(s)		
		Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Sample No. 337103-02	Grab			
Location Effluent				
Collector NASIER Smith				
Date/Time Sample 11-18-24 / 7:35				

For Client Use:	
Relinquished By: NASIER Smith	Relinquished To: <input checked="" type="checkbox"/> Sealed Container:
Date/Time: 11-20-24 / 7:26	

Additional Signatures: (Not Required If Relinquishing To A Sealed Container)	
Relinquished By: _____	Date/Time: _____
Received By: _____	Date/Time: _____
Relinquished By: _____	Date/Time: _____
Received By: _____	Date/Time: _____

Received By Lab: DM

Date/Time: 11/20/24 1530

Kit Prepared: 101424B5

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01A	None	Nitrite/Nitrate 300.0 WW	Rcvd DM	-02A	HNO3	200.7-Pb	pH≤2 Rcvd DM



ERA Cooler Receipt Form

Client TUSkegee North HHTP Sample # 337103

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 11/20/24 7:1530 Receiving Analyst: DM
 B. Method of Delivery: DM A 11/20/24
 Fed Ex UPS USPS ERA Driver Client Drop Off Other
 Tracking Number _____
 C. Condition of Custody Seal upon arrival: Absent Present

2. Condition of Cooler Contents

A. Chain Of Custody Information: Completed Incomplete
 B. Cooling Process Solid Ice Ice pack Dry Ice None Other
 C. Broken Bottles? No Yes If yes, which? _____
 D. Temperature °C 0.3 Thermometer ID: Auburn
 Reason for incorrect temp: Frozen Beginning of Cooling process Ice melted
 (>6.0°C) Other

3. Sample Information and Verification

A. Sample Numbers match Chain of Custody? Yes No
 Correct bottle types used for each sample? Yes No
 All samples arrived within holding time? Yes No
 Sufficient volume in each bottle for tests? Yes No
 B. All samples were verified & marked on the Chain of Custody? Yes No

C. Samples with preservative have been checked and are in the correct pH range? Yes, no preservatives needed No, see preservative info Not applicable
 pH Strip Lot #: 234722V

Additional Preservative information	
1	Preservative Type: _____
2	Preservative Lot # _____
3	Preservative Type: _____
4	Preservative Lot # _____

D. Hexane Lot for O&G N/A
 E. Trip Blanks Absent Present N/A

4. Comments and Resolutions

If any non-compliance was noted (temp out of range, holding time exceedance), the client has been informed and as needed our system has been documented in regards to the communication.

5. Analyst Conformation

The information regarding cooler, chain of custody, and sample receipt is correct and verified by the analyst. If conditions are not met the appropriate actions were taken by the receiving analyst and/or the lab manager.

Primary Reviewer: DM

Secondary Reviewer:



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Sample #: 337103

All results are reported in Central Time.

Abbreviations

BMDL – Below Method Detection Limit	RECRA – Resource Conservation and Recovery Act
BOD – Biochemical Oxygen Demand	RL – Reporting Limit
BTEX – Benzene, Ethylbenzene, Toluene, Xylenes	SID – State Indirect Discharge
cBOD – Carbonaceous Biochemical Oxygen Demand	SOC – Synthetic Organic Compound
CCV – Continuing Calibration Verification	SVOC – Semi-volatile Organic Compound
COD – Chemical Oxygen Demand	TCLP – Toxic Characteristic Leaching Procedure
DO – Dissolved Oxygen	TD – Total Dissolved
DOC – Dissolved Organic Carbon	TDS – Total Dissolved Solids
DW – Drinking Water	TKN – Total Kjeldahl nitrogen
HAA – Halo Acetic Acid	TNI – The NELAC Institute
HPC – Heterotrophic Plate Count	TOC – Total Organic Carbon
HR – High Range	TOX – Toxicity
ICP – Inductively Coupled Plasma	TS – Total Solids
LCS – Laboratory Control Sample	TSS – Total Suspended Solids
LR – Low Range	TTHM – Total Trihalomethanes
MDL – Method Detection Limit	UV – Ultraviolet
MS – Mass Spectrometer	VOC – Volatile Organic Compound
MS – Matrix Spike	VS – Volatile Solids
ND – Not Detected at or above the MDL	WW – Wastewater
NPDES – National Pollutant Discharge Elimination System	
PQL – Practical Quantitation Limit	

Additional Information

Carbon Dioxide determination is a calculation using the Alkalinity and pH values.

ADMI color is reported using 10 ordinates at 400-700nm wavelength using instrument DR4000.

Reported TOC values are of non-purgable organic carbon.

ERA is not TNI accredited for field analyses.

Environmental Resource Analysts, Inc is TNI accredited through Florida DOH under E87542. For a full list of analytes, methods, and matrices, please request a copy of our scope from the Reporting Manager or download from our website: eralab.com

End of Report



Environmental Resource Analysts, Inc.

2975 Brown Court
Auburn, AL 36830
334-502-3444
(Fax) 334-502-8888

30 Years in Business, and Counting
www.eralab.com

Laboratory Testing Report

Sample #: 329368

Prepared For:

Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Attention: Katie Robinson

We appreciate the opportunity to provide testing results for you. The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data, please do not hesitate to contact the Technical Manager or the Lab Director at the number listed above.

The analyses presented in this report were performed by ERA, Inc. Any exceptions or problems with the analyses are noted in the Laboratory Testing Report.
Any issues encountered during sample receipt are documented on the Cooler Receipt Form.

The results as reported relate only to the item(s) submitted for testing.

This report shall be used or copied only in its entirety. ERA, Inc. is not responsible for the consequences arising from the use of a partial report.

RECEIVED

JAN 27 2025

**IND/MUN BRANCH
WATER DIVISION**



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Results of Analysis For: Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Project: 140-0324
Date Received: 3/20/2024

Sample Number: 329368-01
Sample Type: Composite

Collection Date: 03/19/2024 7:25
Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Nitrite/Nitrate (NO ₂ /NO ₃) as N	3.56	mg N/L	0.107	0.304	EPA 300.0	03/20/24 20:32		

Sample Number: 329368-02
Sample Type: Grab

Collection Date: 03/18/2024 8:20
Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Lead	0.93	ug/L	0.28	1.0	EPA 200.8	03/26/24 18:08	JA	N10

MDL: Method Detection Limit
PQL: Practical Quantitation Limit

Qualifiers

N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.

This report was reviewed for completeness and approved.
Date Complete: 03/29/2024

All data on this report is in compliance with the reported method unless otherwise noted.

Dyana Hughes, Reporting Manager

Erin Consuegra, Technical Manager

CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
Tel. (334) 502-3444 Fax (334) 502-8888

Any requests for EXPEDITED results must be pre-arranged with the lab.

Client: Tuskegee North WWTP
Project: 140-0324

	G or C	Composite Sample(s)		
		Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Sample No.	Comp	Every	3/18/24	3/19/24
Location		30 min	7:25	7:25
Collector				
Date/Time Sample				

	G or C	Composite Sample(s)		
		Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Sample No.	Grab			
Location				
Collector				
Date/Time Sample				

For Client Use:

Relinquished By: Nicholas Tatum Relinquished To Sealed Container:

Date/Time: 3/20/24 7:25

Additional Signatures: (Not Required If Relinquishing To A Sealed Container)

Relinquished By: _____ Date/Time: _____

Received By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____

Received By: _____ Date/Time: _____

Received By Lab: ~~Nicholas Tatum~~ DM ^{DM A 3/20/24} Date/Time: 3/20/24 1540 Kit Prepared: MT 2-16-24

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01A	None	Nitrite/Nitrate 300.0 WW	Rcvd <u>DM</u>	-02A	HNO3	200.7-Pb	pH≤2 Rcvd <u>DM</u>



ERA Cooler Receipt Form

Client Tuskegee North WWTP

Sample # 329368

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 3/20/24 1540 Receiving Analyst: DM

B. Method of Delivery:

Fed Ex UPS USPS ERA Driver Client Drop Off Other

Tracking Number _____

C. Condition of Custody Seal upon arrival: Absent Present

2. Condition of Cooler Contents

A. Chain Of Custody Information: Completed Incomplete

B. Cooling Process Solid Ice Ice pack Dry Ice None Other

C. Broken Bottles? No Yes If yes, which? _____

D. Temperature °C -0.7 Thermometer ID: Auburn

Reason for incorrect temp: Frozen Beginning of Cooling process Ice melted
(>6.0°C) Other

3. Sample Information and Verification

- A. Sample Numbers match Chain of Custody? Yes No
- Correct bottle types used for each sample? Yes No
- All samples arrived within holding time? Yes No
- Sufficient volume in each bottle for tests? Yes No
- B. All samples were verified & marked on the Chain of Custody? Yes No

C. Samples with preservative have been checked and are in the correct pH range? Yes, no preservatives needed No, see preservative info Not applicable

pH Strip Lot #: 23470 234722V

D. Hexane Lot for O&G DM A 3/20/24 N/A

E. Trip Blanks Absent Present N/A

Additional Preservative information

- 1 Preservative Type: _____
- 2 Preservative Lot # _____
- 3 Preservative Type: _____
- 4 Preservative Lot # _____

4. Comments and Resolutions

If any non-compliance was noted (temp out of range, holding time exceedance), the client has been informed and as needed our system has been documented in regards to the communication.

5. Analyst Conformation

The information regarding cooler, chain of custody, and sample receipt is correct and verified by the analyst. If conditions are not met the appropriate actions were taken by the receiving analyst and/or the lab manager.

Primary Reviewer: DM

Secondary Reviewer: _____



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888

Sample #: 329368

All results are reported in Central Time.

Abbreviations

BMDL – Below Method Detection Limit	RECRA – Resource Conservation and Recovery Act
BOD – Biochemical Oxygen Demand	RL – Reporting Limit
BTEX – Benzene, Ethylbenzene, Toluene, Xylenes	SID – State Indirect Discharge
cBOD – Carbonaceous Biochemical Oxygen Demand	SOC – Synthetic Organic Compound
CCV – Continuing Calibration Verification	SVOC – Semi-volatile Organic Compound
COD – Chemical Oxygen Demand	TCLP – Toxic Characteristic Leaching Procedure
DO – Dissolved Oxygen	TD – Total Dissolved
DOC – Dissolved Organic Carbon	TDS – Total Dissolved Solids
DW – Drinking Water	TKN – Total Kjeldahl nitrogen
HAA – Halo Acetic Acid	TNI – The NELAC Institute
HPC – Heterotrophic Plate Count	TOC – Total Organic Carbon
HR – High Range	TOX – Toxicity
ICP – Inductively Coupled Plasma	TS – Total Solids
LCS – Laboratory Control Sample	TSS – Total Suspended Solids
LR – Low Range	TTHM – Total Trihalomethanes
MDL – Method Detection Limit	UV – Ultraviolet
MS – Mass Spectrometer	VOC – Volatile Organic Compound
MS – Matrix Spike	VS – Volatile Solids
ND – Not Detected at or above the MDL	WW – Wastewater
NPDES – National Pollutant Discharge Elimination System	
PQL – Practical Quantitation Limit	

Additional Information

Carbon Dioxide determination is a calculation using the Alkalinity and pH values.
ADMI color is reported using 10 ordinates at 400-700nm wavelength using instrument DR4000.
Reported TOC values are of non-purgable organic carbon.
ERA is not TNI accredited for field analyses.

Environmental Resource Analysts, Inc is TNI accredited through Florida DOH under E87542. For a full list of analytes, methods, and matrices, please request a copy of our scope from the Reporting Manager or download from our website: eralab.com

End of Report



Environmental Resource Analysts, Inc.

2975 Brown Court
Auburn, AL 36830
334-502-3444
(Fax) 334-502-8888

30 Years in Business, and Counting
www.eralab.com

Laboratory Testing Report

Sample #: 322768

Prepared For:

Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Attention: Katie Robinson

We appreciate the opportunity to provide testing results for you. The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data, please do not hesitate to contact the Technical Manager or the Lab Director at the number listed above.

The analyses presented in this report were performed by ERA, Inc. Any exceptions or problems with the analyses are noted in the Laboratory Testing Report.
Any issues encountered during sample receipt are documented on the Cooler Receipt Form.

The results as reported relate only to the item(s) submitted for testing.

This report shall be used or copied only in its entirety. ERA, Inc. is not responsible for the consequences arising from the use of a partial report.

JAN 27 2025

IND/MUN BRANCH
WATER

ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830

Tel. (334) 502-3444 Fax (334) 502-8888



Results of Analysis For: Tuskegee North WWTP
PO Box 831050
Tuskegee, AL 36083

Project: 140-0124

Date Received: 1/18/2024

Sample Number: 322768-01

Sample Type: Composite

Collection Date: 01/16/2024 8:05

Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Nitrite/Nitrate (NO ₂ /NO ₃) as N4.13		mg N/L	0.172	0.250	EPA 353.2	01/29/24 15:35	BG	

Sample Number: 322768-02

Sample Type: Grab

Collection Date: 01/15/2024 8:05

Location: Effluent

Test	Result	Units	MDL	PQL	Method	Date / Time	Analyst	Qualifier
Lead	0.59	ug/L	0.28	1.0	EPA 200.8	01/26/24 12:00	JA	N10

MDL: Method Detection Limit

PQL: Practical Quantitation Limit

-01A Sample was preserved w/ H₂SO₄, method switched to EPA 353.2 to match preservation requirements. 013024JA

Qualifiers

N10 = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit and should only be relied upon as an estimate.

This report was reviewed for completeness and approved.

Date Complete: 02/01/2024

All data on this report is in compliance with the reported method unless otherwise noted.

Dyana Hughes, Reporting Manager

Erin Consuegra, Technical Manager

CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
 Tel. (334) 502-3444 Fax (334) 502-8888

Any requests for EXPEDITED results must be pre-arranged with the lab.

Client: Tuskegee North WWTP
 Project: 140-0124

Sample No. 322768-01
 Location: Effluent
 Collector: Segrist Harrison Jr
 Date/Time Sample: 1-16-24 8:05 AM

G o r C	Composite Sample(s)		
	Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Comp	Every 30 mins	1-15-24 8:05 AM	1-16-24 8:05 AM

Sample No. 322768-02
 Location: Effluent
 Collector: Segrist Harrison Jr
 Date/Time Sample: 1-15-24 8:05 AM

G o r C	Composite Sample(s)		
	Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
Grab			

For Client Use:

Relinquished By: Segrist Harrison Jr Relinquished To Sealed Container:

Date/Time: 1-16-24

Additional Signatures: (Not Required If Relinquishing To A Sealed Container)

Relinquished By: _____ Date/Time: _____

Received By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____

Received By: _____ Date/Time: _____

Received By Lab: DM Date/Time: 1/18/24 1100 Kit Prepared: DM 12/12/23

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01A	None	Nitrite/Nitrate 300.0 WW	Rcvd <u>DM</u>	-02A	HNO3	200.7-Pb	pH≤2 Rcvd <u>DM</u>

CHAIN OF CUSTODY



ENVIRONMENTAL RESOURCE ANALYSTS, INC.

Auburn Technology Park - 2975 Brown Ct. - Auburn, AL 36830
 Tel. (334) 502-3444 Fax (334) 502-8888

Any requests for EXPEDITED results must be pre-arranged with the lab.

Client: Tuskegee North WWTP
 Project: 140-0124

Sample No.	Location	Collector	Date/Time Sample	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
322768-01	Effluent	Segrist Harrison Jr	1-16-24 8:05 AM	Comp	Every 30 mins	1-15-24 8:05 AM	1-16-24 8:05 AM

Sample No.	Location	Collector	Date/Time Sample	G or C	Composite Sample(s)		
					Subsample Frequency	First Subsample Date/Time	Last Subsample Date/Time
322768-02	Effluent	Segrist Harrison Jr	1-15-23 8:05 AM	Grab			

For Client Use:

Relinquished By: Segrist Harrison Relinquished To Sealed Container:

Date/Time: 1-16-24

Additional Signatures: (Not Required If Relinquishing To A Sealed Container)

Relinquished By: _____ Date/Time: _____

Received By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____

Received By: _____ Date/Time: _____

Received By Lab: DM Date/Time: 1/18/24 1400 Kit Prepared: DM 12/18/23

Sample	Preservation	Analysis	Preservation CK	Sample	Preservation	Analysis	Preservation CK
-01A	None	Nitrite/Nitrate 300.0 WW	Rcvd <u>DM</u>	-02A	HNO3	200.7-Pb	pH≤2 Rcvd <u>DM</u>



ERA Cooler Receipt Form

Client Tuskegee North WWTP

Sample # 322768

1. Condition of Cooler Upon Unpacking

A. Date & Time of Cooler Unpacking 11/8/21 1400 Receiving Analyst: DM

B. Method of Delivery:

Fed Ex UPS USPS ERA Driver Client Drop Off Other
Tracking Number _____

C. Condition of Custody Seal upon arrival: Absent Present

2. Condition of Cooler Contents

A. Chain Of Custody Information: Completed Incomplete

B. Cooling Process Solid Ice Ice pack Dry Ice None Other

C. Broken Bottles? No Yes If yes, which? _____

D. Temperature °C 2.3 Thermometer ID: Autumn

Reason for incorrect temp: Frozen Beginning of Cooling process Ice melted
(>6.0°C) Other

3. Sample Information and Verification

A. Sample Numbers match Chain of Custody? Yes No
Correct bottle types used for each sample? Yes No
All samples arrived within holding time? Yes No
Sufficient volume in each bottle for tests? Yes No
B. All samples were verified & marked on the Chain of Custody? Yes No

C. Samples with preservative have Yes, no preservatives needed been checked and are in the No, see preservative info correct pH range? Not applicable

pH Strip Lot #: 223819CN

D. Hexane Lot for O&G N/A

E. Trip Blanks Absent Present N/A

Additional Preservative information
1 Preservative Type: _____
2 Preservative Lot # _____
3 Preservative Type: _____
4 Preservative Lot # _____

4. Comments and Resolutions

If any non-compliance was noted (temp out of range, holding time exceedance), the client has been informed and as needed our system has been documented in regards to the communication.

5. Analyst Conformation

The information regarding cooler, chain of custody, and sample receipt is correct and verified by the analyst. If conditions are not met the appropriate actions were taken by the receiving analyst and/or the lab manager.

Primary Reviewer: DM

Secondary Reviewer: TJ

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

**Site
Drainage
Map**

3.1 Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
 Yes No

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

Pollutant Sources

4.1 Provide information on the facility's pollutant sources in the table below.

Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)
002S	0.3 acres <i>specify units</i>	0.4 acres <i>specify units</i>
003S	0.36 acres <i>specify units</i>	2.5 acres <i>specify units</i>
	<i>specify units</i>	<i>specify units</i>
	<i>specify units</i>	<i>specify units</i>
	<i>specify units</i>	<i>specify units</i>
	<i>specify units</i>	<i>specify units</i>

4.2 Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)
This is a Waste Water Treatment Plant. Treated material is comprised 100% of domestic sanitary sewer. The only element of treatment with exposure to storm water is the de-watering/ concentration of wasted activated sludge deposited on the ten on-site drying beds. The sludge is stored in ten concrete-walled sand beds with under-drains below the sand to de-water the sludge. The sludge is deposited into a temporary roll-off dumpster before being hauled to the landfill. A skid steer is used to skim dried sludge off of the surface of the drying beds and placing the sludge into the dumpster. There is a potential for the equipment to track small amounts of sludge during this process and depositing sludge on portions of pavement throughout the plant.

4.3 Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)

Stormwater Treatment		
Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)
002S	None	
003S	None	

EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP
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Form Approved 03/05/19
OMB No. 2040-0004

SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges	5.1	I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.			
		Name (print or type first and last name) Gerald Long		Official title UBT, General Manager	
		Signature <i>Gerald Long</i>		Date signed 5/17/2024	
	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
		N/A	N/A		N/A

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. In 2023, approximately 200 gallons of a 500 gallon tote of paracetic acid was spilled due to a faulty valve on the tote. The liquid was absorbed into the ground.

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

EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Form Approved 03/05/19 OMB No. 2040-0004
Discharge Information Continued	7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.5.	
	7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.7.	
	7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No	
	7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.10.	
	7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.12.	
	7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.	
	7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.	
	7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.17	Have you provided information for the storm event(s) sampled in Table D? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Discharge Information Continued	Used or Manufactured Toxics		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.19	List the pollutants below, including TCDD if applicable.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))

Biological Toxicity Testing Data	8.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.			
	8.2	Identify the tests and their purposes below.			
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

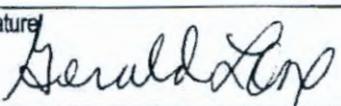
SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))

Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.		
	9.2	Provide information for each contract laboratory or consulting firm below.		
		Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Name of laboratory/firm	Environmental Resource Analysts, INC	
		Laboratory address	Auburn Technology Park 2975 Brown Ct. Auburn, AL 36830	
		Phone number	(334) 502-3444	
	Pollutant(s) analyzed	Nitrate/Nitrite Total Oil & Grease		

EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP
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Form Approved 03/05/19
OMB No. 2040-0004

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	10.1	<p>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.</p>	
		Column 1	Column 2
		<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3	<input checked="" type="checkbox"/> w/ site drainage map
		<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7	<input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input checked="" type="checkbox"/> Table C <input checked="" type="checkbox"/> Table D
		<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
		<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
		<input checked="" type="checkbox"/> Section 10	<input type="checkbox"/>
	10.2	<p>Certification Statement</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>	
		Name (print or type first and last name) Gerald Long	Official title UBT General Manager
		Signature 	Date signed 5/17/2024

EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number 002S
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Form Approved 03/05/19
OMB No. 2040-0004

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

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	<4.56 mg/l		<4.56 mg/l		1	N/A
2. Biochemical oxygen demand (BOD ₅)	<2.0 mg/l		<2.0 mg/l		1	N/A
3. Chemical oxygen demand (COD)						N/A
4. Total suspended solids (TSS)	141.0 mg/l		141.0 mg/l		1	N/A
5. Total phosphorus	0.277 mg/l		0.277 mg/l		1	N/A
6. Total Kjeldahl nitrogen (TKN)	1.62 mg/l		1.62 mg/l		1	N/A
7. Total nitrogen (as N)						N/A
8. pH (minimum)	6.67		6.67		1	N/A
	pH (maximum)	6.67		6.67	1	N/A

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

EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number 003-S
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Form Approved 03/05/19
OMB No. 2040-0004

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

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

Pollutant or Parameter		Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
		Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1.	Oil and grease	<4.56 mg/l		<4.56 mg/l		1	N/A
2.	Biochemical oxygen demand (BOD ₅)	5.11 mg/l		5.11 mg/l		1	N/A
3.	Chemical oxygen demand (COD)						N/A
4.	Total suspended solids (TSS)	20.5 ,g/l		20.5 mg/l		1	N/A
5.	Total phosphorus	0.154 mg/l		0.154 mg/l		1	N/A
6.	Total Kjeldahl nitrogen (TKN)	0.766 mg/l		0.766 mg/l		1	N/A
7.	Total nitrogen (as N)						N/A
8.	pH (minimum)	6.37		6.37		1	N/A
	pH (maximum)	6.37		6.37		1	N/A

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

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EPA Identification Number	NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Outfall Number 002S
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))¹

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

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
Fecal Coliform						N/A
Nitrate-Nitrite	0.149 mg/l		0.002 mgd		1	N/A
Oil/Grease	<4.56 mg/l		0.002 mgd		1	N/A
Phosphorous (P)	0.277 mg/l		0.002 mgd		1	N/A

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

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EPA Identification Number	NPDES Permit Number AL0048763	Facility name TUSKEGEE NORTH WPCP	Outfall Number 002S
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

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

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)
11/23/2023	1	0.2	72	0.37cfs	4,000 gallons

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

a hydrograph was developed for the given storm event to estimate flows and runoff.
Note that only a grab sample was taken. Not a composite.

EPA Identification Number	NPDES Permit Number AL0048763	Facility name TUSKEGEE NORTH WPCP	Outfall Number 003-S
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

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

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)
11/23/2023	1	.2	72	5CFS	53,000 gallons

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

a hydrograph was developed using the rational method for the given storm event to estimate flows and runoff.
Note the only sample taken was a grab sample, no composite sample was taken

Site Drainage Map per EPA form 2E/ Section III

Outfall 002s

Outfall 003s

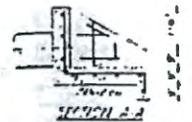
NOTES:

1. All areas within a minimum of 10' of new structures or buildings shall be joint graded.
2. All areas within a minimum of 5' of newly paved driveways and parking areas shall be joint graded. All other areas within the plot property limits and all areas outside the plot property which have been disturbed by the construction shall be graded and matched in accordance with the specifications.
3. Finished grades shall be sloped to drain away from buildings and structures at a minimum slope of 1/8" per foot for a maximum of 10 feet.
4. Trees on the project site shall be protected from damage during construction. Trees 8" in diameter and larger may be removed only as directed by the engineer.
5. All paved areas shall be provided with a crown, or sloped to drain. See standard pavement sections on sheet no. 583-1-04.
6. Existing features including wooded areas, utilities, etc., have been shown based on best available information. It is the contractor's responsibility to verify all utility companies and agencies, and to field locate such items. The contractor shall be responsible for any damage to existing utilities caused by its work.

ALTERNATE NO. 1

CITY OF TUSKEGEE, ALABAMA
 NORTH TUSKEGEE SEWERAGE FACILITIES
GRADING & DRAINAGE PLAN
 HARRY HENDON AND ASSOCIATES, INC.
 ENGINEERS
 BIRMINGHAM, ALABAMA
 1000 NORTH OAK
 ALABAMA, BIRMINGHAM 35203
 SHEET NO. 583-1-04
 DATE 11-15-82
 DRAWN BY [Signature]
 CHECKED BY [Signature]
 583-1-

- LEGEND**
- - - - - Existing Contour (Elev. 110.0)
 - — — — — Finished Grade Contour (Elev. 110.0)
 - — — — — Proposed Subsurface Drainage
 - — — — — Property Line
 - — — — — Proposed 4" Concrete Storm-drain
 - — — — — Proposed Manhole
 - ES Proposed Top Of Slab Floor
 - 10 Proposed Top Of Wall Floor



NO.	DESCRIPTION	DATE	BY
1	Revised Driveway and Grading		
2	Revised Chlorine Contact		
3	Revised Line Storage Silo		
4	Revised 1" x 20" Storm Man		
5	Revised 1" x 20" Storm Man		

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

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

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

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

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

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

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

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

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

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

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

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

Pollutant Concentrations

4.1

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

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

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

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

Treatment Provided at Your Facility

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

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

Sewage Sludge Sent to Other Facilities

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

PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(c)(2)(ii)(C))

Use and Disposal Sites

Provide the following information for each site on which sewage sludge from this facility is used or disposed of.

 Check here if you have provided separate attachments with this information.

7.1	Site name or number		
	Mailing address (street or P.O. box)		
	City or town	State	ZIP code
	Contact name (first and last)	Title	Phone number
	Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
	City or town	State	ZIP code
	County	County code	<input type="checkbox"/> Not available
	7.2	Site type (check all that apply)	
<input type="checkbox"/>	Agricultural	<input type="checkbox"/>	Lawn or home garden
<input type="checkbox"/>	Surface disposal	<input type="checkbox"/>	Public contact
<input type="checkbox"/>	Reclamation	<input type="checkbox"/>	Municipal solid waste landfill
		<input type="checkbox"/>	Forest
		<input type="checkbox"/>	Incineration
		<input type="checkbox"/>	Other (describe)

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

Checklist and Certification Statement

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

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1: Facility Information	<input checked="" type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 2: Applicant Information	<input checked="" type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 3: Sewage Sludge Amount	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 4: Pollutant Concentrations	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 5: Treatment Provided at Your Facility	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 6: Sewage Sludge Sent to Other Facilities	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 7: Use and Disposal Sites	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 8: Checklist and Certification Statement	

EPA Identification Number		NPDES Permit Number AL0048763	Facility Name TUSKEGEE NORTH WPCP	Form Approved 03/05/19 OMB No. 2040-0004
Checklist and Certification Statement Continued	8.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
		Name (print or type first and last name)	Official title	Phone number
		Signature		Date signed

PART 1 APPLICANTS STOP HERE.

Submit completed application package to your NPDES permitting authority.

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AL0048763

TUSKEGEE NORTH WPCP

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

Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.

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

All Part 2 applicants must complete this section.

Facility Information

General Information	1.1	Facility name TUSKEGEE NORTH WATER POLLUTION CONTROL PLANT			
		Mailing address (street or P.O. box) POST OFFICE BOX 831050			
		City or town TUSKEGEE	State ALABAMA	ZIP code 36083	Phone number (334) 724-2123
		Contact name (first and last) MARK COOLEY	Title PLANT MANAGER	Email address mcooley.north.plant@gmail.com	
		Location address (street, route number, or other specific identifier) 2485 MACON COUNTY ROAD 8			<input type="checkbox"/> Same as mailing address
		City or town TUSKEGEE	State ALABAMA	ZIP code 36083	
	1.2	Is this facility a Class I sludge management facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	1.3	Facility Design Flow Rate	3.00 million gallons per day (mgd)		
	1.4	Total Population Served	10,000		
	1.5	Ownership Status			
		<input type="checkbox"/> Public—federal		<input type="checkbox"/> Public—state	
		<input type="checkbox"/> Private		<input checked="" type="checkbox"/> Other public (specify) <u>Utilities Board</u>	
		<input type="checkbox"/> Other (specify) _____			
		Applicant Information			
	1.6	Is applicant different from entity listed under Item 1.1 above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1).			
1.7	Applicant name UTILITIES BOARD OF THE CITY OF TUSKEGEE (UBT)				
	Applicant mailing address (street or P.O. box) POST OFFICE BOX 831050				
	City or town TUSKEGEE	State ALABAMA	ZIP code 36083		
	Contact name (first and last) GERALD LONG	Title GENERAL MANAGER	Phone number (334) 724-0700	Email address glong@yourubt.com	
1.8	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Both				
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)				

1.10 Facility's NPDES permit number
 Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.

AL0048763

1.11 Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.

RCRA (hazardous wastes) Nonattainment program (CAA) NESHAPs (CAA)

PSD (air emissions) Dredge or fill (CWA Section 404) Other (specify)

Ocean dumping (MPRSA) UIC (underground injection of fluids)

Indian Country

1.12 Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?

Yes No → SKIP to Item 1.14 (Part 2, Section 1) below.

1.13 Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.

Topographic Map

1.14 Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)

Yes No

Line Drawing

1.15 Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.)

Yes No

Contractor Information

1.16 Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility?

Yes No → SKIP to Item 1.18 (Part 2, Section 1) below.

1.17 Provide the following information for each contractor.
 Check here if you have attached additional sheets to the application package.

	Contractor 1	Contractor 2	Contractor 3
Contractor company name	Waste Management		
Mailing address (street or P.O. box)	1121 Wilbanks St		
City, state, and ZIP code	Montgomery, AL, 36104		
Contact name (first and last)	N/A		
Telephone number	(334) 513-7860		
Email address	www.wm.com/us/en		

1.17 cont.	Responsibilities of contractor	Contractor 1	Contractor 2	Contractor 3
		Hauling of Concentrated sludge to landfill		

Pollutant Concentrations

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

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

1.18	Pollutant	Average Monthly Concentration (mg/kg dry weight)	Analytical Method	Detection Level
	Arsenic	<11.0	EPA 6010C	13.6
	Cadmium	1.29	EPA 6010C	0.388
	Chromium	45.97	EPA 6010C	4.21
	Copper	465.3	EPA 6010C	1.68
	Lead	51.13	EPA 6010C	8.42
	Mercury	1.94	EPA 7471A	0.505
	Molybdenum	<18.82	EPA 6010C	84.2
	Nickel	19.6	EPA 6010C	1.69
	Selenium	<13.4	EPA 6010C	42.1
	Zinc	604	EPA 6010C	4.21

General Information Continued

Checklist and Certification Statement

1.19	In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.												
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%; text-align: center;">Column 1</th> <th style="width:40%; text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Section 1 (General Information)</td> <td style="text-align: center;"><input checked="" type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)</td> <td style="text-align: center;"><input checked="" type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)</td> <td style="text-align: center;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 4 (Surface Disposal)</td> <td style="text-align: center;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 5 (Incineration)</td> <td style="text-align: center;"><input type="checkbox"/> w/ attachments</td> </tr> </tbody> </table>	Column 1	Column 2	<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 Derived from Sewage Sludge)	<input checked="" type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 4 (Surface Disposal)	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 5 (Incineration)	<input type="checkbox"/> w/ attachments
Column 1	Column 2												
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<input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)	<input type="checkbox"/> w/ attachments												
<input type="checkbox"/> Section 4 (Surface Disposal)	<input type="checkbox"/> w/ attachments												
<input type="checkbox"/> Section 5 (Incineration)	<input type="checkbox"/> w/ attachments												

1.20	<p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name (print or type first and last name) Gerald Long</td> <td style="width:40%;">Official title UBT General Manger</td> </tr> <tr> <td>Signature </td> <td>Date signed 5/17/2024</td> </tr> <tr> <td>Telephone number (334) 720-0700</td> <td style="background-color: black;"></td> </tr> </table>	Name (print or type first and last name) Gerald Long	Official title UBT General Manger	Signature 	Date signed 5/17/2024	Telephone number (334) 720-0700	
Name (print or type first and last name) Gerald Long	Official title UBT General Manger						
Signature 	Date signed 5/17/2024						
Telephone number (334) 720-0700							

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.

PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(q)(8) THROUGH (12))

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

2.1 Does your facility generate sewage sludge or derive a material from sewage sludge?
 Yes No → SKIP to Part 2, Section 3.

Amount Generated Onsite
 2.2 Total dry metric tons per 365-day period generated at your facility: 152.04

Amount Received from Off Site Facility
 2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?
 Yes No → SKIP to Item 2.7 (Part 2, Section 2) below. 2.8

2.4 Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:

Provide the following information for each of the facilities from which you receive sewage sludge.
 Check here if you have attached additional sheets to the application package.

2.5 Name of facility
 Mailing address (street or P.O. box)
 City or town State ZIP code
 Contact name (first and last) Title Phone number Email address
 Location address (street, route number, or other specific identifier) Same as mailing address
 City or town State ZIP code
 County County code Not available

2.6 Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.

Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11

~~2.7 Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)~~

<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and 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) _____

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

Treatment Provided at Your Facility

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

Use or Disposal Practice (check one)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
<input type="checkbox"/> Land application of bulk sewage	<input checked="" type="checkbox"/> Not applicable	<input checked="" type="checkbox"/> Not applicable
<input type="checkbox"/> Land application of biosolids (bulk)	<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1
<input type="checkbox"/> Land application of biosolids (bags)	<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2
<input checked="" type="checkbox"/> Surface disposal in a landfill	<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3
<input type="checkbox"/> Other surface disposal	<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4
<input type="checkbox"/> Incineration	<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5
	<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6
	<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7
	<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8
	<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9
	<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10
	<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11

2.9 Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge? (Check all that apply.)

<input checked="" type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)	<input checked="" 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 checked="" type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction
<input type="checkbox"/> Methane or biogas capture and recovery	

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

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

N/A

Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1 to 8

2.11 Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)-(8) and is it land applied?

Yes No → SKIP to Item 2.14 (Part 2, Section 2) below.

2.12 Total dry metric tons per 365-day period of sewage sludge subject to this subsection that is applied to the land:

2.13 Is sewage sludge subject to this subsection placed in bags or other containers for sale or give-away for application to the land?

Yes No

Check here once you have completed Items 2.11 to 2.13, then → SKIP to Item 2.32 (Part 2, Section 2) below.

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

Sale or Give-Away in a Bag or Other Container for Application to the Land

2.14	Do you place sewage sludge in a bag or other container for sale or give-away for land application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.
2.15	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:
2.16	Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. <input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.

Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.

Shipment Off Site for Treatment or Blending

2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.
2.19	Name of receiving facility Mailing address (street or P.O. box) City or town State ZIP code Contact name (first and last) Title Phone number Email address Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address City or town State ZIP code
2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:
2.21	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below.

2.22	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.	
	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11

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

2.23	Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)
<input type="checkbox"/>	Preliminary operations (e.g., sludge grinding and degritting)
<input type="checkbox"/>	Thickening (concentration)
<input type="checkbox"/>	Stabilization
<input type="checkbox"/>	Anaerobic digestion
<input type="checkbox"/>	Composting
<input type="checkbox"/>	Conditioning
<input type="checkbox"/>	Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
<input type="checkbox"/>	Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
<input type="checkbox"/>	Heat drying
<input type="checkbox"/>	Thermal reduction
<input type="checkbox"/>	Methane or biogas capture and recovery
<input type="checkbox"/>	Other (specify) _____
2.24	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.
2.25	Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No → SKIP to Item 2.32 (Part 2, Section 2) below.
2.26	Attach a copy of all labels or notices that accompany the product being sold or given away.
<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.
Land Application of Bulk Sewage Sludge	
2.27	Is sewage sludge from your facility applied to the land?
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No → SKIP to Item 2.32 (Part 2, Section 2) below.
2.28	Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:
2.29	Did you identify all land application sites in Part 2, Section 3 of this application?
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No → Submit a copy of the land application plan with your application.
2.30	Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge?
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No → SKIP to Item 2.32 (Part 2, Section 2) below.
2.31	Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification.
<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.
Surface Disposal	
2.32	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.
2.33	Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:
2.34	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
<input type="checkbox"/>	Yes → SKIP to Item 2.39 (Part 2, Section 2) below.
<input checked="" type="checkbox"/>	No
2.35	Indicate the total number of surface disposal sites to which you send your sewage sludge. (Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.)
<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 from Sewage Sludge Continued

2.36	Site name or number of surface disposal site you do not own or operate			
	Mailing address (street or P.O. box)			
	City or Town		State	ZIP Code
	Contact Name (first and last)	Title	Phone Number	Email Address
2.37	Site Contact (Check all that apply.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator			
2.38	Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period:			
Incineration				
2.39	Is sewage sludge from your facility fired in a sewage sludge incinerator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.46 (Part 2, Section 2) below.			
2.40	Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period:			
2.41	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? <input type="checkbox"/> Yes → SKIP to Item 2.46 (Part 2, Section 2) below. <input type="checkbox"/> No			
2.42	Indicate the total number of sewage sludge incinerators used that you do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package.			
2.43	Incinerator name or number			
	Mailing address (street or P.O. box)			
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
	Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address
	City or town		State	ZIP code
2.44	Contact (check all that apply) <input type="checkbox"/> Incinerator owner <input type="checkbox"/> Incinerator operator			
2.45	Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period:			
Disposal in a Municipal Solid Waste Landfill				
2.46	Is sewage sludge from your facility placed on a municipal solid waste landfill? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3.			
2.47	Indicate the total number of municipal solid waste landfills used. (Provide the information in Items 2.48 to 2.52 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package.			1

EPA Identification Number

NPDES Permit Number

Facility Name

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

AL0048763

TUSKEGEE NORTH WPCP

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

2.48	Name of landfill Stone's Throw Landfill		
	Mailing address (street or P.O. box) 1303 Washington Blvd		
	City or town Tallassee	State AL	ZIP code 36078
	Contact name (first and last) Herman Kitchens	Title Site Manager	Phone number (334) 513-1542
	Location address (street, route number, or other specific identifier)		<input checked="" type="checkbox"/> Same as mailing address
	County Tallapoosa	County code	<input checked="" type="checkbox"/> Not available
	City or town	State	ZIP code
2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:	152.04	
2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.		
	Permit Number	Type of Permit	
	62-11	Land Division	
2.51	Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input checked="" type="checkbox"/> Check here to indicate you have attached the requested information.		
2.52	Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))

Land Application of Bulk Sewage Sludge

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

Site Type

- 3.10 Type of land application:
- Agricultural land Forest
- Reclamation site Public contact site
- Other (describe)

Crop or Other Vegetation Grown on Site

3.11 What type of crop or other vegetation is grown on this site?

3.12 What is the nitrogen requirement for this crop or vegetation?

Vector Attraction Reduction

3.13 Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site?

Yes No → SKIP to Item 3.16 (Part 2, Section 3) below.

3.14 Indicate which vector attraction reduction option is met. (Check only one response.)

Option 9 (injection below land surface) Option 10 (incorporation into soil within 6 hours)

3.15 Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge.

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

Cumulative Loadings and Remaining Allotments

3.16 Is the sewage sludge applied to this site since July 20, 1993, subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2)?

Yes No → SKIP to Part 2, Section 4.

3.17 Have you contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993?

Yes No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4.

3.18 Provide the following information about your NPDES permitting authority:

NPDES permitting authority name

Contact person

Telephone number

Email address

3.19 Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?

Yes No → SKIP to Part 2, Section 4.

3.20 Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Check here to indicate that additional pages are attached.

Facility name

Mailing address (street or P.O. box)

City or town

State

ZIP code

Contact name (first and last)

Title

Phone number

Email address

Land Application of Bulk Sewage Sludge Continued

PART 2, SECTION 4 SURFACE DISPOSAL (40 CFR 122.21(q)(10))

Surface Disposal

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

Surface Disposal Continued

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

Surface Disposal Continued

Vector Attraction Reduction

4.21 Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

- Option 9 (Injection below and surface) Option 11 (Covering active sewage sludge unit daily)
- Option 10 (Incorporation into soil within 6 hours) None

4.22 Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge.

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

Groundwater Monitoring

4.23 Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit?

- Yes No → SKIP to Item 4.26 (Part 2, Section 4) below.

4.24 Provide a copy of available groundwater monitoring data.

- Check here to indicate you have attached the monitoring data.

4.25 Describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data.

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

4.26 Has a groundwater monitoring program been prepared for this active sewage sludge unit?

- Yes No → SKIP to Item 4.28 (Part 2, Section 4) below.

4.27 Submit a copy of the groundwater monitoring program with this permit application.

- Check here to indicate you have attached the monitoring program.

4.28 Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated?

- Yes No → SKIP to Item 4.30 (Part 2, Section 4) below.

4.29 Submit a copy of the certification with this permit application.

- Check here to indicate you have attached the certification to the application package.

Site-Specific Limits

4.30 Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?

- Yes No → SKIP to Part 2, Section 5.

4.31 Submit information to support the request for site-specific pollutant limits with this application.

- Check here to indicate you have attached the requested information.

PART 2, SECTION 5 INCINERATION (40 CFR 122.21(q)(11))**Incinerator Information**

5.1 Do you fire sewage sludge in a sewage sludge incinerator?
 Yes No → SKIP to END.

5.2 Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.)
 Check here to indicate that you have attached information for one or more incinerators.

5.3 Incinerator name or number

Location address (street, route number, or other specific identifier)

County

County code

Not available

City or town

State

ZIP code

Latitude/Longitude of Incinerator (see instructions)

Latitude

Longitude

Method of Determination

USGS map

Field survey

Other (specify) _____

Amount Fired

5.4 Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator:

Beryllium NESHAP

5.5 Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such.
 Check here to indicate that you have attached this material to the application package.

5.6 Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31?
 Yes No → SKIP to Item 5.8 (Part 2, Section 5) below.

5.7 Submit with this application a complete report of the latest beryllium emission rate testing *and* documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.
 Check here to indicate that you have attached this information.

Mercury NESHAP

5.8 Is compliance with the mercury NESHAP being demonstrated via stack testing?
 Yes No → SKIP to Item 5.11 (Part 2, Section 5) below.

5.9 Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.
 Check here to indicate that you have attached this information.

5.10 Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted.
 Check here to indicate that you have attached this information.

5.11 Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling?
 Yes No → SKIP to Item 5.13 (Part 2, Section 5) below.

5.12 Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.
 Check here to indicate that you have attached this information.

Incineration

Dispersion Factor

5.13 Dispersion factor in micrograms/cubic meter per gram/second:

5.14 Name and type of dispersion model:

5.15 Submit a copy of the modeling results and supporting documentation.

Check here to indicate that you have attached this information.

Control Efficiency

5.16 Provide the control efficiency, in hundredths, for each of the pollutants listed below.

Pollutant	Control Efficiency, in Hundredths
Arsenic	
Cadmium	
Chromium	
Lead	
Nickel	

5.17 Attach a copy of the results or performance testing and supporting documentation (including testing dates).

Check here to indicate that you have attached this information.

Risk-Specific Concentration for Chromium

5.18 Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter:

5.19 Was the RSC determined via Table 2 in 40 CFR 503.43?

Yes

No → SKIP to Item 5.21 (Part 2, Section 5) below.

5.20 Identify the type of incinerator used as the basis.

Fluidized bed with wet scrubber

Other types with wet scrubber

Fluidized bed with wet scrubber and wet electrostatic precipitator

Other types with wet scrubber and wet electrostatic precipitator

5.21 Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)?

Yes

No → SKIP to Item 5.23 (Part 2, Section 5) below.

5.22 Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas:

5.23 Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application.

Check here to indicate that you have attached this information.

Not applicable

Incinerator Parameters

5.24 Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator?

Yes

No

5.25 Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator?

Yes

No

5.26 Indicate the type of sewage sludge incinerator.

5.27 Incinerator stack height in meters:

5.28 Indicate whether the value submitted in Item 5.27 is (check only one response):

Actual stack height

Creditable stack height

Incineration Continued

Performance Test Operating Parameters

5.29 Maximum performance test combustion temperature:

5.30 Performance test sewage sludge feed rate, in dry metric tons/day

5.31 Indicate whether value submitted in Item 5.30 is (check only one response):

 Average use Maximum design

5.32 Attach supporting documents describing how the feed rate was calculated.

 Check here to indicate that you have attached this information.

5.33 Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

 Check here to indicate that you have attached this information.**Monitoring Equipment**

5.34 List the equipment in place to monitor the listed parameters.

Parameter**Equipment in Place for Monitoring**

Total hydrocarbons or carbon monoxide

Percent oxygen

Percent moisture

Combustion temperature

Other (describe)

Air Pollution Control Equipment

5.35 List all air pollution control equipment used with this sewage sludge incinerator.

 Check here if you have attached the list to the application package for the noted incinerator.

Incineration Continued

END of PART 2**Submit completed application package to your NPDES permitting authority.**

Topographic Map Per EPA Form 2S, Part 2,
Section 1.14

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



DISCHARGE FROM
NORTH POLLUTION
CONTROL PLANT

NORTH POLLUTION CONTROL PLANT

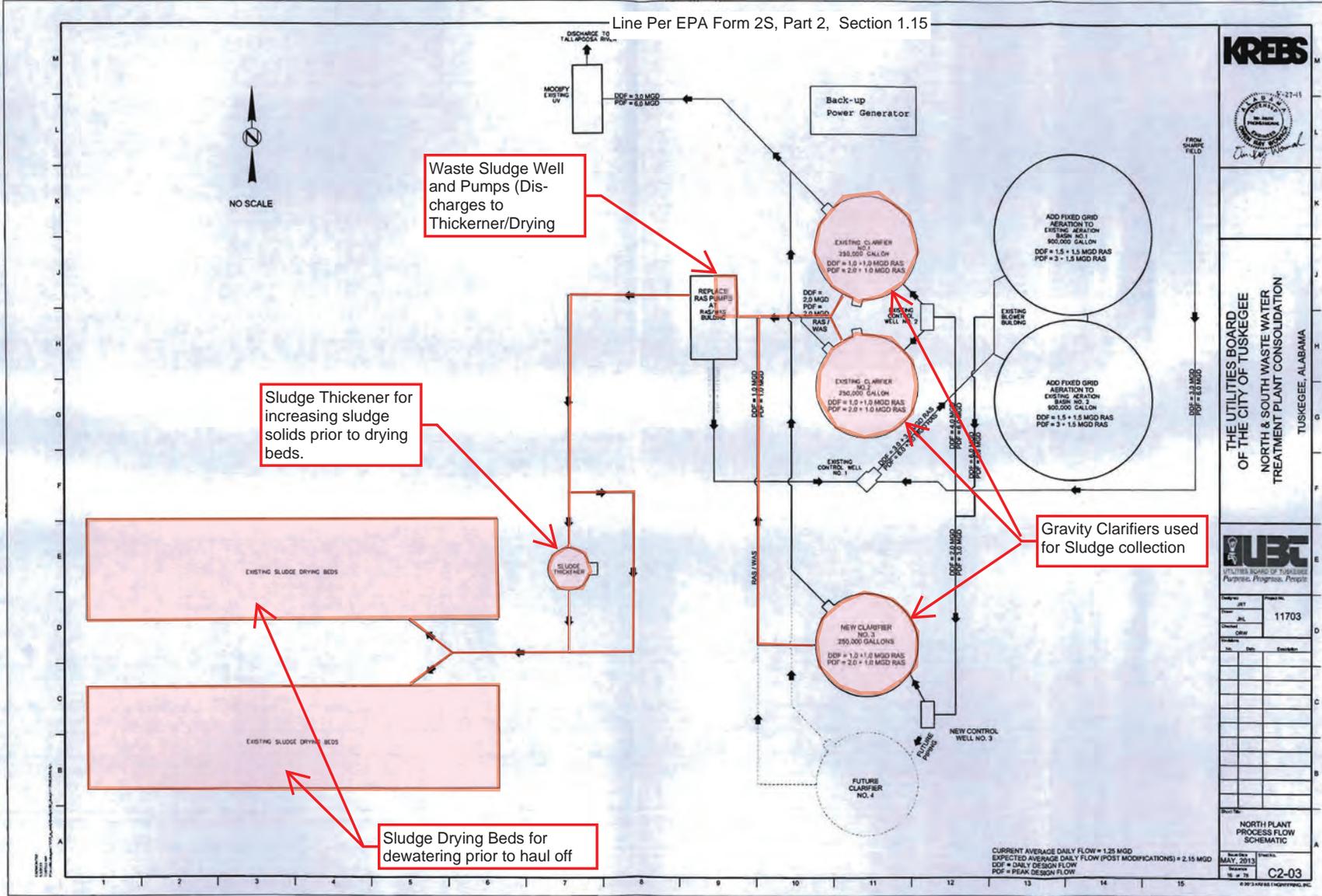
SHARPE FIELD LIFT
STATION (HEADWORKS
FOR NWWTP)

UTM GRID AND 1911 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET



THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

Line Per EPA Form 2S, Part 2, Section 1.15



KREBS



THE UTILITIES BOARD
OF THE CITY OF TUSKEGEE
NORTH & SOUTH WASTE WATER
TREATMENT PLANT CONSOLIDATION
TUSKEGEE, ALABAMA



Project No.	11703
Client	
Contract	
Scale	
Date	
Author	
Checker	
Approver	

NORTH PLANT
PROCESS FLOW
SCHEMATIC
MAY, 2013
C2-03

CURRENT AVERAGE DAILY FLOW = 1.25 MGD
EXPECTED AVERAGE DAILY FLOW (POST MODIFICATIONS) = 2.15 MGD
DDF = DAILY DESIGN FLOW
PDF = PEAK DESIGN FLOW