Edward F. Poolos
Director

Jeffery W. Kitchens
Deputy Director

Alabama Department of Environmental Management
adem.alabama.gov
1400 Coliseum Blvd. 36110-2400 ▪ Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7700 ▪ FAX (334) 271-7950

Kay Ivey
Governor

APR 10 2026

Joe Sexton
General Manager
Utilities Board of the City of Ozark
PO BOX 1125
Ozark, AL 36361-1125

RE: Draft Permit
NPDES Permit No. AL0056324
Ozark Southside WWTF
Dale County, Alabama

Dear Mr. Sexton:

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.

If you have questions regarding this permit or monitoring requirements, please contact Sandra Lee at slee@adem.alabama.gov or (334) 274-4223.

Sincerely,

Sandra Lee
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

Alabama Department of Environmental Management

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: UTILITIES BOARD OF THE CITY OF OZARK
PO BOX 1125
OZARK, AL 36361

FACILITY LOCATION: OZARK SOUTHSIDE WWTF (2.1 MGD)
ALABAMA HIGHWAY 123
OZARK, ALABAMA
DALE COUNTY

PERMIT NUMBER: AL0056324

RECEIVING WATERS: KLONDIKE CREEK

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

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

Draft

Alabama Department of Environmental Management
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 Wastewater 1
2. DSN 001Q: Quarterly Mercury Monitoring 3
3. DSN 001T: Toxicity 4
4. DSN 002S: Stormwater runoff 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 FOR CHRONIC TOXICITY 24
C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS 27
D. PLANT CLASSIFICATION 28
E. SANITARY SEWER OVERFLOW RESPONSE PLAN 28
F. POLLUTANT SCANS 30
G. MAJOR SOURCE STORMWATER REQUIREMENTS 30
H. MERCURY MINIMIZATION PLAN 31

PART I: DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. DSN 0011: Treated 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)
Oxygen, Dissolved (DO) (00300) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	*****	mg/l	2X Weekly	Grab	Not Seasonal
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	8.5 Maximum Daily	S.U.	2X Weekly	Grab	Not Seasonal
Solids, Total Suspended (00530) Effluent Gross Value	525 Monthly Average	788 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	78.8 Monthly Average	118 Weekly Average	lbs/day	*****	4.5 Monthly Average	6.7 Weekly Average	mg/l	2X Weekly	24-Hr Composite	W
Nitrogen, Ammonia Total (As N) (00610) Effluent Gross Value	26.2 Monthly Average	39.4 Weekly Average	lbs/day	*****	1.5 Monthly Average	2.2 Weekly Average	mg/l	2X Weekly	24-Hr Composite	S
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
Copper Total Recoverable (01119) Effluent Gross Value, See note (5)	*****	*****	*****	*****	20.0 Monthly Average	25.7 Maximum Daily	ug/l	Monthly	Grab	Not Seasonal

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

(1) Sample Frequency – See also Part I.B.2
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
See Permit Requirements for Stormwater in Part IV.G

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

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

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

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

(5) For the purpose of demonstration of this parameter, "Total" and "Total Recoverable" shall be considered equivalent.

DSN 0011 (Continued): Treated 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)
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Continuous	Not Seasonal
Chlorine, Total Residual (50060) See notes (3, 4) Effluent Gross Value	*****	*****	*****	*****	0.017 Monthly Average	0.030 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
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	437 Monthly Average	656 Weekly Average	lbs/day	*****	25.0 Monthly Average	37.5 Weekly Average	mg/l	2X Weekly	24-Hr Composite	W
BOD, Carbonaceous 05 Day, 20C (80082) Effluent Gross Value	402 Monthly Average	604 Weekly Average	lbs/day	*****	23.0 Monthly Average	34.5 Weekly Average	mg/l	2X Weekly	24-Hr Composite	S
BOD, Carbonaceous 05 Day, 20C (80082) Raw Sew/Influent	(Report) Monthly Average	(Report) Weekly Average	lbs/day	*****	(Report) Monthly Average	(Report) Weekly Average	mg/l	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 (May - November)
W = Winter (December - April)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)

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

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

(5) For the purpose of demonstration of this parameter, "Total" and "Total Recoverable" shall be considered equivalent.

2. DSN 001Q: Quarterly Mercury Monitoring

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

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
Mercury Total Recoverable (71901) Effluent Gross Value See notes (5,6,7)	*****	*****	*****	*****	(Report) Monthly Average	(Report) Maximum Daily	ug/l	Quarterly	Grab	Not Seasonal

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

(1) Sample Frequency – See also Part I.B.2
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
See Permit Requirements for Stormwater in Part IV.G

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

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

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

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

(5) EPA Method 1631/1669E, or alternative method specifically approved by the Department shall be used for analysis of this parameter.

(6) See Part IV.H for Mercury Minimization Plan.

(7) If only one sampling event occurs during a monitoring period, the sample result shall be reported on the DMRs as both the monthly average and maximum daily.

3. DSN 001T: Toxicity

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

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

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

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

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

See Permit Requirements for Stormwater in Part IV.G

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

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

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

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

4. DSN 002S: Stormwater runoff

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 002S, which is described more fully in the Permittee's application as a stormwater outfall (001S) located at the wastewater 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	Seasonal See note (2)
pH (00400) Storm Water	*****	*****	*****	(Report) Minimum Daily	*****	(Report) Maximum Daily	S.U.	Annually	Grab	Not Seasonal
Solids, Total Suspended (00530) Storm Water	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Annually	Grab	Not Seasonal
Oil & Grease (00556) Storm Water	*****	*****	*****	*****	*****	15.0 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 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 (May - November)
W = Winter (December - April)

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

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

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

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 30l(c), 30l(g), 30l(h), 30l(k), or 3l6(a) of the FWPCA or for fundamentally different factors;

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

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

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

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

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

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

5. **Termination**

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

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

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

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

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

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

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

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

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

6. **Suspension**

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

7. **Stay**

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

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

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

G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

1. The permittee shall not allow the introduction of wastewater, other than domestic wastewater, from a new 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 FOR CHRONIC TOXICITY

1. Chronic Toxicity Test

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

b. The samples shall be diluted using appropriate control water to the Instream Waste Concentration (IWC) which is 64 percent effluent. The IWC is the actual concentration of effluent, after mixing, in the receiving stream during a 7-day, 10-year low flow period.

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

2. General Test Requirements

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

821-R-02-013 (most current edition) or another control water selected by the Permittee and approved by the Department.

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

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

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

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

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

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

3. **Reporting Requirements**

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

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

4. **Additional Testing Requirements**

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

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

5. **Test Methods**

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

6. **Effluent Toxicity Testing Reports**

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

a. Introduction

(1) Facility name, location and county

(2) Permit number

(3) Toxicity testing requirements of permit

(4) Name of receiving water body

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

(i) Name of firm

(ii) Telephone number

(iii) Address

(6) Objective of test

b. Plant Operations

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

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

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

c. Source of Effluent and Dilution Water

(1) Effluent samples

(2) Sampling point

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

(4) Sample collection method

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

(6) Lapsed time from sample collection to delivery

(7) Lapsed time from sample collection to test initiation

(8) Sample temperature when received at the laboratory

(9) Dilution Water

(10) Source

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

(12) Pretreatment (if applicable)

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

d. Test Conditions

(1) Toxicity test method utilized

(2) End point(s) of test

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

(4) Date and time test started

(5) Date and time test terminated

(6) Type and volume of test chambers

(7) Volume of solution per chamber

(8) Number of organisms per test chamber

(9) Number of replicate test chambers per treatment

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

(11) Specify if aeration was needed

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

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

(14) Light intensity (mean)

e. Test Organisms

(1) Scientific name

(2) Life stage and age

(3) Source

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

f. Quality Assurance

(1) Reference toxicant utilized and source

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

(3) Dilution water utilized in reference toxicant test

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

(5) Physical and chemical methods utilized

g. Results

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

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

(3) Indicate statistical methods used to calculate endpoints

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

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

h. Conclusions and Recommendations

(1) Relationship between test endpoints and permit limits

(2) Actions to be taken

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

C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

1. If chlorine is not utilized for disinfection purposes, TRC monitoring under Part I of this Permit is not required. If TRC monitoring is not required (conditional monitoring), "*9" 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 , 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. MERCURY MINIMIZATION PLAN

1. Plan Requirements

Within 180 days from the effective date of this Permit or initial discharge, whichever is later, the Permittee shall submit to the Department an updated Mercury Minimization Plan (MMP) prepared by an Alabama Registered Professional Engineer. The MMP shall be revised as needed to efficiently and effectively reduce mercury discharges to the maximum extent practicable. Proposed revisions to the MMP may be submitted to the Department with the semi-annual MMP status report or as needed for Departmental review. The updated plan shall, at a minimum, include:

a. A program to identify and compile an inventory of potential sources of mercury which contribute to the discharge, including but not limited to, an assessment of the public water source, an assessment of the permittee's wastewater treatment chemicals containing mercury, dental offices, medical facilities, industrial or commercial users of the POTW, stormwater (including potential for atmospheric deposition within the treatment works), inflow and infiltration, school laboratories, and equipment containing mercury within the wastewater treatment works.

b. A monitoring plan which considers monitoring and possible seasonal variations at, but not limited to, the influent to the POTW (including the public water source and atmospheric deposition), receiving water upstream of the POTW discharge to determine surface water background values, within the collection system (including identification of specific locations), and of potential industrial and/or commercial users, dental offices, medical facilities, and school laboratories. The monitoring plan should establish the initial frequency of proposed monitoring and shall utilize EPA Method 1631/1669 E, or an alternate method approved by the Department.

c. Plans to develop and implement cost-effective control measures for identified sources of mercury. Examples include, but are not limited to, public education and outreach at identified sources, evaluation of chemical usage and equipment usage within the wastewater collection and treatment systems for potential replacement with materials that do not contain mercury, audits of industrial users, etc.

d. Plans to develop a Public Education and Outreach program. Examples include identification to the public of recycling vendors who accept items containing mercury, a collection program for materials containing mercury for residents, news releases and public outreach to inform the public and/or potential sources of mercury of the issues associated with the inappropriate disposal of mercury, informational fact sheets for distribution where mercury containing products are purchased or used, etc.

2. Semi-Annual Progress Reports

If at least six months have passed since the due date of the MMP, the Permittee shall submit an semi-annual MMP status reports by January 31st and July 31st, and each subsequent January 31st and July 31st. Each element of the MMP should be addressed in the semi-annual MMP status report, including but not limited to:

a. Potential Sources: A list of potential mercury sources that have been previously or newly identified, including levels of mercury contribution(s) from each source, either measured or estimated/predicted, to the permittee's discharge.

b. Monitoring Plan: A summary of all monitoring results not already submitted to the Department, including an analysis of all mercury monitoring results (i.e., trend analysis, if adequate data are available).

c. Control Measures: Details of control measures designed and/or implemented since last report submittal.

d. Public Education and Outreach: A summary of public education and outreach developed and/or conducted since the last report submittal.

e. Proposed revisions to the MMP, including justification for each adjustment. Examples of adjustments could include changes in monitoring locations or frequencies based upon previous results, changes in public education and outreach methods, control measures, inventory of potential sources, etc.

EDWARD F. POOLOS
DIRECTOR

JEFFERY W. KITCHENS
DEPUTY DIRECTOR

Alabama Department of Environmental Management
adem.alabama.gov
1400 Coliseum Blvd. 36110-2400 ■ Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7700 ■ FAX (334) 271-7950

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: October 30, 2025 **By:** Sandra Lee

NPDES Permit No. AL0056324

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

   Utilities Board of the City of Ozark
   PO BOX 1125
   Ozark, AL 363611125

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

   Ozark Southside WWTF
   Alabama Highway 123
   Ozark, AL 36361

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	Klondike Creek	Fish and Wildlife (F&W)
002	Klondike Creek	Fish and Wildlife (F&W)

   For the Outfall latitude and longitude see the permit application.

5. **Permit Conditions:**

   See attached Rationale and Draft Permit.

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

   a. **Comment Period**

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

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

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: **AL0056324** Date: December 17, 2025

Permit Applicant: Utilities Board of the City of Ozark
PO BOX 1125
Ozark, AL 363611125

Location: **Ozark Southside WWTF**
Alabama Highway 123
Ozark, AL 36361

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

Basis for Limitations: Water Quality Model: DO, $CBOD_5$, NH_3N
Reissuance with no modification: pH, E. Coli, DO, $CBOD_5$, NH_3N, TSS, TSS Percent Removal, $CBOD_5$ Percent Removal
Instream calculation at 7Q10: ~64%
Toxicity based: TRC
Secondary Treatment Levels: TSS, TSS Percent Removal, $CBOD_5$ Percent Removal
Other (described below): pH, E. Coli, Total Recoverable Copper, Total Recoverable Mercury

Design Flow (MGD): 2.1 MGD

Major: Yes

Description of Discharge:

Feature ID	Description	Receiving Water	Waterbody Use Classification	303(d)	TMDL
001	Treated Domestic Wastewater	Klondike Creek	Fish and Wildlife (F&W)	No	No
002	Stormwater runoff	Klondike Creek	Fish and Wildlife (F&W)	No	No

Discussion: This permit is a reissuance due to expiration.

The pH limits for Outfall 0011 were developed consistent with the Water-Use designation of the receiving stream and the Municipal Section's Permit Development Rationale. The daily maximum pH limit is 8.5 s.u. and the daily minimum is 6.0 s.u. The monitoring frequency is twice per week. Flow will be monitored continuously, seven days per week.

The discharge limits for Dissolved Oxygen (DO), 5 Day Carbonaceous Biochemical Oxygen Demand ($CBOD_5$), and Total Ammonia as Nitrogen (NH_3N), for Outfall 0011 were developed by the Municipal Permitting Section based on a Waste Load Allocation (WLA) model performed by the Department's Water Quality Branch on October 23, 2025. The summer (May – November) monthly average limits for $CBOD_5$ and NH_3N, are 23.0 mg/l and 1.5 mg/l, respectively. The winter (December – April) monthly average limits for $CBOD_5$ and NH_3N, are 25.0 and 4.5, respectively. DO will have a daily minimum limitation of 6.0 mg/L. The monitoring frequencies will be twice per week. A minimum percent removal of 85 percent is imposed for $CBOD_5$ based on 40 CFR 133.102. The percent removal will be calculated once per month.

The monthly average TSS limit is established at 30.0 mg/l in accordance with 40 CFR 133.102. The monitoring frequency will be twice per week. A minimum percent removal 85 percent is imposed for TSS based on 40 CFR 133.102. The percent removal will be calculated once per month.

The imposed E. coli limits were determined based on the water-use classification of the receiving stream. Since Klondike Creek is classified as Fish & Wildlife the limits for May – October are 126 col/100ml (monthly average) and 298 col/100ml (daily maximum), while the limits for November – April are 548 col/100ml (monthly average) and 2507 col/100ml (daily maximum). The monitoring frequency will be twice per week.

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 monthly and report effluent test results 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 additional nutrient limits on this discharge.

The Total Residual Chlorine (TRC) limits are based on calculations to ensure that acute and chronic toxic concentrations of TRC in the receiving stream are not exceeded. Monthly average and daily maximum TRC limitations of 0.017 mg/L and 0.030 mg/L, respectively, are being imposed at Outfall 0011. The monitoring frequency will be twice per week. Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter "*9" or "NODI=9"(if hard copy) on the monthly DMR. A measurement of TRC below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as NODI=B or *B on the discharge monitoring reports. The less stringent TRC limitations are not considered backsliding because it is consistent with the Department's anti-degradation policy and water quality standards are being attained.

Because this facility is a major municipal discharger, chronic toxicity testing with two species (Ceriodaphnia and Pimephales) is being imposed on this permit. Toxicity testing is imposed for both survival and life-cycle impairment (i.e., growth and reproduction). Chronic toxicity at the IWC of 64 percent is required once per year during the month of October. Should the results show chronic toxicity, the permittee would have to conduct follow-up testing as described in Part IV.B of the permit. The lower IWC is not considered backsliding because it is consistent with the Department's anti-degradation policy and water quality standards are being attained.

ADEM completed a numeric Reasonable Potential Analysis (RPA) of the data submitted in Part D of the Permittee's application (Per 40 CFR Part 122 Appendix J – Table 2) and DMR data. The RPA indicates that the discharge may have a reasonable potential to contribute to copper and mercury excursions of Alabama's in-stream water quality standards. Total Recoverable Copper monitoring will be included in the permit with a daily maximum limitation of 25.7 ug/l and a monthly average limitation of 20.0 ug/l. The monitoring frequency will be once per month. Since this facility does not accept waste from any significant industrial dischargers that are expected to contribute mercury, this permit will require quarterly monitoring for Total Recoverable Mercury and the continued implementation of their Mercury Minimization Plan as stated in Part IV.H of the Permit. The November 2025 sample for trivalent dissolved arsenic was not included in the average used for the RPA because the initial high sample collected was potentially sample contamination according to the Permittee's Noncompliance Notification Form and a subsequent sample taken in November 2025 indicated below detection limits. The less stringent limitations for copper and the removal of trivalent dissolved arsenic monitoring are not considered backsliding because they are consistent with the Department's anti-degradation policy and water quality standards are being maintained. There was no available background data for the receiving stream that could be used in the RPA analysis.

The receiving stream is Klondike Creek a Tier I waterbody. The creek is not on the current 303(d) list for impaired waterbodies. The creek is a tributary to Hurricane Creek and is within close proximity to the section of Hurricane Creek that has an approved pathogens TMDL. The TMDL indicates that point sources should not discharge wastewater in concentrations exceeding water quality criterion. Ozark Southside WWTP's permit includes limitations for E. Coli that are equivalent to water quality criteria.

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 or expanded discharge to a Tier II waterbody, so the applicant is not required to demonstrate that the discharge is necessary for economic and social development.

Annual stormwater monitoring for outfalls 002S will be required for Flow, pH, TSS, NH_3-N, $CBOD_5$, TKN, NO_3-NO2-N, TP, Oil and Grease, and E. Coli.

Prepared by: Sandra Lee

TOXICITY AND DISINFECTION RATIONALE

Facility Name:	**Ozark Southside WWTF**	
NPDES Permit Number:	**AL0056324**	
Receiving Stream:	**Klondike Creek**	
Facility Design Flow (Q_w):	**2.100 MGD**	
Receiving Stream $7Q_{10}$:	**1.850 cfs**	
Receiving Stream $1Q_{10}$:	**1.388 cfs**	**(Estimated at 0.75 * 7Q10)**
Winter Headwater Flow (WHF):	**4.05 cfs**	
Summer Temperature for CCC:	**30 deg. Celsius**	
Winter Temperature for CCC:	**20 deg. Celsius**	
Headwater Background NH_3-N Level:	**0.11 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.

$$\text{Stream Dilution Ration (SDR)} = \frac{Qw}{7Q10 + Qw} = \textbf{63.72\%}$$

AMMONIA TOXICITY LIMITATIONS

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

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

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

= **63.72%** **Effluent-Dominated, CCC Applies**

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

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

	CMC	CCC
Allowable Summer Instream NH_3-N:	**36.09 mg/l**	**2.18 mg/l**
Allowable Winter Instream NH_3-N:	**36.09 mg/l**	**4.15 mg/l**

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

= **3.4 mg/l NH3-N at 7Q10**

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

= **9.2 mg/l NH3-N at Winter Flow**

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

	DO-based NH3-N limit	Toxicity-based NH3-N limit
Summer	**1.50 mg/l NH3-N**	**3.40 mg/l NH3-N**
Winter	**4.50 mg/l NH3-N**	**9.20 mg/l NH3-N**

Summer: The DO based limit of 1.50 mg/l NH3-N applies.
Winter: The DO based limit of 4.50 mg/l NH3-N applies.

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

The following factors trigger toxicity testing requirements:

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

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

Chronic toxicity testing is required

Instream Waste Concentration (IWC) = $\frac{Qw}{7Q10 + Qw}$ = **63.72%** Note: This number will be rounded up for toxicity testing purposes.

DISINFECTION REQUIREMENTS

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

See the attached Disinfection Guidance for applicable stream standards.

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

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

MAXIMUM ALLOWABLE CHLORINATION LIMITS

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

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

Maximum allowable TRC in effluent:	0.017 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.030 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: Sandra Lee Date: 1/14/2026

Waste Load Allocation Summary

REQUEST INFORMATION

Request Number: 4075

From:	Sandy Lee	In Branch/Section	Municipal		
Date Submitted	7/11/2025	Date Required	8/10/2025	FUND Code	605
Date Permit application received by NPDES program	6/30/2025				
Receiving Waterbody	Klondike Creek				
Previous Stream Name					
Facility Name	Ozark Southside WWTF	(Name of Discharger-WQ will use to file)			
		Previous Discharger Name			
River Basin	Choctawhatchee	Outfall Latitude	31.387360	(decimal degrees)	
*County	Dale	Outfall Longitude	-85.608700	(decimal degrees)	
Permit Number	AL0056324	Permit Type	Permit Reissuance		
		Permit Status	Active		
		Type of Discharger	MUNICIPAL		

Do other discharges exist that may impact the model? ☐ Yes ☑ No

If yes, impacting dischargers names.		Impacting dischargers permit numbers.	

Existing Discharge Design Flow	2.1	MGD	Note: The flow rates given should be those requested for modeling.
Proposed Discharge Design Flow		MGD	

Comments included ☐ Yes ☑ No

Information Verified By: BCH

Year File Was Created: 2085

Response ID Number: 2053

Lat/Long Method: GPS

12 Digit HUC Code	031402010601		
Use Classification	F&W		
Site Visit Completed?	☑ Yes ☐ No	Date of Site Visit	7/22/2025
Waterbody Impaired?	☐ Yes ☑ No	Date of WLA Response	10/23/2025
Antidegradation	☐ Yes ☑ No	Approved TMDL?	☑ Yes ☐ No
Waterbody Tier Level	Tier I		
Use Support Category	3	Approval Date of TMDL	9/23/2009

Waste Load Allocation Information

Modeled Reach Length	8.86	Miles	Date of Allocation	10/23/2025	
Name of Model Used	SWQM		Allocation Type	2 Seasons	
Model Completed by	Brian Haigler		Type of Model Used	Desk-top	
Allocation Developed by	Water Quality Branch				

Waste Load Allocation Summary

Annual Effluent Limits

Qw ____ MGD

CBOD5 ____

NH3-N ____

TKN ____

D.O. ____

Conventional Parameters

	Qw 2.1 MGD	Qw 2.1 MGD
Season	Summer	Winter
From	May	Dec
Through	Nov	Apr
CBOD5	23 mg/L	25 mg/L
NH3-N	1.5 mg/L	4.5 mg/L
TKN		
D.O.	6 mg/L	6 mg/L

Other Parameters

	Qw ____ MGD	Qw ____ MGD
Season		
From		
Through		
TP		
TN		
TSS		

"Monitor Only" Parameters for Effluent:

Parameter	Frequency	Parameter	Frequency
TP	Monthly		
NO2+NO3-N	Monthly		
TKN	Monthly		

Water Quality Characteristics Immediately Upstream of Discharge

Parameter	Summer		Winter	
CBODu	2	mg/l	2	mg/l
NH3-N	0.11	mg/l	0.11	mg/l
Temperature	30	°C	20	°C
pH	7	su	7	su

Hydrology at Discharge Location

Drainage Area Qualifier: Exact

			Method Used to Calculate
Drainage Area	9.82	sq mi	
Stream 7Q10	1.85	cfs	Bingham Equation
Stream 1Q10	1.39	cfs	75%of 7Q10
Stream 7Q2	4.05	cfs	Bingham Equation
Annual Average	15.22	cfs	ADEM Estimate w/USGS Gage Data

Comments and/or Notations

Facility Name: **Ozark Southside WWTF**

NPDES No.: **AL0056324**

8/13/2017

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

ID	Pollutant	Carcinogen "yes"	Type	Background from upstream source (C_{d2}) Daily Max	Background from upstream source (C_{d2}) Monthly Ave	Background Instream (C_s) Daily Max	Background Instream (C_s) Monthly Ave	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)
				µg/l	µg/l	µg/l	µg/l	µg/l	µg/l	
1	Antimony		Metals	0	0	0	0	0	0	-
2	**Arsenic*,****	YES	Metals	0	0	0	0	1.05	0.01667	0.574
3	Beryllium		Metals	0	0	0	0	0	0	-
4	Cadmium**		Metals	0	0	0	0	0	0	0.236
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0	0.210
6	Chromium / Chromium VI**		Metals	0	0	0	0	0	0	
7	Copper**		Metals	0	0	0	0	14.5	7.07	0.388
8	Lead**		Metals	0	0	0	0	0	0	0.206
9	Mercury**		Metals	0	0	0	0	0.0274	0.0121	0.302
10	Nickel**		Metals	0	0	0	0	0	0	0.505
11	Selenium		Metals	0	0	0	0	0	0	-
12	Silver		Metals	0	0	0	0	0	0	-
13	Thallium		Metals	0	0	0	0	0	0	-
14	Zinc**		Metals	0	0	0	0	41.1	29.2	0.330
15	Cyanide		Metals	0	0	0	0	0	0	-
16	Total Phenolic Compounds		Metals	0	0	0	0	0	0	-
17	Hardness (As CaCO3)		Metals	0	0	0	0	31900	31000	-
18	Acrolein		VOC	0	0	0	0	0	0	-
19	**Acrylonitrile***	YES	VOC	0	0	0	0	0	0	-
20	**Aldrin**	YES	VOC	0	0	0	0	0	0	-
21	**Benzene***	YES	VOC	0	0	0	0	0	0	-
22	**Bromoform***	YES	VOC	0	0	0	0	0	0	-
23	**Carbon Tetrachloride***	YES	VOC	0	0	0	0	0	0	-
24	**Chlordane**	YES	VOC	0	0	0	0	0	0	-
25	Clorobenzene		VOC	0	0	0	0	0	0	-
26	**Chlorodibromo-Methane***	YES	VOC	0	0	0	0	1.11	0.37	-
27	Chloroethane		VOC	0	0	0	0	0	0	-
28	2-Chloro-Ethylvinyl Ether		VOC	0	0	0	0	0	0	-
29	**ChloroForm***	YES	VOC	0	0	0	0	101	49.4	-
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	11.9	6.22	-
34	1, 1-Dichloroethane		VOC	0	0	0	0	0	0	-
35	**1, 2-Dichloroethane***	YES	VOC	0	0	0	0	0	0	-
36	Trans-1, 2-Dichloro-Ethylene		VOC	0	0	0	0	0	0	-
37	**1, 1-Dichloroethylene***	YES	VOC	0	0	0	0	0	0	-
38	1, 2-Dichloropropane		VOC	0	0	0	0	0	0	-
39	1, 3-Dichloro-Propylene		VOC	0	0	0	0	0	0	-
40	**Dieldrin**	YES	VOC	0	0	0	0	0	0	-
41	Ethylbenzene		VOC	0	0	0	0	0	0	-
42	Methyl Bromide		VOC	0	0	0	0	0	0	-
43	Methyl Chloride		VOC	0	0	0	0	0	0	-
44	**Methylene Chloride***	YES	VOC	0	0	0	0	0	0	-
45	**1, 1, 2, 2-Tetrachloro-Ethane***	YES	VOC	0	0	0	0	0	0	-
46	**Tetrachloro-Ethylene***	YES	VOC	0	0	0	0	0	0	-
47	Toluene		VOC	0	0	0	0	0	0	-
48	**Toxaphene**	YES	VOC	0	0	0	0	0	0	-
49	**Tributyltine (TBT)**	YES	VOC	0	0	0	0	0	0	-
50	1, 1, 1-Trichloroethane		VOC	0	0	0	0	0	0	-
51	**1, 1, 2-Trichloroethane***	YES	VOC	0	0	0	0	0	0	-
52	**Trichloroethylene***	YES	VOC	0	0	0	0	0	0	-
53	**Vinyl Chloride***	YES	VOC	0	0	0	0	0	0	-
54	P-Chloro-M-Cresol		Acids	0	0	0	0	0	0	-
55	2-Chlorophenol		Acids	0	0	0	0	0	0	-
56	2, 4-Dichlorophenol		Acids	0	0	0	0	0	0	-
57	2, 4-Dimethylphenol		Acids	0	0	0	0	0	0	-
58	4, 6-Dinitro-O-Cresol		Acids	0	0	0	0	0	0	-
59	2, 4-Dinitrophenol		Acids	0	0	0	0	0	0	-
60	**4,6-Dintro-2-methylophenol**	YES	Acids	0	0	0	0	0	0	-
61	**Dioxin (2,3,7,8-TCDD)**	YES	Acids	0	0	0	0	0	0	-
62	2-Nitrophenol		Acids	0	0	0	0	0	0	-
63	4-Nitrophenol		Acids	0	0	0	0	0	0	-
64	**Pentachlorophenol***	YES	Acids	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	-
66	**2, 4, 6-Trichlorophenol***	YES	Acids	0	0	0	0	0	0	-
67	Acenaphthene		Bases	0	0	0	0	0	0	-
68	Acenaphthylene		Bases	0	0	0	0	0	0	-
69	Anthracene		Bases	0	0	0	0	0	0	-
70	Benzidine		Bases	0	0	0	0	0	0	-
71	**Benzo(A)Anthracene***	YES	Bases	0	0	0	0	0	0	-
72	**Benzo(A)Pyrene***	YES	Bases	0	0	0	0	0	0	-
73	3, 4 Benzo-Fluoranthene		Bases	0	0	0	0	0	0	-
74	Benzo(GHI)Perylene		Bases	0	0	0	0	0	0	-
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	-
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	-
77	**Bis (2-Chloroethyl)-Ether***	YES	Bases	0	0	0	0	0	0	-
78	Bis (2-Chloroiso-Propyl) Ether		Bases	0	0	0	0	0	0	-
79	**Bis (2-Ethylhexyl) Phthalate***	YES	Bases	0	0	0	0	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 Aldeyhide**	YES	Bases	0	0	0	0	0	0	-
102	Fluoranthene		Bases	0	0	0	0	0	0	-
103	Fluorene		Bases	0	0	0	0	0	0	-
104	Heptochlor	YES	Bases	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	-
106	**Hexachlorobenzene***	YES	Bases	0	0	0	0	0	0	-
107	**Hexachlorobutadiene***	YES	Bases	0	0	0	0	0	0	-
108	**Hexachlorocyclohexan (alpa)**	YES	Bases	0	0	0	0	0	0	-
109	**Hexachlorocyclohexan (beta)**	YES	Bases	0	0	0	0	0	0	-
110	**Hexachlorocyclohexan (gamma)**	YES	Bases	0	0	0	0	0	0	-
111	HexachlorocycloPentadiene		Bases	0	0	0	0	0	0	-
112	Hexachloroethane		Bases	0	0	0	0	0	0	-
113	**Indeno(1, 2, 3-CK)Pyrene***	YES	Bases	0	0	0	0	0	0	-
114	Isophorone		Bases	0	0	0	0	0	0	-
115	Naphthalene		Bases	0	0	0	0	0	0	-
116	Nitrobenzene		Bases	0	0	0	0	0	0	-
117	**N-Nitrosodi-N-Propylamine***	YES	Bases	0	0	0	0	0	0	-
118	**N-Nitrosodi-N-Methylamine***	YES	Bases	0	0	0	0	0	0	-
119	**N-Nitrosodi-N-Phenylamine***	YES	Bases	0	0	0	0	0	0	-
120	**PCB-1016**	YES	Bases	0	0	0	0	0	0	-
121	**PCB-1221**	YES	Bases	0	0	0	0	0	0	-
122	**PCB-1232**	YES	Bases	0	0	0	0	0	0	-
123	**PCB-1242**	YES	Bases	0	0	0	0	0	0	-
124	**PCB-1248**	YES	Bases	0	0	0	0	0	0	-
125	**PCB-1254**	YES	Bases	0	0	0	0	0	0	-
126	**PCB-1260**	YES	Bases	0	0	0	0	0	0	-
127	Phenanthrene		Bases	0	0	0	0	0	0	-
128	Pyrene		Bases	0	0	0	0	0	0	-
129	1, 2, 4-Trichlorobenzene		Bases	0	0	0	0	0	0	-

2.1	Enter Q_d = wastewater discharge flow from facility (MGD)
3.2491809	Q_d = wastewater discharge flow (cfs) (this value is calculated from the MGD)
0	Enter flow from upstream discharge Qd2 = background stream flow in MGD above point of discharge
0	Qd2 = background stream flow from upstream source (cfs)
1.85	Enter 7Q10, Q_s = background stream flow in cfs above point of discharge
1.39	Enter or estimated, 1Q10, Q_s = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
15.22	Enter Mean Annual Flow, Q_s = background stream flow in cfs above point of discharge
4.05	Enter 7Q2, Q_s = background stream flow in cfs above point of discharge (For LWF class streams)
Enter in Lak*	Enter C_s = background in-stream pollutant concentration in µg/l (assuming this is zero "0" unless there is data)
Q_d +Qd2+Q_s	Q_r = resultant in-stream flow, after discharge
Calculated on other	C_r = resultant in-stream pollutant concentration in µg/l in the stream (after complete mixing occurs)
50	Enter, Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of 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)

** Usina Partition Coefficients

March 23, 2026

Facility Name: Ozark Southside WWTF

NPDES No.: AL0056324

					Freshwater F&W classification					Freshwater Acute (µg/l) Q_s =1Q10					Freshwater Chronic (µg/l) Q_s = 7Q10					Human Health Consumption Fish only (µg/l) Carcinogen Q_s = Annual Average Non-Carcinogen Q_s = 7Q10			
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (Cd2) Daily Max	Max Daily Discharge as reported by Applicant (C_{max})	Water Quality Criteria (C_s)	Draft Permit Limit (C_{draft})	20% of Draft Permit Limit	RP?	Background from upstream source (Cd2) Monthly Ave	Avg Daily Discharge as reported by Applicant (C_{draft})	Water Quality Criteria (C_s)	Draft Permit Limit (C_{draft})	20% of Draft Permit Limit	RP?	Water Quality Criteria (C_s)	Draft Permit Limit (C_{draft})	20% of Draft Permit Limit	RP?
1	Antimony			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	5.86E+02	1.17E+02	No
2	Arsenic		YES	0	1.05	[illegible]	645.735	169.147	No	0	0.01667	[illegible]	410.115	82.023	No	3.03E-01	1.72E+00	3.45E-01	No
3	Berylium			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
4	Cadmium			0	0	[illegible]	6.207	1.241	No	0	0	[illegible]	1.010	0.202	No	-	-	-	-
5	Chromium/ Chromium III			0	0	[illegible]	2195.832	439.166	No	0	0	[illegible]	313.955	62.791	No	-	-	-	-
6	Chromium/ Chromium VI			0	0	[illegible]	22.845	4.569	No	0	0	[illegible]	17.263	3.453	No	-	-	-	-
7	Copper	YES		0	14.5	[illegible]	25.738	5.148	Yes	0	7.07	[illegible]	20.034	4.007	Yes	-	-	-	-
8	Lead			0	0	[illegible]	206.874	41.775	No	0	0	[illegible]	8.947	1.789	No	-	-	-	-
9	Mercury	YES		0	0.0274	[illegible]	3.427	0.685	No	0	0.0121	[illegible]	0.019	0.004	Yes	4.24E-02	6.66E-02	1.33E-02	No
10	Nickel			0	0	[illegible]	736.494	147.299	No	0	0	[illegible]	89.913	17.983	No	9.93E+02	1.56E+03	3.12E+02	No
11	Selenium			0	0	[illegible]	28.556	5.711	No	0	0	[illegible]	7.847	1.569	No	[illegible]	3.81E+03	7.63E+02	No
12	Silver			0	0	[illegible]	1.394	0.279	No	0	0	-	-	-	-	-	-	-	-
13	Thallium			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	4.29E-01	8.59E-02	No
14	Zinc			0	41.1	[illegible]	281.803	56.361	No	0	29.2	[illegible]	312.279	62.456	No	1.49E+04	2.34E+04	4.67E+03	No
15	Cyanide			0	0	[illegible]	31.412	6.282	No	0	0	[illegible]	8.161	1.632	No	[illegible]	1.46E+04	2.93E+03	No
16	Total Phenolic Compounds			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
17	Hardness (As CaCO3)			0	31800	-	-	-	-	0	31000	-	-	-	-	-	-	-	-
18	Acrolein			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	8.52E+00	1.70E+00	No
19	Acrylonitrile		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	8.19E-01	1.84E-01	No
20	Aldrin		YES	0	0	[illegible]	4.283	0.857	No	0	0	-	-	-	-	[illegible]	1.67E-04	3.34E-05	No
21	Benzene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	8.80E+01	1.76E+01	No
22	Bromoform		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	4.48E+02	8.95E+01	No
23	Carbon Tetrachloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	5.44E+00	1.09E+00	No
24	Chlordane		YES	0	0	[illegible]	3.427	0.685	No	0	0	[illegible]	0.007	0.001	No	[illegible]	2.89E-03	5.38E-04	No
25	Clorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.42E+03	2.84E+02	No
26	Chlorodibromo-Methane		YES	0	1.11	-	-	-	-	0	0.37	-	-	-	-	[illegible]	4.21E+01	8.42E+00	No
27	Chloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
28	2-Chloro-Ethylvinyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
29	ChloroForm		YES	0	101	-	-	-	-	0	49.4	-	-	-	-	[illegible]	5.80E+02	1.16E+02	No
30	4,4' - DDD		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.03E-03	2.06E-04	No
31	4,4' - DDE		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	7.28E-04	1.46E-04	No
32	4,4' - DDT		YES	0	0	1.100	1.571	0.314	No	0	0	0.001	0.002	0.000	No	[illegible]	7.28E-04	1.46E-04	No
33	Dichlorobromo-Methane		YES	0	11.9	-	-	-	-	0	6.22	-	-	-	-	[illegible]	5.70E+01	1.14E+01	No
34	1, 1-Dichloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
35	1, 2-Dichloroethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.21E+02	2.43E+01	No
36	Trans-1, 2-Dichloro-Ethylene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	9.27E+03	1.85E+03	No
37	1, 1-Dichloroethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	2.37E+04	4.74E+03	No
38	1, 2-Dichloropropane			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.33E+01	2.67E+00	No
39	1, 3-Dichloro-Propylene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.93E+01	3.85E+00	No
40	Dieldrin		YES	0	0	[illegible]	0.343	0.069	No	0	0	[illegible]	0.068	0.018	No	[illegible]	1.78E-04	3.55E-05	No
41	Ethylbenzene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.95E+03	3.91E+02	No
42	Methyl Bromide			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.37E+03	2.73E+02	No
43	Methyl Chloride			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
44	Methylene Chloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.96E+03	3.93E+02	No
45	1, 1, 2, 2-Tetrachloro-Ethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.33E+01	2.65E+00	No
46	Tetrachloro-Ethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.09E+01	2.18E+00	No
47	Toluene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.37E+04	2.74E+03	No
48	Toxaphene		YES	0	0	[illegible]	1.042	0.208	No	0	0	[illegible]	0.000	0.000	No	[illegible]	9.20E-04	1.84E-04	No
49	Tributyltin (TBT)		YES	0	0	[illegible]	0.657	0.131	No	0	0	[illegible]	0.113	0.023	No	-	-	-	-
50	1, 1, 1-Trichloroethane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
51	1, 1, 2-Trichloroethane		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	5.17E+01	1.03E+01	No
52	Trichlorethylene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	9.93E+01	1.99E+01	No
53	Vinyl Chloride		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	8.10E+00	1.62E+00	No
54	P-Chloro-M-Cresol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
55	2-Chlorophenol			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.37E+02	2.73E+01	No
56	2, 4-Dichlorophenol			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	2.70E+02	5.40E+01	No
57	2, 4-Dimethylphenol			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	7.81E+02	1.56E+02	No
58	4, 6-Dinitro-O-Cresol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
59	2, 4-Dinitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	4.66E+03	9.76E+02	No
60	4,6-Dinitro-2-methylphenol		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	9.40E+02	1.88E+02	No
61	Dioxin (2,3,7,8-TCDD)		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.52E-07	3.03E-08	No
62	2-Nitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
63	4-Nitrophenol			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
64	Pentachlorophenol		YES	0	0	[illegible]	12.455	2.491	No	0	0	[illegible]	10.503	2.101	No	[illegible]	1.00E+01	2.01E+00	No
65	Phenol			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	7.85E+05	1.57E+05	No
66	2, 4, 8-Trichlorophenol		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	8.04E+00	1.61E+00	No
67	Acenaphthene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	9.08E+02	1.82E+02	No
68	Acenaphthylene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
69	Anthracene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	3.66E+04	7.32E+03	No
70	Benzidine			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.82E-04	3.64E-05	No
71	Benzo(A)Anthracene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	6.06E-02	1.21E-02	No
72	Benzo(A)Pyrene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	6.06E-02	1.21E-02	No
73	Benzo(b)fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.67E-02	3.34E-03	No
74	Benzo(GHI)Perylene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
75	Benzo(K)Fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.67E-02	3.34E-03	No
76	Bis (2-Chloroethoxy) Methane			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
77	Bis (2-Chloroethyl)-Ether		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.75E+00	3.49E-01	No
78	Bis (2-Chloroiso-Propyl) Ether			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	5.93E+04	1.19E+04	No
79	Bis (2-Ethylhexyl) Phthalate		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	7.29E+00	1.46E+00	No
80	4-Bromophenyl Phenyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
81	Butyl Benzyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.77E+03	3.54E+02	No
82	2-Chloronaphthalene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.45E+03	2.90E+02	No
83	4-Chlorophenyl Phenyl Ether			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
84	Chrysene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	6.06E-02	1.21E-02	No
85	Di-N-Butyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	4.11E+03	8.23E+02	No
86	Di-N-Octyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
87	Dibenzo(A,H)Anthracene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	6.06E-02	1.21E-02	No
88	1, 2-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.19E+03	2.37E+02	No
89	1, 3-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	8.83E+02	1.77E+02	No
90	1, 4-Dichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.77E+02	3.53E+01	No
91	3, 3-Dichlorobenzidine		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	9.45E-02	1.89E-02	No
92	Diethyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	4.01E+04	8.03E+03	No
93	Dimethyl Phthalate			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.02E+06	2.03E+05	No
94	2, 4-Dinitrotoluene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.13E+01	2.25E+00	No
95	2, 6-Dinitrotoluene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
96	1,2-Diphenylhydrazine			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.84E-01	3.68E-02	No
97	Endosulfan (alpha)		YES	0	0	[illegible]	0.314	0.063	No	0	0	[illegible]	0.088	0.018	No	[illegible]	2.95E+02	5.89E+01	No
98	Endosulfan (beta)		YES	0	0	[illegible]	0.314	0.063	No	0	0	[illegible]	0.088	0.018	No	[illegible]	2.95E+02	5.89E+01	No
99	Endosulfan sulfate		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	2.95E+02	5.89E+01	No
100	Endrin		YES	0	0	[illegible]	0.123	0.025	No	0	0	[illegible]	0.056	0.011	No	[illegible]	2.00E-01	4.01E-02	No
101	Endrin Aldeyhde		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.00E+00	2.00E-01	No
102	Fluoranthene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.27E+02	2.55E+01	No
103	Fluorene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	4.88E+03	9.76E+02	No
104	Heptochlor		YES	0	0	[illegible]	0.742	0.148	No	0	0	[illegible]	0.008	0.001	No	[illegible]	2.63E-04	5.26E-05	No
105	Heptachlor Epoxide		YES	0	0	[illegible]	0.742	0.148	No	0	0	[illegible]	0.008	0.001	No	[illegible]	1.30E-04	2.60E-05	No
106	Hexachlorobenzene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	9.54E-04	1.91E-04	No
107	Hexachlorobutadiene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	6.12E+01	1.22E+01	No
108	Hexachlorocyclohexan (alpha)		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.62E-02	3.24E-03	No
109	Hexachlorocyclohexan (beta)		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	5.67E-02	1.13E-02	No
110	Hexachlorocyclohexan (gamma)		YES	0	0	[illegible]	1.356	0.271	No	0	0	[illegible]	-	-	-	[illegible]	6.12E+00	1.22E+00	No
111	HexachlorocyclоPentadiene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.01E+03	2.02E+02	No
112	Hexachloroethane			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	3.01E+00	6.02E-01	No
113	Indeno(1, 2, 3-CK)Pyrene		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	6.06E-02	1.21E-02	No
114	Isophorone			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	8.80E+02	1.76E+02	No
115	Naphthalene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
116	Nitrobenzene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	6.34E+02	1.27E+02	No
117	N-Nitrosodi-N-Propylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.68E+00	3.35E-01	No
118	N-Nitrosodimethylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.00E+00	2.00E+00	No
119	N-Nitrosodiphenylamine		YES	0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	1.96E+01	3.98E+00	No
120	PCB-1016		YES	0	0	-	-	-	-	0	0	[illegible]	0.022	0.004	No	[illegible]	2.13E-04	4.25E-05	No
121	PCB-1221		YES	0	0	-	-	-	-	0	0	[illegible]	0.022	0.004	No	[illegible]	2.13E-04	4.25E-05	No
122	PCB-1232		YES	0	0	-	-	-	-	0	0	[illegible]	0.022	0.004	No	[illegible]	2.13E-04	4.25E-05	No
123	PCB-1242		YES	0	0	-	-	-	-	0	0	[illegible]	0.022	0.004	No	[illegible]	2.13E-04	4.25E-05	No
124	PCB-1248		YES	0	0	-	-	-	-	0	0	[illegible]	0.022	0.004	No	[illegible]	2.13E-04	4.25E-05	No
125	PCB-1254		YES	0	0	-	-	-	-	0	0	[illegible]	0.022	0.004	No	[illegible]	2.13E-04	4.25E-05	No
126	PCB-1260		YES	0	0	-	-	-	-	0	0	[illegible]	0.022	0.004	No	[illegible]	2.13E-04	4.25E-05	No
127	Phenanthrene			0	0	-	-	-	-	0	0	-	-	-	-	-	-	-	-
128	Pyrene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	3.66E+03	7.32E+02	No
129	1, 2, 4-Trichlorobenzene			0	0	-	-	-	-	0	0	-	-	-	-	[illegible]	6.42E+01	1.28E+01	No

Ozark Southside WWTP (AL0056324) – Outfall 0011

Trivalent Dissolved Arsenic DMR Data

Monitor Pd End Date	Monthly Average (ug/L)	Daily Maximum (ug/L)
1/31/21	0	0
2/28/21	0	0
3/31/21	0	0
4/30/21	0	0
5/31/21	0	0
6/30/21	0	0
7/31/21	1.05	1.05
8/31/21	0	0
9/30/21	0	0
10/31/21	0	0
11/30/21	0	0
12/31/21	0	0
1/31/22	0	0
2/28/22	0	0
3/31/22	0	0
4/30/22	0	0
5/31/22	0	0
6/30/22	0	0
7/31/22	0	0
8/31/22	0	0
9/30/22	0	0
10/31/22	0	0
11/30/22	0	0
12/31/22	0	0
1/31/23	0	0
2/28/23	0	0
3/31/23	0	0
4/30/23	0	0
5/31/23	0	0
6/30/23	0	0
7/31/23	0	0
8/31/23	0	0
9/30/23	0	0
10/31/23	0	0
11/30/23	0	0
12/31/23	0	0
1/31/24	0	0
2/29/24	0	0

Monitor Pd End Date	Monthly Average (ug/L)	Daily Maximum (ug/L)
3/31/24	0	0
4/30/24	0	0
5/31/24	0	0
6/30/24	0	0
7/31/24	0	0
8/31/24	0	0
9/30/24	0	0
10/31/24	0	0
11/30/24	0	0
12/31/24	0	0
1/31/25	0	0
2/28/25	0	0
3/31/25	0	0
4/30/25	0	0
5/31/25	0	0
6/30/25	0	0
7/31/25	0	0
8/31/25	0	0
9/30/25	0	0
10/31/2025	0	0
11/30/2025	~~*41~~	~~*41~~
12/31/2025	0	0
1/31/2026	0	0
Application	0	0
Application	0	
Application	0	
	Monthly Average **0.016667**	**Maximum** **1.05**

*This sample was not included as part of the average and maximum calculations

Ozark Southside WWTP (AL0056324) – Outfall 0011

Total Recoverable Copper DMR Data

Monitor Pd End Date	Monthly Average (ug/L)	Daily Maximum (ug/L)
1/31/21	0	0
2/28/21	0	0
3/31/21	0	0
4/30/21	0	0
5/31/21	0	0
6/30/21	10	10
7/31/21	10.6	10.6
8/31/21	11	11
9/30/21	10.9	10.9
10/31/21	10.8	10.8
11/30/21	10.3	10.3
12/31/21	10.8	10.8
1/31/22	7.81	7.81
2/28/22	0	0
3/31/22	0	0
4/30/22	0	0
5/31/22	10.2	10.2
6/30/22	*B	*B
7/31/22	14.5	14.5
8/31/22	9.5	9.5
9/30/22	10.2	10.2
10/31/22	8.7	8.7
11/30/22	9.1	9.1
12/31/22	8.6	8.6
1/31/23	8	8
2/28/23	6.1	6.1
3/31/23	7.1	7.1
4/30/23	5.4	5.4
5/31/23	5.6	5.6
6/30/23	6.5	6.5
7/31/23	5.9	5.9
8/31/23	6.3	6.3
9/30/23	7	7
10/31/23	9.3	9.3
11/30/23	9.9	9.9
12/31/23	7.6	7.6
1/31/24	6	6
2/29/24	5.2	5.2

Monitor Pd End Date	Monthly Average (ug/L)	Daily Maximum (ug/L)
3/31/24	5.8	5.8
4/30/24	9.6	9.6
5/31/24	10.9	10.9
6/30/24	5.5	5.5
7/31/24	8.4	8.4
8/31/24	7.6	7.6
9/30/24	10.1	10.1
10/31/24	7.5	7.5
11/30/24	8.1	8.1
12/31/24	5.9	5.9
1/31/25	7.8	7.8
2/28/25	5.7	5.7
3/31/25	0	0
4/30/25	11	11
5/31/25	11	11
6/30/25	0	0
7/31/25	11.8	11.8
8/31/25	0	0
9/30/25	13	13
10/31/25	10	10
11/30/2025	11	11
Application	7.3	9.2
Application	7.3	
Application	7.3	
	Monthly Average **7.07**	**Maximum** **14.5**

Ozark Southside WWTP (AL0056324) – Outfall 0011

Total Recoverable Mercury DMR Data

Monitor Pd End Date	Monthly Average (ug/L)	Daily Maximum (ug/L)
3/31/21	0.00671	0.00671
6/30/21	0.0126	0.0126
9/30/21	0.0274	0.0274
12/31/21	0.0235	0.0235
3/31/22	0.0125	0.0125
6/30/22	0.00769	0.00769
9/30/22	0.0167	0.0167
12/31/22	0.0131	0.0131
3/31/23	0.014	0.014
6/30/23	0.00743	0.00743
9/30/23	0.00869	0.00869
12/31/23	0.0109	0.0109
3/31/24	0.00339	0.00339
6/30/24	0.0123	0.0123
9/30/24	0.0148	0.0148
12/31/24	0.00951	0.00951
3/31/25	0.0112	0.0112
6/30/25	0.0141	0.0141
9/30/25	0.0136	0.0136
Application	0.00897	0.0135
Application	0.00897	
Application	0.00897	
	Monthly Average **0.0121**	**Maximum** **0.0274**

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

version 1.15

(Submission #: HQD-3FB8-49Z3G, version 1)

Details

Submission ID HQD-3FB8-49Z3G

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:
None

Do you have additional contacts associated with this site?
No

Permit Information

Permit Number
AL0056324

Current Permittee Name
Utilities Board of the City of Ozark

Permittee

Permittee Name
Utilities Board of the City of Ozark

Mailing Address

PO BOX 1125

OZARK, AL 36361-1125

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
Joe	Sexton

Title
General Manager

Organization Name
Utilities Board of the City of Ozark

Phone Type	Number	Extension
Business	3347742336	

Email
joedaddy@ozarkal.gov

Mailing Address

PO BOX 1125

OZARK, AL 36361-1125

Existing Permit Contacts

Affiliation Type	Contact Information	Remove?
Environmental Contact,Notification Recipient,Responsible Official,Emergency Contact,DMR Contact	Joe Sexton, Utilities Board of the City of Ozark	*NONE PROVIDED*
Permittee	Utilities Board of the City of Ozark	*NONE PROVIDED*

Facility/Site Information

Facility/Site Name
Ozark Southside WWTF

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

Alabama Highway 123
Ozark, AL 36361

Facility/Site County
Dale

Facility/Site Contact

Prefix
Mr.

First Name	Last Name
Charles	Grantham

Title
Wastewater Manager

Organization Name
Ozark Southside WWTF

Phone Type	Number	Extension
Business	3347748447	

Email
bgrantham@ozarkal.gov

Note

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

Detailed Directions to the Facility/Site
Verified on Google Earth

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

Facility/Site Front Gate Latitude and Longitude
31.38972200000001,-85.60944400000000

Alabama Highway 123, Ozark, AL

Primary SIC Code
4952-Sewerage Systems

Primary NAICS Code
221320-Sewage Treatment Facilities

Emergency Contact

Prefix
Mr.

First Name **Last Name**
Charles Grantham

Title
Wastewater Manager

Phone Type **Number** **Extension**
Business 3347748447

Email
bgrantham@ozarkal.gov

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?
2.1

What is the facility's total 2-Year Actual Average Flow (in millions of gallons per day, MGD)?
1.196

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

Process Flow Schematic
FIGURE 2.pdf - 06/27/2025 08:29 AM
Comment
NONE PROVIDED

Do you share an outfall with another facility?
No

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

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

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

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

Schematic Diagram

FIGURE 2.pdf - 06/27/2025 08:33 AM

Comment

NONE PROVIDED

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

No

Treatment Methods (TWTDS)

Treatment Level

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

Wastewater Disinfection Technology Information

Chlorination
Dechlorination

Please select all POTW Treatment Categories that apply.

Attached Growth Biological Treatment
Nitrogen Removal (Attached Growth)
Disinfection
Dechlorination
Nitrogen Removal (Biological)

Please select all unit operations that apply for Attached Growth Biological Treatment:

Trickling Filter, Plastic Media

Please select all unit operations that apply for Disinfection:

Disinfection, Gaseous Chlorine

Please select all unit operations that apply for Nitrogen Removal (Attached Growth):

Filter, Denitrification with Coarse Media

Waste Storage & Disposal Information

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

No

Collection System Information

Collection Systems

Collection System ID	Collection System Name	Owner Type of Collection System	Population of Collection System
001	Ozark	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).	13.000

Industrial Indirect Discharge Contributors

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

No

Coastal Zone Information

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

Anti-Degradation Evaluation

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

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

Does the facility discharge to a Tier II waterbody as defined in ADEM Code r. 335-6-10-.12(4)?
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
3510-2A.pdf - 06/27/2025 08:31 AM
Comment
NONE PROVIDED

EPA Form 2F
3510-2F.pdf - 06/27/2025 08:32 AM
Comment
NONE PROVIDED

EPA form 2S
3510-2S.pdf - 06/27/2025 08:32 AM
Comment
NONE PROVIDED

Other attachments (as needed)
NONE PROVIDED
Comment
NONE PROVIDED

Topographic Map

Attach topographic map here.
FIGURE 1.pdf - 06/27/2025 08:35 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)?
1.196

Receiving Water
Klondike Creek

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
31.38734000000000, -85.60860000000000

Are the location coordinates above still correct for this outfall?
Yes

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

303(d) Segment?
No

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

TMDL Segment?
No

NOTE

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

TMDL Attachments

NONE PROVIDED

Comment

NONE PROVIDED

Stormwater Outfall(s) (1 of 1)

Stormwater Outfall: 002

Do you want to remove this outfall from the modified/reissued permit?
No

Stormwater Outfall Identifier
002

Receiving Water
Klondike Creek

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
31.38694400000000, -85.60888900000001

Are the location coordinates above still correct for this stormwater outfall?
Yes

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
Mr.

First Name	Last Name
Lyn	Buntin

Title
NONE PROVIDED

Organization Name
Poly, Inc.

Phone Type	Number	Extension
Business	3349442472	

Email
lbuntin@poly-inc.com

Address
PO BOX 837
DOTHAN, AL 36302

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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

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

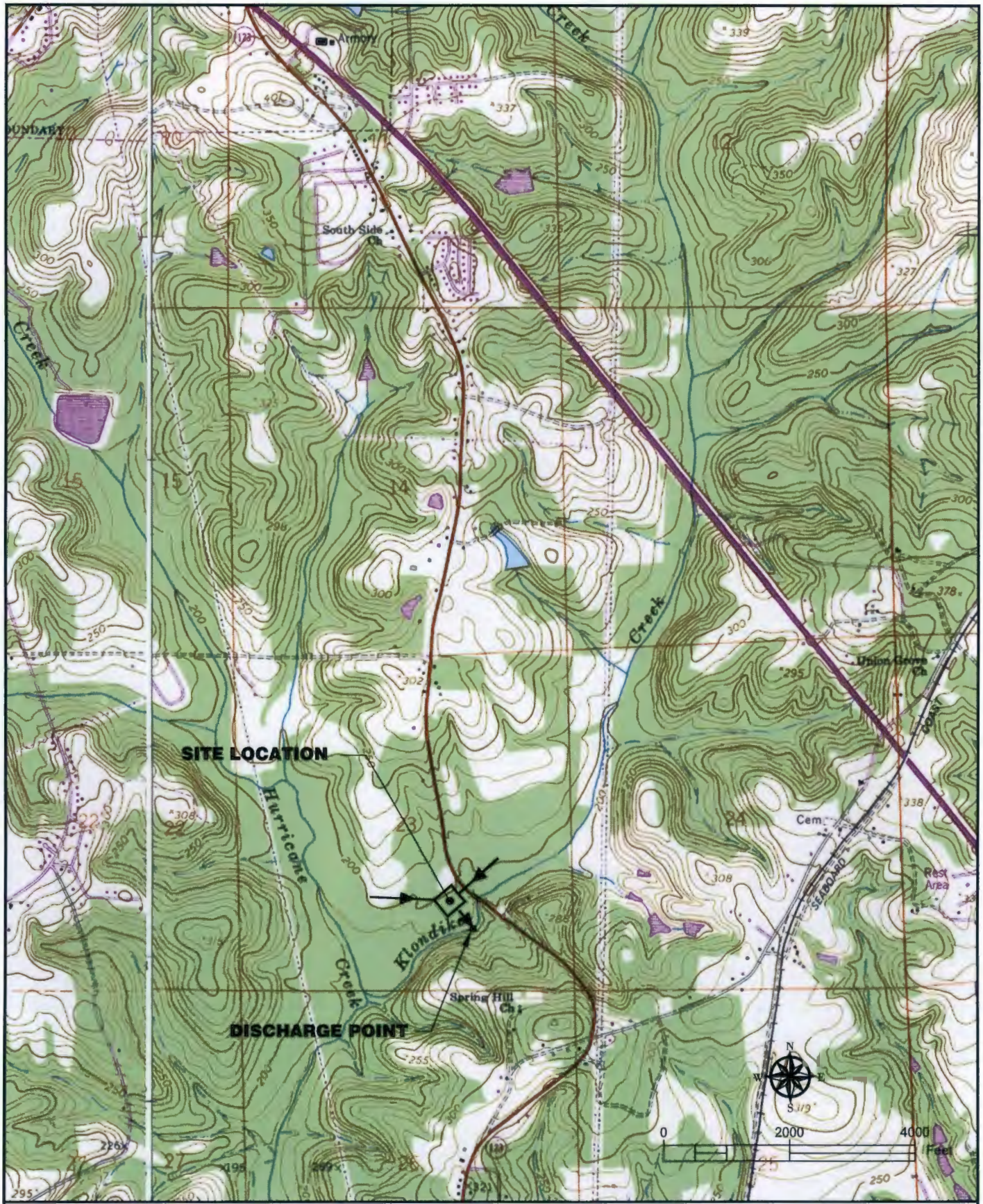
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage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

335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.

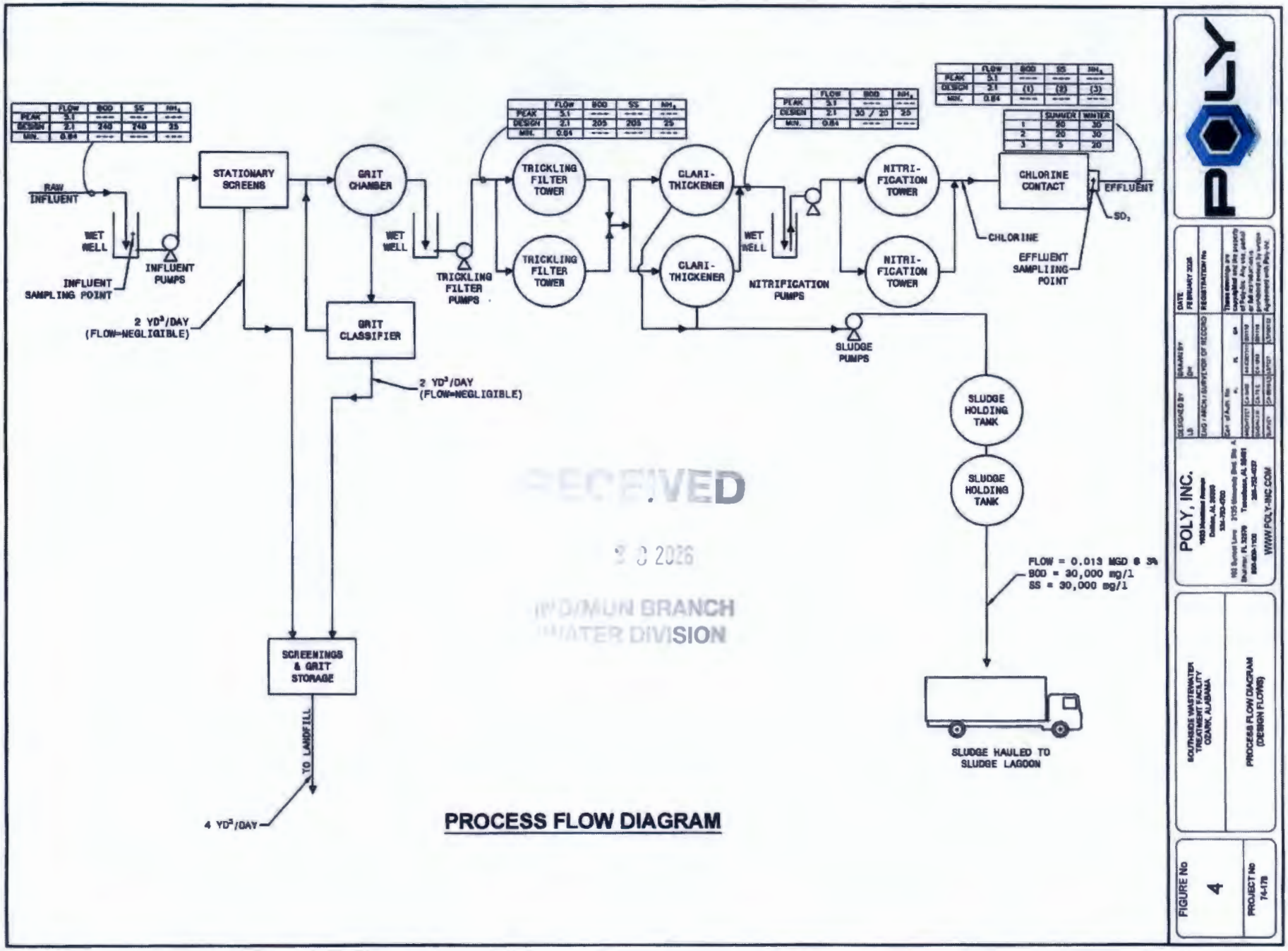
(1) The application for an NPDES permit shall be signed by a responsible official, as indicated below:

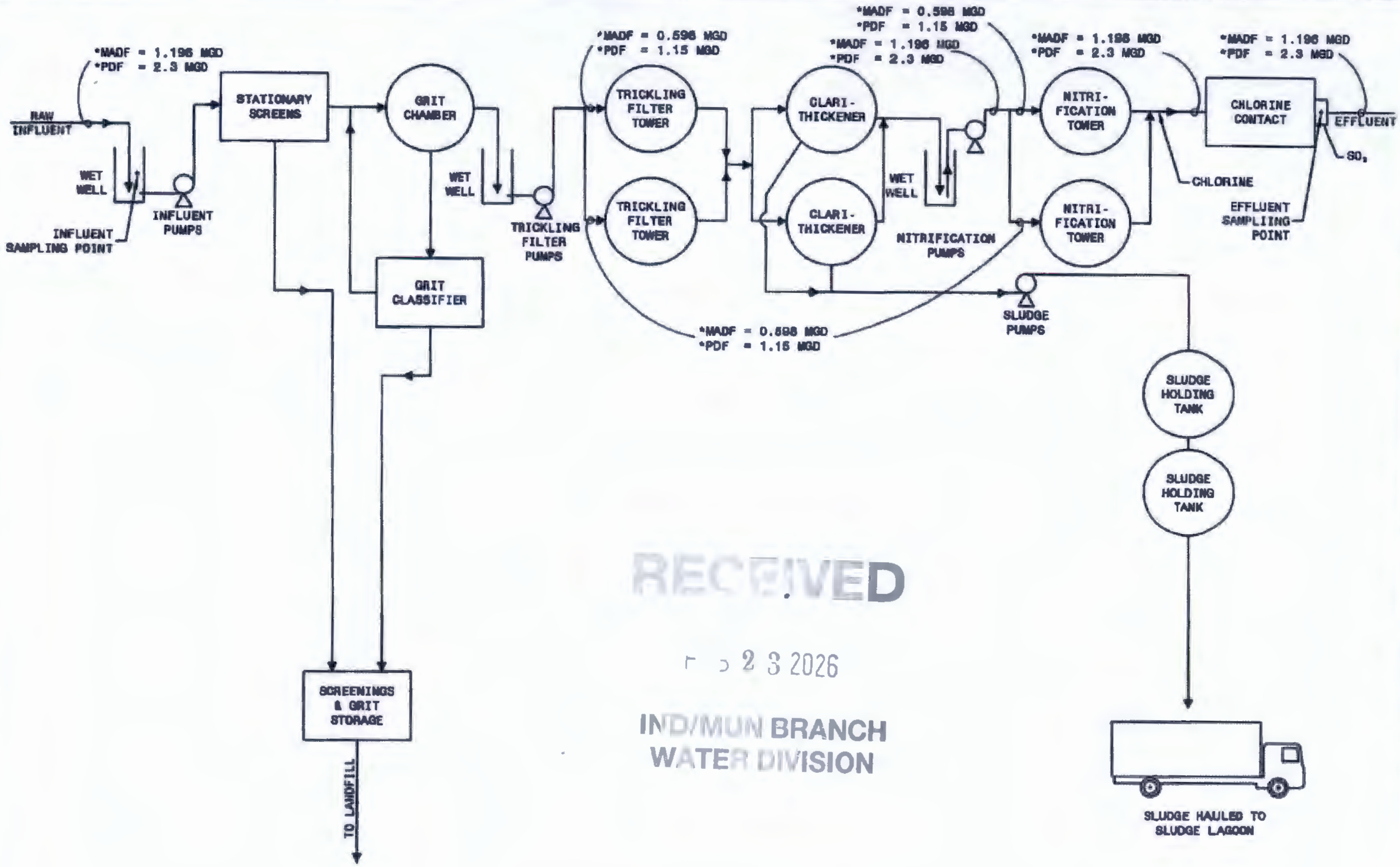
(a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
(b) In the case of a partnership, by a general partner;
(c) In the case of a sole proprietorship, by the proprietor; or
(d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.

Signed By Joe Sexton on 06/30/2025 at 9:50 AM



SHEET No. 1	SOUTHSIDE WASTEWATER TREATMENT FACILITY OZARK, ALABAMA	POLY, INC. 1935 Headland Avenue Dothan, AL 36303 334-793-4700 102 Sunset Lane Shalimar, FL 32579 850-609-1100 2135 University Blvd. Ste. A Tuscaloosa, AL 35401 205-752-4037 WWW.POLY-INC.COM	DESIGNED BY: LB / DRAWN BY: DH / DATE: JUNE 2025	
PROJECT No. 74-178	SITE VICINTIY MAP		ENG / ARCH / SURVEYOR OF RECORD: / REGISTRATION No.	
			Cert. of Auth. No. AL. FL. GA. ARCHITECT CA-0480 AA-C001551 001118 ENGINEER CA-78-E CA-1618 001118 SURVEY CA-0019-LS LB7527 LSF30152	These drawings are copyrighted and the property of Poly-Inc. Any use, partial or full reproduction is prohibited except by written Agreement with Poly-Inc.





PROCESS FLOW DIAGRAM

- MADF - MONTHLY AVERAGE DAILY FLOW
- PDF - PEAK DAY FLOW

POLY, INC.
WWW.POLY-INC.COM

DATE: FEBRUARY 2026

SOUTHSIDE WASTEWATER TREATMENT FACILITY
OZARK, ALABAMA

PROCESS FLOW DIAGRAM (ACTUAL FLOWS)

FIGURE No 3

PROJECT No 74-170

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AI0056324	Ozark Southside WWTP	

Form 2A NPDES | EPA

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

SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(J)(1) AND (9))

Facility Information

1.1 Facility name
Ozark Southside Wastewater Treatment Facility

Mailing address (street or P.O. box)
P.O. Box 1125

City or town	State	ZIP code
Ozark	Alabama	36361

Contact name (first and last)	Title	Phone number	Email address
Joe Sexton	General Manager	(334) 774-2336	joedaddy@ozarkal.gov

Location address (street, route number, or other specific identifier) ☐ Same as mailing address
Alabama Highway 123

City or town	State	ZIP code
Ozark	Alabama	36361

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

Applicant Information

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

Applicant name
Utilities Board of the City of Ozark

Applicant address (street or P.O. box)
PO Box 1125

City or town	State	ZIP code
Ozark	AL	36361

Contact name (first and last)	Title	Phone number	Email address
Joe Sexton	General Manager	(334) 774-2336	joedaddy@ozarkal.gov

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

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

Existing Environmental Permits

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

Existing Environmental Permits

☐ NPDES (discharges to surface water) AL0056324	☐ RCRA (hazardous waste)	☐ UIC (underground injection control)
☐ PSD (air emissions)	☐ Nonattainment program (CAA)	☐ NESHAPs (CAA)
☐ Ocean dumping (MPRSA)	☐ Dredge or fill (CWA Section 404)	☐ Other (specify)

RECEIVED
NOV 19 2025
MUNICIPAL SECTION

Collection System and Population Served

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

Municipality Served	Population Served	Collection System Type (indicate percentage)	Ownership Status
City of Ozark	13,000	100 % separate sanitary sewer	☑ Own ☑ Maintain
		____ % combined storm and sanitary sewer	☐ Own ☐ Maintain
		☐ Unknown	☐ Own ☐ Maintain
		____ % separate sanitary sewer	☐ Own ☐ Maintain
		____ % combined storm and sanitary sewer	☐ Own ☐ Maintain
		☐ Unknown	☐ Own ☐ Maintain
		____ % separate sanitary sewer	☐ Own ☐ Maintain
		____ % combined storm and sanitary sewer	☐ Own ☐ Maintain
		☐ Unknown	☐ Own ☐ Maintain
		____ % separate sanitary sewer	☐ Own ☐ Maintain
		____ % combined storm and sanitary sewer	☐ Own ☐ Maintain
		☐ Unknown	☐ Own ☐ Maintain
Total Population Served	13,000		

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

Indian Country

1.8 Is the treatment works located in Indian Country?

☐ Yes ☑ No

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

☐ Yes ☑ No

Design and Actual Flow Rates

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

Design Flow Rate
2.10 mgd

Annual Average Flow Rates (Actual)		
Two Years Ago	**Last Year**	**This Year**
1.202 mgd	1.270 mgd	0.896 mgd

Maximum Daily Flow Rates (Actual)		
Two Years Ago	**Last Year**	**This Year**
1.526 mgd	1.475 mgd	1.097 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 and Other Discharge or Disposal Methods

Outfalls Other Than to Waters of the United States

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

☐ Yes ☑ No ➔ SKIP to Item 1.14.

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

Surface Impoundment Location and Discharge Data

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	☐ Continuous ☐ Intermittent
	gpd	☐ Continuous ☐ Intermittent
	gpd	☐ Continuous ☐ Intermittent

1.14 Is wastewater applied to land?

☐ Yes ☑ No ➔ SKIP to Item 1.16.

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

Land Application Site and Discharge Data

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

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

☐ Yes ☑ No ➔ SKIP to Item 1.21.

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

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

☐ Yes ☐ No ➔ SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data

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

Outfalls and Other Discharge or Disposal Methods Continued

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

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

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

☐ Yes ☑ No ➔ SKIP to Item 1.23.

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

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

Variance Requests

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

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

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

☑ Not applicable

Contractor Information

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

☐ Yes ☑ No ➔ SKIP to Section 2.

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

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

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AI0056324	Ozark Southside WWTP	

SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(J)(1) AND (2))

Outfalls to Waters of the United States

Design Flow

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

☑ Yes ☐ No → SKIP to Section 3.

Inflow and Infiltration

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

Average Daily Volume of Inflow and Infiltration
5,000 gpd

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

The city has an aggressive plan to locate problem areas and replace aging sewer lines and pump stations.

Topographic Map

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

☑ Yes

Flow Diagram

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

☑ Yes

Scheduled Improvements and Schedules of Implementation

2.5 Are improvements to the facility scheduled?

☐ Yes ☑ No → SKIP to Section 3.

Briefly list and describe the scheduled improvements.

1.

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.					
2.					
3.					
4.					

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

☐ Yes ☐ No ☐ None required or applicable

Explanation:

RECEIVED

NOV 19 2025

MUNICIPAL SECTION

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AI0056324	Ozark Southside WWTP	

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 001	Outfall Number ____	Outfall Number ____
State	Alabama		
County	Dale		
City or town	Ozark		
Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.
Average daily flow rate	1.196 mgd	mgd	mgd
Latitude	31d 23' 14.14"		
Longitude	-85d 36' 30.6"		

Seasonal or Periodic Discharge Data

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

☐ Yes ☑ No ➔ SKIP to Item 3.4.

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

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

Diffuser Type

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

☐ Yes ☑ No ➔ SKIP to Item 3.6.

3.5 Briefly describe the diffuser type at each applicable outfall.

	Outfall Number ____	Outfall Number ____	Outfall Number ____

Waters of the U.S.

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

☑ Yes ☐ No ➔ SKIP to Section 6.

Receiving Water Description

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

	Outfall Number ____	Outfall Number ____	Outfall Number ____
Receiving water name	Klondike Creek		
Name of watershed, river, or stream system			
Natural Resources Conservation Service 14-digit watershed code			
Name of state management/river basin			
U.S. Geological Survey 8-digit hydrologic cataloging unit code			
Critical low flow (acute)	cfs	cfs	cfs
Critical low flow (chronic)	cfs	cfs	cfs
Total hardness at critical low flow	mg/L of $CaCO_3$	mg/L of $CaCO_3$	mg/L of $CaCO_3$

Treatment Description

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

	Outfall Number 001	Outfall Number ____	Outfall Number ____
Highest Level of Treatment (check all that apply per outfall)	☐ Primary ☐ Equivalent to secondary ☑ Secondary ☐ Advanced ☐ Other (specify) _____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) _____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) _____
Design Removal Rates by Outfall			
BOD_5 or $CBOD_5$	85 %	%	%
TSS	85 %	%	%
Phosphorus	☐ Not applicable 0 %	☐ Not applicable %	☐ Not applicable %
Nitrogen	☐ Not applicable 0 %	☐ Not applicable %	☐ Not applicable %
Other (specify) _____	☐ Not applicable %	☐ Not applicable %	☐ Not applicable %

Treatment Description Continued

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

	Outfall Number 001	Outfall Number ____	Outfall Number ____
Disinfection type	Chlorination		
Seasons used	All Seasons		
Dechlorination used?	☐ Not applicable ☑ Yes ☐ No	☐ Not applicable ☐ Yes ☐ No	☐ Not applicable ☐ Yes ☐ No

Effluent Testing Data

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

☑ Yes

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

☑ Yes ☐ No ➔ SKIP to Item 3.13.

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

	Outfall Number 001		Outfall Number ____		Outfall Number ____	
	Acute	Chronic	Acute	Chronic	Acute	Chronic
Number of tests of discharge water		4				
Number of tests of receiving water						

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

☑ Yes ☐ No ➔ SKIP to Item 3.16.

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

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

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

☑ Yes

3.16 Does one or more of the following conditions apply?

- The facility has a design flow greater than or equal to 1 mgd.
- The POTW has an approved pretreatment program or is required to develop such a program.
- The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).

☑ Yes ➔ Complete Tables C, D, and E as applicable. ☐ No ➔ SKIP to Section 4.

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

☑ Yes

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

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

Effluent Testing Data Continued

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

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

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

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

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

Date(s) Submitted (MM/DD/YYYY)	Summary of Results
10/12/2021	10/12/2021 11/01/2022 11/21/2023 10/21/2024 All tests passed.

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

☐ Yes ☑ No ➔ SKIP to Item 3.26.

3.23 Describe the cause(s) of the toxicity:

3.24 Has the treatment works conducted a toxicity reduction evaluation?

☐ Yes ☑ No ➔ SKIP to Item 3.26.

3.25 Provide details of any toxicity reduction evaluations conducted.

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

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

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

Industrial Discharges and Hazardous Wastes

4.1 Does the POTW receive discharges from SIUs or NSCIUs? (See instructions for definitions of SIUs and NSCIUs.)

☐ Yes ☑ No ➔ SKIP to Item 4.7.

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

Number of SIUs	Number of NSCIUs

4.3 Does the POTW have an approved pretreatment program?

☐ Yes ☑ No

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

☐ Yes ☑ No ➔ SKIP to Item 4.6.

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

N/A

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

☐ Yes

Industrial Discharges and Hazardous Wastes Continued

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

☐ Yes ☑ No ➔ SKIP to Item 4.9.

4.8 If yes, provide the following information:

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

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

☐ Yes ☑ No ➔ SKIP to Section 5.

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

☐ Yes ➔ SKIP to Section 5. ☐ No

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

☐ Yes

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

CSO Map and Diagram

5.1 Does the treatment works have a combined sewer system?

☐ Yes ☑ No ➔ SKIP to Section 6.

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

☐ Yes

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

☐ Yes

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AI0056324	Ozark Southside WWTP	

CSO Outfall Description

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

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

CSO Monitoring

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

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

CSO Events in Past Year

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

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

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AI0056324	Ozark Southside WWTP	

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

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))

Checklist and Certification Statement

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

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

6.2 Provide the following certification. (See instructions to determine the appropriate person to sign the application.)

Certification Statement

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

Name (print or type first and last name)	Official title
Joe Sexton	General Manager
Signature	Date signed
Joe Sexton	11-19-2025

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AI0056324	Ozark Southside WWTP	001

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

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand ☐ BOD_5 or ☐ $CBOD_5$ (report one)	7.99	mg/l	4.88	mg/l	53	SM5210B	2.0 mg/l ☑ ML ☐ MDL
Fecal coliform	284	MPN	7.94	MPN	52	Idexx ATP	1.0 MPN ☑ ML ☐ MDL
Design flow rate	2.10	MGD	2.10	MGD			
pH (minimum)	3.01	SU					
pH (maximum)	7.41	SU					
Temperature (winter)	23.8	Degrees C	18.5	Degrees C			
Temperature (summer)	28.4	Degrees C	23.6	Degrees C			
Total suspended solids (TSS)	9.16	mg/l	5.07	mg/l	53	SM2540B	2.0 mg/l ☑ ML ☐ MDL

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

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AI0056324	Ozark Southside WWTP	001

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

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

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	2.52	mg/l	0.244	mg/l	53	SM4500-NH3 D	0.10 mg/l ☑ ML ☐ MDL
Chlorine (total residual, TRC)[2]	0.01	mg/l	0.006	mg/l	53	SM4500-Cl G	1.01 mg/l ☐ ML ☐ MDL
Dissolved oxygen	8.91	mg/l	6.74	mg/l	53	Hach 10242	0.10 mg/l ☑ ML ☐ MDL
Nitrate/nitrite	18.40	mg/l	10.58	mg/l	53	352.1	0.10 mg/l ☑ ML ☐ MDL
Kjeldahl nitrogen	6.58	mg/l	1.44	mg/l	53	Hach 10206	0.30 mg/l ☑ ML ☐ MDL
Oil and grease	<1.49	mg/l	<1.49	mg/l	3	EPA 1664 A	1.49 mg/l ☑ ML ☐ MDL
Phosphorus	3.49	mg/l	2.52	mg/l	53	EPA 365.3	0.10 mg/l ☑ ML ☐ MDL
Total dissolved solids	430	mg/l	393	mg/l	3	SM2540 C	2.0 mg/l ☑ ML ☐ MDL

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

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

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AI0056324	Ozark Southside WWTP	001

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as $CaCO_3$)	31.9	mg/l	31	mg/l	3	200.7	2.5 mg/l ☐ ML ☑ MDL
Antimony, total recoverable	<0.01	mg/l	<0.01	mg/l	3	200.7	0.01 mg/l ☐ ML ☑ MDL
Arsenic, total recoverable	<0.01	mg/l	<0.01	mg/l	3	200.7	0.01 mg/l ☐ ML ☑ MDL
Beryllium, total recoverable	<0.001	mg/l	<0.001	mg/l	3	200.7	0.001 mg/l ☐ ML ☑ MDL
Cadmium, total recoverable	<0.002	mg/l	<0.002	mg/l	3	200.7	0.002 mg/l ☐ ML ☐ MDL
Chromium, total recoverable	<0.005	mg/l	<0.005	mg/l	3	200.7	0.005 mg/l ☐ ML ☑ MDL
Copper, total recoverable	0.0092	mg/l	0.0073	mg/l	3	200.7	0.005 mg/l ☐ ML ☑ MDL
Lead, total recoverable	<0.006	mg/l	<0.006	mg/l	3	200.7	0.006 mg/l ☐ ML ☑ MDL
Mercury, total recoverable	13.5	ng/l	8.97	ng/l	3	200.7	0.5 ng/l ☐ ML ☑ MDL
Nickel, total recoverable	<0.005	mg/l	<0.005	mg/l	3	200.7	0.005 mg/l ☐ ML ☑ MDL
Selenium, total recoverable	<0.01	mg/l	<0.01	mg/l	3	200.7	0.01 mkg/l ☐ ML ☐ MDL
Silver, total recoverable	<0.005	mg/l	<0.005	mg/l	3	200.7	0.005 mg/l ☐ ML ☑ MDL
Thallium, total recoverable	<0.02	mg/l	<0.02	mg/l	3	200.7	0.02 mg/l ☐ ML ☑ MDL
Zinc, total recoverable	0.0411	mg/l	0.0292	mg/l	3	200.7	0.02 mg/l ☐ ML ☑ MDL
Cyanide	<0.005	mg/l	<0.005	mg/l	3	4500CNE	0.005 mg/l ☐ ML ☑ MDL
Total phenolic compounds	<0.05	mg/l	<0.05	mg/l	3	EPA 420.1	0.05 mg/l ☐ ML ☑ MDL
Volatile Organic Compounds							
Acrolein	<50.0	µg/L	<50.0	µg/L	3	624	50.0 µg/L ☐ ML ☑ MDL
Acrylonitrile	<20.0	µg/L	<20.0	µg/L	3	624	20.0 µg/L ☐ ML ☑ MDL
Benzene	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
Bromoform	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AI0056324	Ozark Southside WWTP	001

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

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	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
Chlorobenzene	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
Chlorodibromomethane	1.11	µg/L	0.37	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
Chloroethane	<5.00	µg/L	<5.00	µg/L	3	624	5.00 µg/L ☐ ML ☑ MDL
2-chloroethylvinyl ether	<50.0	µg/L	<50.0	µg/L	3	624	50.0 µg/L ☐ ML ☑ MDL
Chloroform	101	µg/L	49.4	µg/L	3	624	5.00 µg/L ☐ ML ☑ MDL
Dichlorobromomethane	11.9	µg/L	6.22	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
1,1-dichloroethane	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
1,2-dichloroethane	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
trans-1,2-dichloroethylene	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
1,1-dichloroethylene	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
1,2-dichloropropane	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
1,3-dichloropropylene	<1.00	µg/L	<1.00	µg/L	3	624	1.00µg/L ☐ ML ☑ MDL
Ethylbenzene	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
Methyl bromide	<5.00	µg/L	<5.00	µg/L	3	624	5.00 µg/L ☐ ML ☑ MDL
Methyl chloride	<2.50	µg/L	<2.50	µg/L	3	624	2.50 µg/L ☐ ML ☑ MDL
Methylene chloride	<10.0	µg/L	<10.0	µg/L	3	624	10.0 µg/L ☐ ML ☑ MDL
1,1,2,2-tetrachloroethane	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
Tetrachloroethylene	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
Toluene	<5.00	µg/L	<5.00	µg/L	3	624	5.00 µg/L ☐ ML ☑ MDL
1,1,1-trichloroethane	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
1,1,2-trichloroethane	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AI0056324	Ozark Southside WWTP	001

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

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	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
Vinyl chloride	<1.00	µg/L	<1.00	µg/L	3	624	1.00 µg/L ☐ ML ☑ MDL
Acid-Extractable Compounds							
p-chloro-m-cresol	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
2-chlorophenol	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
2,4-dichlorophenol	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
2,4-dimethylphenol	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
4,6-dinitro-o-cresol	<45.5	µg/L	<45.5	µg/L	3	625	45.5 µg/L ☐ ML ☑ MDL
2,4-dinitrophenol	<90.9	µg/L	<90.9	µg/L	3	625	90.9 µg/L ☐ ML ☑ MDL
2-nitrophenol	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
4-nitrophenol	<45.5	µg/L	<45.5	µg/L	3	625	45.5 µg/L ☐ ML ☑ MDL
Pentachlorophenol	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Phenol	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
2,4,6-trichlorophenol	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Base-Neutral Compounds							
Acenaphthene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Acenaphthylene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Anthracene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Benzidine	<90.9	µg/L	<90.9	µg/L	3	625	90.9 µg/L ☐ ML ☑ MDL
Benzo(a)anthracene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Benzo(a)pyrene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
3,4-benzofluoranthene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AI0056324	Ozark Southside WWTP	001

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

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	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Benzo(k)fluoranthene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Bis (2-chloroethoxy) methane	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Bis (2-chloroethyl) ether	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Bis (2-chloroisopropyl) ether	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Bis (2-ethylhexyl) phthalate	<45.5	µg/L	<45.5	µg/L	3	625	45.5 µg/L ☐ ML ☑ MDL
4-bromophenyl phenyl ether	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Butyl benzyl phthalate	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
2-chloronaphthalene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
4-chlorophenyl phenyl ether	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Chrysene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
di-n-butyl phthalate	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
di-n-octyl phthalate	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Dibenzo(a,h)anthracene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
1,2-dichlorobenzene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
1,3-dichlorobenzene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
1,4-dichlorobenzene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
3,3-dichlorobenzidine	<45.5	µg/L	<45.5	µg/L	3	625	45.5 µg/L ☐ ML ☑ MDL
Diethyl phthalate	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Dimethyl phthalate	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
2,4-dinitrotoluene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
2,6-dinitrotoluene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AI0056324	Ozark Southside WWTP	001

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

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	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Fluoranthene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Fluorene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Hexachlorobenzene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Hexachlorobutadiene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Hexachlorocyclo-pentadiene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Hexachloroethane	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Indeno(1,2,3-cd)pyrene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Isophorone	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Naphthalene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Nitrobenzene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
N-nitrosodi-n-propylamine	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
N-nitrosodimethylamine	<45.5	µg/L	<45.5	µg/L	3	625	45.5 µg/L ☐ ML ☑ MDL
N-nitrosodiphenylamine	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL
Phenanthrene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
Pyrene	<9.09	µg/L	<9.09	µg/L	3	625	9.09 µg/L ☐ ML ☑ MDL
1,2,4-trichlorobenzene	<22.7	µg/L	<22.7	µg/L	3	625	22.7 µg/L ☐ ML ☑ MDL

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

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AI0056324	Ozark Southside WWTP	001

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

TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY

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

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

This page intentionally left blank.

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 Information			
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:	☐ Grab ☐ 24-hour composite	☐ Grab ☐ 24-hour composite	☐ Grab ☐ 24-hour composite
Sample Location			
Check one:	☐ Before disinfection ☐ After disinfection ☐ After dechlorination	☐ Before disinfection ☐ After disinfection ☐ After dechlorination	☐ Before disinfection ☐ After disinfection ☐ After dechlorination
Point in Treatment Process			
Describe the point in the treatment process at which the sample was collected for each test.			
Toxicity Type			
Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	☐ Acute ☐ Chronic ☐ Both	☐ Acute ☐ Chronic ☐ Both	☐ Acute ☐ Chronic ☐ Both

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

	Test Number ____	Test Number ____	Test Number ____
Test Type			
Indicate the type of test performed. (Check one response.)	☐ Static ☐ Static-renewal ☐ Flow-through	☐ Static ☐ Static-renewal ☐ Flow-through	☐ Static ☐ Static-renewal ☐ Flow-through
Source of Dilution Water			
Indicate the source of dilution water. (Check one response.)	☐ Laboratory water ☐ Receiving water	☐ Laboratory water ☐ Receiving water	☐ Laboratory water ☐ Receiving water
If laboratory water, specify type.			
If receiving water, specify source.			
Type of Dilution Water			
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	☐ Fresh water ☐ Salt water (specify)	☐ Fresh water ☐ Salt water (specify)	☐ Fresh water ☐ Salt water (specify)
Percentage Effluent Used			
Specify the percentage effluent used for all concentrations in the test series.			

Parameters Tested						
Check the parameters tested.	☐ pH ☐ Salinity ☐ Temperature	☐ Ammonia ☐ Dissolved oxygen	☐ pH ☐ Salinity ☐ Temperature	☐ Ammonia ☐ Dissolved oxygen	☐ pH ☐ Salinity ☐ Temperature	☐ Ammonia ☐ Dissolved oxygen

Acute Test Results			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% confidence interval	%	%	%
Control percent survival	%	%	%

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

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

This page intentionally left blank.

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			
Describe 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the SIU subject to categorical standards?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, describe.			

EPA Identification Number	NPDES Permit Number	Facility Name
110041623954	AL0056324	Ozark Southside WWTP

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

Form 2F NPDES

EPA

U.S Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater

STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

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

Outfall Location

1.1 Provide information on each of the facility's outfalls in the table below

Outfall Number	Receiving Water Name	Latitude	Longitude
001S	Klondike Creek	31d 23' 15.4" N	-85d 36' 32.3" W

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

Improvements

2.1 Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?

☐ Yes ☑ No ➔ SKIP to Section 3.

2.2 Briefly identify each applicable project in the table below.

Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates	
			Required	Projected

2.3 Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? *(optional item)*

☐ Yes ☐ No

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AL0056324	Ozark Southside WWTP	

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

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)	
001S	0.67	specify units: acres	3.26	specify units: acres
		specify units		specify units
		specify units		specify units
		specify units		specify units
		specify units		specify units
		specify units		specify units

4.2 Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)

Sewage screening and grit removal during loading and transport

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)
001S	Screens and recieving vessel are protected from stormwater contact	

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AL0056324	Ozark Southside WWTP	

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

Non-Stormwater Discharges

5.1 Provide the following certification. (See instructions to determine the appropriate person to sign the application.)

I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.

Name (print or type first and last name)	Official title
Joe Sexton	General Manager
Signature	**Date signed**
Joe Sexton	11-19-2025

5.2 Provide the testing information requested in the table below.

Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
001S	Site is inspected daily for the presence of non-stormwa		Stormwater discharge pc

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.

None

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

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

7.1 Is this a new source or new discharge?

☐ Yes → See instructions regarding submission of *estimated* data. ☑ No → See instructions regarding submission of *actual* data.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?

☑ Yes

RECEIVED
NOV 19 2025
MUNICIPAL SECTION

Discharge Information Continued

7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? ☐ Yes ☑ No → SKIP to Item 7.5.
7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? ☐ Yes
7.5	Do you know or have reason to believe any pollutants in Exhibit 2F–2 are present in the discharge? ☐ Yes ☑ No → SKIP to Item 7.7.
7.6	Have you listed all pollutants in Exhibit 2F–2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? ☐ Yes
7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? ☐ Yes → SKIP to Item 7.18. ☑ No
7.8	Do you know or have reason to believe any pollutants in Exhibit 2F–3 are present in the discharge? ☐ Yes ☑ No → SKIP to Item 7.10.
7.9	Have you listed all pollutants in Exhibit 2F–3 that you know or have reason to believe are present in the discharge in Table C? ☐ Yes
7.10	Do you expect any of the pollutants in Exhibit 2F–3 to be discharged in concentrations of 10 ppb or greater? ☐ Yes ☑ No → SKIP to Item 7.12.
7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F–3 that you expect to be discharged in concentrations of 10 ppb or greater? ☐ Yes
7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? ☐ Yes ☑ No → SKIP to Item 7.14.
7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? ☐ Yes
7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? ☑ Yes
7.15	Do you know or have reason to believe any pollutants in Exhibit 2F–4 are present in the discharge? ☐ Yes ☑ No → SKIP to Item 7.17.

Discharge Information Continued

7.16 Have you listed pollutants in Exhibit 2F–4 that you know or believe to be present in the discharge and provided an explanation in Table C?

☐ Yes

7.17 Have you provided information for the storm event(s) sampled in Table D?

☑ Yes

Used or Manufactured Toxics

7.18 Is any pollutant listed on Exhibits 2F–2 through 2F–4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct?

☐ Yes ☑ No ➔ SKIP to Section 8.

7.19 List the pollutants below, including TCDD if applicable. Attach additional sheets, if necessary.

1.	4.	7.
2.	5.	8.
3.	6.	9.

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

Biological Toxicity Testing Data

8.1 Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?

☐ Yes ☑ No ➔ SKIP to Section 9.

8.2 Identify the tests and their purposes below.

Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

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

Contract Analysis Information

9.1 Were any of the analyses reported in Section 7 (in Tables A through C) performed by a contract laboratory or consulting firm?

☑ Yes ☐ No ➔ SKIP to Section 10.

9.2 Provide information for each contract laboratory or consulting firm below.

	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
Name of laboratory/firm	Polyenvironmental Corporation		
Laboratory address	P.O. Box 837, Dothan, Al 36302		
Phone number	(334) 793-4700		
Pollutant(s) analyzed	Conventional		

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AL0056324	Ozark Southside WWTP	

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

Checklist and Certification Statement

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

Column 1	Column 2
☑ Section 1	☐ w/ attachments (e.g., responses for additional outfalls)
☐ Section 2	☐ w/ attachments
☑ Section 3	☐ w/ site drainage map
☑ Section 4	☐ w/ attachments
☐ Section 5	☐ w/ attachments
☑ Section 6	☐ w/ attachments
☑ Section 7	☑ Table A ☐ w/ small business exemption request ☐ Table B ☐ w/ analytical results as an attachment ☐ Table C ☐ Table D
☑ Section 8	☐ w/ attachments
☑ Section 9	☐ w/ attachments (e.g., responses for additional contact laboratories or firms)
☑ Section 10	

10.2 Provide the following certification. (See instructions to determine the appropriate person to sign the application.)

Certification Statement

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

Name (print or type first and last name)	Official title
Joe Sexton	General Manager
Signature	**Date signed**
Joe Sexton	11-19-2025

RECEIVED
NOV 19 2025
MUNICIPAL SECTION

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AL0056324	Ozark Southside WWTP	001S

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

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	0.720 mg/L		0.720 mg/L		4	
2.	Biochemical oxygen demand (BOD_5)	6.03 mg/L		6.03 mg/L		4	
3.	Chemical oxygen demand (COD)						
4.	Total suspended solids (TSS)	33.7 mg/L		33.7 mg/L		4	
5.	Total phosphorus	0.176 mg/L		0.176 mg/L		4	
6.	Total Kjeldahl nitrogen (TKN)	0.353 mg/L		0.353 mg/L		4	
7.	Total nitrogen (as N)	0.590 mg/L		0.590 mg/L		4	
8.	pH (minimum)	5.85		5.85		4	
	pH (maximum)	6.13		6.13		4	

[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).

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AL0056324	Ozark Southside WWTP	001S

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

TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(C)(1)(I)(E)(4) AND 40 CFR 122.21(G)(7)(VI)(A))[1]

List each pollutant that is limited in an effluent limitation guideline (ELG) that the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

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

[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).

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
110041623954	AL0056324	Ozark Southside WWTP	001S

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

TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(C)(1)(I)(E)(4) AND 40 CFR 122.21(G)(7)(VI)(B) AND (VII))[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		

[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).

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility name	Outfall Number
110041623954	AL0056324	Ozark Southside WWTP	001S

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

TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(C)(1)(I)(E)(6))

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

Date of Storm Event	Duration of Storm Event (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)

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

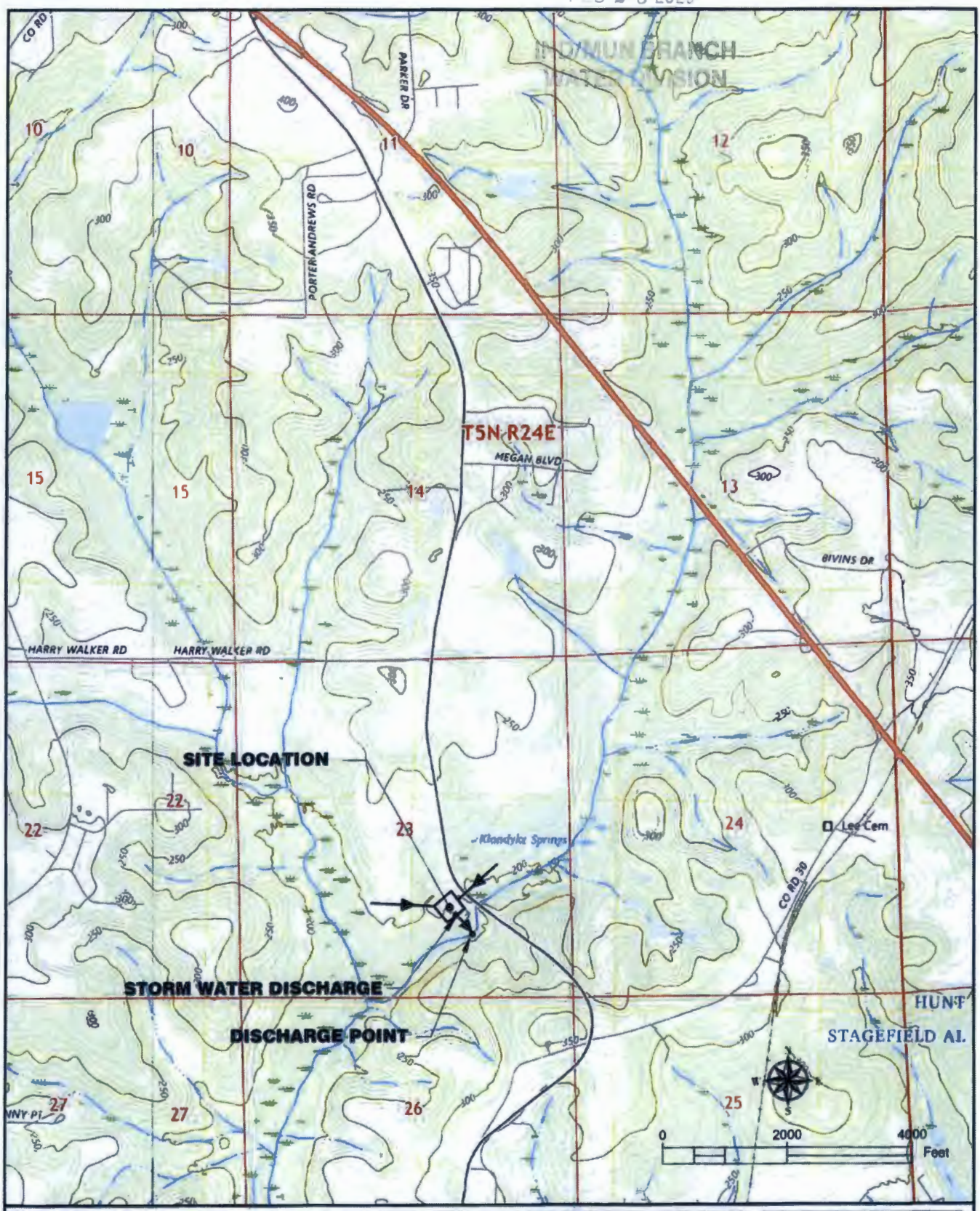


FIGURE No. 1	SOUTHSIDE WASTEWATER TREATMENT FACILITY OZARK, ALABAMA	POLY, INC.	DATE FEBRUARY 2026
PROJECT No. 74-178	SITE VICINITY MAP	334-793-4700 WWW.POLY-INC.COM	REGISTRATION No

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AL0056324	Ozark Southside WWTP	

Form 2S NPDES

EPA

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

PRELIMINARY INFORMATION

Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application?

☑ Yes ➔ Complete Part 2 of application package (begins p. 7). ☐ No ➔ Complete Part 1 of application package (below).

Part 1 — LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))

Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).

PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(C)(2)(II)(A))

Facility Information

1.1 Facility name

Mailing address (street or P.O. box)

City or town	State	ZIP code

Contact name (first and last)	Title	Phone number	Email address

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

City or town	State	ZIP code

1.2 **Ownership Status**

☐ Public—federal ☐ Public—state ☐ Other public (specify)_____

☐ Private ☐ Other (specify) _____

PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(C)(2)(II)(B))

Applicant Information

2.1 **Is applicant different from entity listed under Item 1.1 above?**

☐ Yes ☐ No ➔ SKIP to Item 2.3 (Part 1, Section 2).

2.2 Applicant name

Applicant address (street or P.O. box)

City or town	State	ZIP code

Contact name (first and last)	Title	Phone number	Email address

2.3 Is the applicant the facility's owner, operator, or both? (Check only one response.)

☐ Owner ☐ Operator ☐ Both

2.4 To which entity should the NPDES permitting authority send correspondence? (Check only one response.)

☐ Facility ☐ Applicant ☐ Facility and applicant (they are one and the same)

PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(C)(2)(II)(D))

Sewage Sludge Amount

3.1 Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:

Practice	Dry Metric Tons per 365-Day Period
Amount generated at the facility	
Amount treated at the facility	
Amount used (i.e., received from offsite) 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) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AL0056324	Ozark Southside WWTP	

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

Treatment Provided at Your Facility

5.1 For each sewage sludge use or disposal practice, indicate the amount of sewage sludge used or disposed of, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option. Attach additional pages, as necessary.

Use or Disposal Practice (check one)	Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
☐ Land application of bulk sewage ☐ Land application of biosolids (bulk) ☐ Land application of biosolids (bags) ☐ Disposal in a landfill ☐ Surface disposal ☐ Incineration		☐ Not applicable ☐ Class A, Alternative 1 ☐ Class A, Alternative 2 ☐ Class A, Alternative 3 ☐ Class A, Alternative 4 ☐ Class A, Alternative 5 ☐ Class A, Alternative 6 ☐ Class B, Alternative 1 ☐ Class B, Alternative 2 ☐ Class B, Alternative 3 ☐ Class B, Alternative 4 ☐ Domestic septage, pH adjustment	☐ Not applicable ☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5 ☐ Option 6 ☐ Option 7 ☐ Option 8 ☐ Option 9 ☐ Option 10 ☐ Option 11

5.2 For each of the use and disposal practices specified in Item 5.1, identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge. (Check all that apply.)

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☐ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery
- ☐ Other (specify) _____

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

Sewage Sludge Sent to Other Facilities

6.1 Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), *and* one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8)?

☐ Yes ➔ SKIP to Part 1, Section 8 (Certification). ☐ No

6.2 Is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?

☐ Yes ☐ No ➔ SKIP to Part 1, Section 7.

6.3 Receiving facility name

Mailing address (street or P.O. box)

City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address

6.4 Which activities does the receiving facility provide? (Check all that apply.)

- ☐ Treatment or blending
- ☐ Sale or give-away in bag or other container
- ☐ Land application
- ☐ Surface disposal
- ☐ Incineration
- ☐ Other (describe)
- ☐ Composting

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AL0056324	Ozark Southside WWTP	

PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(C)(2)(II)(C))

Use and Disposal Sites

Provide the following information for each site on which sewage sludge from this facility is used or disposed of.

☐ Check here if you have provided separate attachments with this information.

7.1

Site name or number			
Mailing address (street or P.O. box)			
City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address
Location address (street, route number, or other specific identifier)			☐ Same as mailing address
City or town		State	ZIP code
County		County code	☐ Not available

7.2 Site type (check all that apply)

☐ Agricultural	☐ Lawn or home garden	☐ Forest
☐ Surface disposal	☐ Public contact	☐ Incineration
☐ Reclamation	☐ Municipal solid waste landfill	☐ Other (describe)

PART 1, SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))

Checklist and Certification Statement

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

Column 1	Column 2
☐ Section 1: Facility Information	☐ w/ attachments
☐ Section 2: Applicant Information	☐ w/ attachments
☐ Section 3: Sewage Sludge Amount	☐ w/ attachments
☐ Section 4: Pollutant Concentrations	☐ w/ attachments
☐ Section 5: Treatment Provided at Your Facility	☐ w/ attachments
☐ Section 6: Sewage Sludge Sent to Other Facilities	☐ w/ attachments
☐ Section 7: Use and Disposal Sites	☐ w/ attachments
☐ Section 8: Checklist and Certification Statement	

Checklist and Certification Statement Continued

8.2 Provide the following certification. (See instructions to determine the appropriate person to submit the application.)

Certification Statement

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

Name (print or type first and last name)	Official title	Phone number

Signature	Date signed

PART 1 APPLICANTS STOP HERE.

Submit completed application package to your NPDES permitting authority.

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AL0056324	Ozark Southside WWTP	

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

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

PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(Q)(1 7) AND (Q)(13))

General Information

All Part 2 applicants must complete this section.

Facility Information

1.1 Facility name
Ozark Southside Wastewater Treatment Facility

Mailing address (street or P.O. box)
P. O Box 1125

City or town	State	ZIP code	Phone number
ozark	Alabama	36361	(334) 774-2336

Contact name (first and last)	Title	Email address
Joe Sexton	General Manager	joedaddy@ozarkal.gov

Location address (street, route number, or other specific identifier) ☐ Same as mailing address
Alabama Highway 123

City or town	State	ZIP code
Ozark	Alabama	36361

1.2 Is this facility a Class I sludge management facility?
☐ Yes ☑ No

1.3	**Facility Design Flow Rate**	2.10 million gallons per day (mgd)
1.4	**Total Population Served**	13,000

1.5 **Ownership Status**
☐ Public—federal ☐ Public—state ☑ Other public (specify) Municipal
☐ Private ☐ Other (specify) _____

Applicant Information

1.6 Is applicant different from entity listed under Item 1.1 above?
☑ Yes ☐ No ➔ SKIP to Item 1.8 (Part 2, Section 1).

1.7 Applicant name
Utilities Board of the City of Ozark

Applicant mailing address (street or P.O. box)
PO Box 1125

City or town	State	ZIP code
Ozark	AL	36361

Contact name (first and last)	Title	Phone number	Email address
Joe Sexton	General Manager	(334) 774-2336	joedaddy@ozarkal.gov

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

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

RECEIVED
NOV 19 2025
MUNICIPAL SECTION

General Information Continued

Permit Information

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.

NPDES Permit Number
AI0056324

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.

☐ Check here if you have provided a separate attachment with this information.

Existing Environment Permits (check all that apply and print or type the corresponding permit number for each)

☐ 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

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

Contractor Information

1.16 Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility?

☐ Yes ☑ No ➔ SKIP to Item 1.18 (Part 2, Section 1) below.

1.17 Provide the following information for each contractor.

☐ Check here if you have attached additional sheets to the application package.

	Contractor 1	Contractor 2	Contractor 3
Contractor company name			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Contact name (first and last)			
Telephone number			
Email address			

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AL0056324	Ozark Southside WWTP	

General Information Continued

1.17 cont.		Contractor 1	Contractor 2	Contractor 3
	Responsibilities of contractor			

Pollutant Concentrations

Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.

☐ Check here if you have attached additional sheets to the application package.

1.18	Pollutant	Average Monthly Concentration (mg/kg dry weight)	Analytical Method	Detection Level
	Arsenic			
	Cadmium			
	Chromium			
	Copper			
	Lead			
	Mercury			
	Molybdenum			
	Nickel			
	Selenium			
	Zinc			

Checklist and Certification Statement

1.19 In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S–2 in the instructions.

Column 1	Column 2
☑ Section 1 (General Information)	☐ w/ attachments
☑ Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)	☑ w/ attachments
☐ Section 3 (Land Application of Bulk Sewage Sludge)	☐ w/ attachments
☐ Section 4 (Surface Disposal)	☐ w/ attachments
☐ Section 5 (Incineration)	☐ w/ attachments

1.20 Provide the following certification. (See instructions to determine the appropriate person to sign the application.)

Certification Statement

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

Name (print or type first and last name)	Official title
Joe Sexton	General Manager
Signature: Joe Sexton	Date signed: 11-19-2025
Telephone number: 334-774-2336	[redacted]

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:	56

Amount Received from Offsite Facility

2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?

☐ Yes ☑ No ➔ SKIP to Item 2.8 (Part 2, Section 2) below.

2.4	Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:	

Provide the following information for each of the facilities from which you receive sewage sludge.

☐ Check here if you have attached additional sheets to the application package.

2.5

Name of facility			
Mailing address (street or P.O. box)			
City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address
Location address (street, route number, or other specific identifier)			☐ Same as mailing address
City or town		State	ZIP code
County		County code	☐ Not available

2.6 Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.

Amount (dry metric tons)		Vector Attraction Reduction Option
	☐ Not applicable ☐ Class A, Alternative 1 ☐ Class A, Alternative 2 ☐ Class A, Alternative 3 ☐ Class A, Alternative 4 ☐ Class A, Alternative 5 ☐ Class A, Alternative 6 ☐ Class B, Alternative 1 ☐ Class B, Alternative 2 ☐ Class B, Alternative 3 ☐ Class B, Alternative 4 ☐ Domestic septage, pH adjustment	☐ Not applicable ☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5 ☐ Option 6 ☐ Option 7 ☐ Option 8 ☐ Option 9 ☐ Option 10 ☐ Option 11

2.7 Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)

☐ Preliminary operations (e.g., sludge grinding and degritting)	☐ Thickening (concentration)
☐ Stabilization	☐ Anaerobic digestion
☐ Composting	☐ Conditioning
☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
☐ Heat drying	☐ Thermal reduction
☐ Methane or biogas capture and recovery	☐ Other (specify) _____

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

2.8 For each sewage sludge use or disposal practice, indicate the applicable pathogen class and reduction alternative and the applicable vector attraction reduction option provided at your facility. Attach additional pages, as necessary.

Use or Disposal Practice (check one)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
☐ Land application of bulk sewage	☑ Not applicable	☑ Not applicable
☐ Land application of biosolids (bulk)	☐ Class A, Alternative 1	☐ Option 1
☐ Land application of biosolids (bags)	☐ Class A, Alternative 2	☐ Option 2
☐ Disposal in a landfill	☐ Class A, Alternative 3	☐ Option 3
☐ Surface disposal	☐ Class A, Alternative 4	☐ Option 4
☐ Incineration	☐ Class A, Alternative 5	☐ Option 5
	☐ Class A, Alternative 6	☐ Option 6
	☐ Class B, Alternative 1	☐ Option 7
	☐ Class B, Alternative 2	☐ Option 8
	☐ Class B, Alternative 3	☐ Option 9
	☐ Class B, Alternative 4	☐ Option 10
	☐ Domestic septage, pH adjustment	☐ Option 11

2.9 Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge? (Check all that apply.)

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☐ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery

2.10 Describe any other sewage sludge treatment or blending activities not identified in Items 2.8 and 2.9 (Part 2, Section 2) above.

☐ Check here if you have attached the description to the application package.

Storage in a sludge lagoon.

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.

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
110041623954	AL0056324	Ozark Southside WWTP	

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

Sale or Give-Away In a Bag or Other Container for Application to the Land

2.14 Do you place sewage sludge in a bag or other container for sale or give-away for land application?

☐ Yes ☑ No ➔ SKIP to Item 2.17 (Part 2, Section 2) below.

2.15 Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:

2.16 Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

☐ Check here to indicate that you have attached all labels or notices to this application package.

☐ Check here once you have completed Items 2.14 to 2.16, then ➔ SKIP to Part 2, Section 2, Item 2.32.

Shipment Offsite for Treatment or Blending

2.17 Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.)

☐ Yes ☑ No ➔ SKIP to Item 2.27 (Part 2, Section 2) below.

2.18 Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility.

☐ Check here if you have attached additional sheets to the application package.

2.19 Name of receiving facility

Mailing address (street or P.O. box)

City or town	State	ZIP code

Contact name (first and last)	Title	Phone number	Email address

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

City or town	State	ZIP code

2.20 Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

2.21 Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility?

☐ Yes ☐ No ➔ SKIP to Item 2.24 (Part 2, Section 2) below.

2.22 Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.

Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
☐ Not applicable	☐ Not applicable
☐ Class A, Alternative 1	☐ Option 1
☐ Class A, Alternative 2	☐ Option 2
☐ Class A, Alternative 3	☐ Option 3
☐ Class A, Alternative 4	☐ Option 4
☐ Class A, Alternative 5	☐ Option 5
☐ Class A, Alternative 6	☐ Option 6
☐ Class B, Alternative 1	☐ Option 7
☐ Class B, Alternative 2	☐ Option 8
☐ Class B, Alternative 3	☐ Option 9
☐ Class B, Alternative 4	☐ Option 10
☐ Domestic septage, pH adjustment	☐ Option 11

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

2.23 Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)

- ☐ Preliminary operations (e.g., sludge grinding and degritting)
- ☐ Thickening (concentration)
- ☐ Stabilization
- ☐ Anaerobic digestion
- ☐ Composting
- ☐ Conditioning
- ☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)
- ☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
- ☐ Heat drying
- ☐ Thermal reduction
- ☐ Methane or biogas capture and recovery
- ☐ Other (specify) _____

2.24 Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

☐ Check here to indicate that you have attached material.

2.25 Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?

☐ Yes ☐ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

2.26 Attach a copy of all labels or notices that accompany the product being sold or given away.

☐ Check here to indicate that you have attached material.

☐ Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

Land Application of Bulk Sewage Sludge

2.27 Is sewage sludge from your facility applied to the land?

☐ Yes ☑ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

2.28 Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

2.29 Did you identify all land application sites in Part 2, Section 3 of this application?

☐ Yes ☐ No ➔ Submit a copy of the land application plan with your application.

2.30 Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge?

☐ Yes ☐ No ➔ SKIP to Item 2.32 (Part 2, Section 2) below.

2.31 Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification.

☐ Check here if you have attached the explanation to the application package.

☐ Check here if you have attached the notification to the application package.

Surface Disposal

2.32 Is sewage sludge from your facility placed on a surface disposal site?

☐ Yes ☑ No ➔ SKIP to Item 2.39 (Part 2, Section 2) below.

2.33 Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:

2.34 Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

☐ Yes ➔ SKIP to Item 2.39 (Part 2, Section 2) below. ☐ No

2.35 Indicate the total number of surface disposal sites to which you send your sewage sludge.
(Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.)

☐ Check here if you have attached additional sheets to the application package.

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

2.36 Site name or number of surface disposal site you do not own or operate

Mailing address (street or P.O. box)

City or town	State	ZIP code

Contact name (first and last)	Title	Phone number	Email address

2.37 Site contact (check all that apply)

☐ Owner ☐ Operator

2.38 Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period:

Incineration

2.39 Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☑ No ➔ SKIP to Item 2.46 (Part 2, Section 2) below.

2.40 Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period:

2.41 Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ➔ SKIP to Item 2.46 (Part 2, Section 2) below. ☐ No

2.42 Indicate the total number of sewage sludge incinerators that you use but do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.)

☐ Check here if you have attached additional sheets to the application package.

2.43 Incinerator name or number

Mailing address (street or P.O. box)

City or town	State	ZIP code

Contact name (first and last)	Title	Phone number	Email address

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

City or town	State	ZIP code

2.44 Contact (check all that apply)

☐ Incinerator owner ☐ Incinerator operator

2.45 Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period:

Disposal in a Municipal Solid Waste Landfill

2.46 Is sewage sludge from your facility placed on a municipal solid waste landfill?

☐ Yes ☑ No ➔ SKIP to Part 2, Section 3.

2.47 Indicate the total number of municipal solid waste landfills used. (Provide the information in Items 2.48 to 2.52 directly below for each facility.)

☐ Check here if you have attached additional sheets to the application package.

Generation of Sewage Sludge or Preparation of a Material Derived

2.48 Name of landfill

Mailing address (street or P.O. box)

City or town	State	ZIP code

Contact name (first and last)	Title	Phone number	Email address

	Location address (street, route number, or other specific identifier)		☐ Same as mailing address
	County	County code	☐ Not available
	City or town	State	ZIP code
2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:		

2.50 List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit

2.51 Attach information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test).

☐ Check here to indicate you have attached the requested information.

2.52 Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258?

☐ Yes ☐ No

PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(Q)(9))

Land Application of Bulk Sewage Sludge

3.1 Does your facility apply sewage sludge to land?

☐ Yes ☑ No ➔ SKIP to Part 2, Section 4.

3.2 Do any of the following conditions apply?

- The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), *and* one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8);
- The sewage sludge is sold or given away in a bag or other container for application to the land; or
- You provide the sewage sludge to another facility for treatment or blending.

☐ Yes ➔ SKIP to Part 2, Section 4. ☐ No

3.3 Complete Section 3 for every site on which the sewage sludge is applied.

☐ Check here if you have attached sheets to the application package for one or more land application sites.

Identification of Land Application Site

3.4 Site name or number

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

County	County code ☐ Not available	
City or town	State	ZIP code

Latitude/Longitude of Land Application Site (see instructions)

Latitude	Longitude

Method of Determination

☐ USGS map ☐ Field survey ☐ Other (specify) _____

3.5 Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

☐ Check here to indicate you have attached a topographic map for this site.

Owner Information

3.6 Are you the owner of this land application site?

☐ Yes ➔ SKIP to Item 3.8 (Part 2, Section 3) below. ☐ No

3.7 Owner name

Mailing address (street or P.O. box)

City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address

Applier Information

3.8 Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?

☐ Yes ➔ SKIP to Item 3.10 (Part 2, Section 3) below. ☐ No

3.9 Applier's name

Mailing address (street or P.O. box)

City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address

Land Application of Bulk Sewage Sludge Continued

Site Type

3.10 Type of land application:

- ☐ Agricultural land
- ☐ Forest
- ☐ Reclamation site
- ☐ Public contact site
- ☐ Other (describe)

Crop or Other Vegetation Grown Onsite

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

PART 2, SECTION 4 SURFACE DISPOSAL (40 CFR 122.21(Q)(10))

Surface Disposal

4.1 Do you own or operate a surface disposal site?

☐ Yes ☑ No ➔ SKIP to Part 2, Section 5.

4.2 Complete all items in Section 4 for each active sewage sludge unit that you own or operate.

☐ Check here to indicate that you have attached material to the application package for one or more active sewage sludge units.

Information on Active Sewage Sludge Units

4.3 Unit name or number

Mailing address (street or P.O. box)

City or town		State	ZIP code
Contact name (first and last)	Title	Phone number	Email address

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

County	County code ☐ Not available	
City or town	State	ZIP code

Latitude/Longitude of Active Sewage Sludge Unit (see instructions)

Latitude	Longitude

Method of Determination

☐ USGS map ☐ Field survey ☐ Other (specify) _____

4.4 Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

☐ Check here to indicate that you have completed and attached a topographic map.

4.5	Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:	
4.6	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:	

4.7 Does the active sewage sludge unit have a liner with a maximum permeability of 1×10^{-7} centimeters per second (cm/sec)?

☐ Yes ☐ No ➔ SKIP to Item 4.9 (Part 2, Section 4) below.

4.8 Describe the liner.

☐ Check here to indicate that you have attached a description to the application package.

4.9 Does the active sewage sludge unit have a leachate collection system?

☐ Yes ☐ No ➔ SKIP to Item 4.11 (Part 2, Section 4) below.

4.10 Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal.

☐ Check here to indicate that you have attached the description to the application package.

Surface Disposal Continued

4.11 Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?

☐ Yes ☐ No ➔ SKIP to Item 4.13 (Part 2, Section 4) below.

4.12	Provide the actual distance in meters:	meters
4.13	Remaining capacity of active sewage sludge unit in dry metric tons:	dry metric tons
4.14	Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY):	

4.15 Attach a copy of any closure plan that has been developed for this active sewage sludge unit.

☐ Check here to indicate that you have attached a copy of the closure plan to the application package.

Sewage Sludge from Other Facilities

4.16 Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility?

☐ Yes ☐ No ➔ SKIP to Item 4.21 (Part 2, Section 4) below.

4.17 Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.)

☐ Check here to indicate that you have attached responses for each facility to the application package.

4.18

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

4.19 Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before it leaves the other facility.

Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
☐ Not applicable	☐ Not applicable
☐ Class A, Alternative 1	☐ Option 1
☐ Class A, Alternative 2	☐ Option 2
☐ Class A, Alternative 3	☐ Option 3
☐ Class A, Alternative 4	☐ Option 4
☐ Class A, Alternative 5	☐ Option 5
☐ Class A, Alternative 6	☐ Option 6
☐ Class B, Alternative 1	☐ Option 7
☐ Class B, Alternative 2	☐ Option 8
☐ Class B, Alternative 3	☐ Option 9
☐ Class B, Alternative 4	☐ Option 10
☐ Domestic septage, pH adjustment	☐ Option 11

4.20 Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before it leaves that facility? (Check all that apply.)

☐ Preliminary operations (e.g., sludge grinding and degritting)	☐ Thickening (concentration)
☐ Stabilization	☐ Anaerobic digestion
☐ Composting	☐ Conditioning
☐ Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	☐ Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
☐ Heat drying	☐ Thermal reduction
☐ Methane or biogas capture and recovery	☐ Other (specify) _____

Surface Disposal Continued

Vector Attraction Reduction

4.21 Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

☐ Option 9 (injection below and surface)
☐ Option 10 (incorporation into soil within 6 hours)
☐ Option 11 (covering active sewage sludge unit daily)
☐ None

4.22 Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge.

☐ Check here if you have attached your description to the application package.

Groundwater Monitoring

4.23 Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit?

☐ Yes
☐ No ➔ SKIP to Item 4.26 (Part 2, Section 4) below.

4.24 Provide a copy of available groundwater monitoring data.

☐ Check here to indicate you have attached the monitoring data.

4.25 Describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data.

☐ Check here if you have attached your description to the application package.

4.26 Has a groundwater monitoring program been prepared for this active sewage sludge unit?

☐ Yes
☐ No ➔ SKIP to Item 4.28 (Part 2, Section 4) below.

4.27 Submit a copy of the groundwater monitoring program with this permit application.

☐ Check here to indicate you have attached the monitoring program.

4.28 Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated?

☐ Yes
☐ No ➔ SKIP to Item 4.30 (Part 2, Section 4) below.

4.29 Submit a copy of the certification with this permit application.

☐ Check here to indicate you have attached the certification to the application package.

Site-Specific Limits

4.30 Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?

☐ Yes
☐ No ➔ SKIP to Part 2, Section 5.

4.31 Submit information to support the request for site-specific pollutant limits with this application.

☐ Check here to indicate you have attached the requested information.

PART 2, SECTION 5 INCINERATION (40 CFR 122.21(Q)(11))

Incineration

Incinerator Information

5.1 Do you fire sewage sludge in a sewage sludge incinerator?

☐ Yes ☑ No ➔ SKIP to END.

5.2 Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.)

☐ Check here to indicate that you have attached information for one or more incinerators.

5.3 Incinerator name or number

Location address (street, route number, or other specific identifier)

County	County code	☐ Not available
City or town	State	ZIP code

Latitude/Longitude of Incinerator (see instructions)

Latitude	Longitude

Method of Determination

☐ USGS map ☐ Field survey ☐ Other (specify) _____

Amount Fired

5.4 Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator:

Beryllium NESHAP

5.5 Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such.

☐ Check here to indicate that you have attached this material to the application package.

5.6 Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31?

☐ Yes ☐ No ➔ SKIP to Item 5.8 (Part 2, Section 5) below.

5.7 Submit with this application a complete report of the latest beryllium emission rate testing *and* documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

☐ Check here to indicate that you have attached this information.

Mercury NESHAP

5.8 Is compliance with the mercury NESHAP being demonstrated via stack testing?

☐ Yes ☐ No ➔ SKIP to Item 5.11 (Part 2, Section 5) below.

5.9 Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.

☐ Check here to indicate that you have attached this information.

5.10 Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted.

☐ Check here to indicate that you have attached this information.

5.11 Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling?

☐ Yes ☐ No ➔ SKIP to Item 5.13 (Part 2, Section 5) below.

5.12 Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.

☐ Check here to indicate that you have attached this information.

Incineration Continued

Dispersion Factor

5.13	Dispersion factor in micrograms/cubic meter per gram/second:	
5.14	Name and type of dispersion model:	
5.15	Submit a copy of the modeling results and supporting documentation. ☐ Check here to indicate that you have attached this information.	

Control Efficiency

5.16 Provide the control efficiency, in hundredths, for each of the pollutants listed below.

Pollutant	Control Efficiency, in Hundredths
Arsenic	
Cadmium	
Chromium	
Lead	
Nickel	

5.17 Attach a copy of the results or performance testing and supporting documentation (including testing dates).
☐ Check here to indicate that you have attached this information.

Risk-Specific Concentration for Chromium

5.18	Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter:	

5.19 Was the RSC determined via Table 2 in 40 CFR 503.43?
☐ Yes ☐ No ➔ SKIP to Item 5.21 (Part 2, Section 5) below.

5.20 Identify the type of incinerator used as the basis.
☐ Fluidized bed with wet scrubber
☐ Other types with wet scrubber
☐ Fluidized bed with wet scrubber and wet electrostatic precipitator
☐ Other types with wet scrubber and wet electrostatic precipitator

5.21 Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)?
☐ Yes ☐ No ➔ SKIP to Item 5.23 (Part 2, Section 5) below.

5.22	Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas:	

5.23 Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application.
☐ Check here to indicate that you have attached this information. ☐ Not applicable

Incinerator Parameters

5.24 Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator?
☐ Yes ☐ No

5.25 Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator?
☐ Yes ☐ No

5.26	Indicate the type of sewage sludge incinerator.	
5.27	Incinerator stack height in meters:	

5.28 Indicate whether the value submitted in Item 5.27 is (check only one response):
☐ Actual stack height ☐ Creditable stack height

Incineration Continued

Performance Test Operating Parameters

5.29	Maximum performance test combustion temperature:	
5.30	Performance test sewage sludge feed rate, in dry metric tons/day	
5.31	Indicate whether value submitted in Item 5.30 is (check only one response): ☐ Average use ☐ Maximum design	
5.32	Attach supporting documents describing how the feed rate was calculated. ☐ Check here to indicate that you have attached this information.	
5.33	Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator. ☐ Check here to indicate that you have attached this information.	

Monitoring Equipment

5.34 List the equipment in place to monitor the listed parameters.

Parameter	Equipment in Place for Monitoring
Total hydrocarbons or carbon monoxide	
Percent oxygen	
Percent moisture	
Combustion temperature	
Other (describe)	

Air Pollution Control Equipment

5.35 List all air pollution control equipment used with this sewage sludge incinerator.

☐ Check here if you have attached the list to the application package for the noted incinerator.

END of PART 2

Submit completed application package to your NPDES permitting authority.

PO Box 837
Dothan, AL 36302
Phone: (334) 793-4700
Hours: Mon - Thu 7 - 5
Fri 7 - 12

Certificate of Analysis

Ozark Utilities Board
PO Box 1125
Ozark, AL 36361

Project Ozark SS WWTF
Date Received 11/5/2025
Date Approved 12/8/2025
Date Reported 12/8/2025

367679-01 **Influent / Composite / Wastewater** Sampled: 11/05/25 06:25

Test	Result	Units	Method	Qualifiers	Date	Initials
CBOD	113	mg/l	SM 5210 B. 2011		11/05/25 11:25	SSD
TSS	119	mg/l	SM 2540 D. 2011		11/06/25 7:53	SSD

367679-02 **Effluent / Composite / Wastewater** Sampled: 11/05/25 06:28

Test	Result	Units	Method	Qualifiers	Date	Initials
Flow	0.367	MGD	Field Determinatio		11/05/25 0:00	
pH	6.67	S.U.	Field Determin.		11/05/25 0:00	
Turbidity	3.74	NTU	SM 2130B 2011		11/06/25 6:40	AH
CBOD	2.88	mg/l	SM 5210 B. 2011		11/05/25 11:30	SSD
Dissolved Oxygen	9.60	mg/l	Field Determinatio		11/05/25 0:00	
TSS	4.40	mg/l	SM 2540 D. 2011		11/06/25 7:53	SSD

367679-03 **Effluent-2 / Composite / Wastewater** Sampled: 11/05/25 06:28

Test	Result	Units	Method	Qualifiers	Date	Initials
Ammonia N	0.109	mg/l	SM4500-NH3 D 2		11/06/25 10:30	AH
Total Phosphorus	3.06	mg/l	HACH 10209		11/12/25 10:00	AO
Nitrate + Nitrite	14.7	mg/l	HACH 10206		11/13/25 6:30	AH
TKN	<2.00	mg/l	HACH 10242		11/13/25 11:00	AH

367679-04 **Effluent-3 / Grab / Wastewater** Sampled: 11/05/25 05:42

Test	Result	Units	Method	Qualifiers	Date	Initials
E. coli	<1	MPN/100mL	Colilert-SM9223B		11/05/25 10:35	AH

367679-05 **Effluent-4 / Composite / Wastewater** Sampled: 11/05/25 05:43

Test	Result	Units	Method	Qualifiers	Date	Initials
Shipping	-				11/05/25 0:00	
Dissolved Arsenic	0.082	mg/l	EPA 200.7		11/17/25 0:00	

PO Box 837
Dothan, AL 36302
Phone: (334) 793-4700
Hours: Mon - Thu 7 - 5
Fri 7 - 12

Certificate of Analysis

Ozark Utilities Board
PO Box 1125
Ozark, AL 36361

Project Ozark SS WWTF
Date Received 11/5/2025
Date Approved 12/8/2025
Date Reported 12/8/2025

367679-06 **Effluent-5 / Grab / Wastewater** Sampled: 11/05/25 05:43

Test	Result	Units	Method	Qualifiers	Date	Initials
Copper	0.011	mg/l	EPA 200.7		11/17/25 0:00	

Arsenic and Copper performed by Laboratory Resources and Solutions, Inc.
LRS Report Number: 112349

Full Analytical Report is attached.

Approved By

Lyn Buntin
Environmental Project Manager

Polyenvironmental, Corp.

1885 Headland Ave, Dothan, Al 36303 — PO Box 837, Dothan, AL 36302
Phone: 334-793-4700

Client Info:

The Utilities Board of the City of Ozark
PO Box 1125, Ozark, AL 36361
Permit Number: AL0056324

Project Name: Ozark Southside WWTF
City, State collected: AL
Highway 123 Ozark AL 36361

Collected by: CHRIS GOLEY

Comments:
Rainfall: 0
Flow .367 pH 6.67 DO 9.60 Temp 43° Rush Project Y (N)
Please notify lab

Packed on Ice? N Y✓

Analysis/Container/Preservative

Sample Information	Sample Description	Comp/Grab	Matrix*	Date	Time	Number of Containers	CBOD TSS	NH_3 TKN NO_3+NO_2 TP H_2SO_4	E. coli	Dissolved Arsenic	Copper HNO_3	Lab Number	pH
	Influent	C	WW	11/4-5/25	7:23-6:23	1	x					361679-1	
	Effluent	C	WW	11/4-5/25	7:25-6:25	1	x					-2	
	Effluent-2	C	WW	11/4-5/25	7:25-6:25	1		x				-3	LL
	Effluent-3	G	WW	11/5/25	5:42 AM	1			x			-4	
	Effluent-4	G	WW	11/5/25	5:43 AM	1				x		-5	
	Effluent-5	G	WW	11/5/25	5:43 AM	1					x	-6	LL

Matrix*: S - Soil/Solid GW - Groundwater WW - Wastewater SW - Surface Water DW - Drinking Water PW - Process Water OT - Other (Describe)

Custody Info

Relinquished by	Date	Time
	11/5/25	8:05 AM
SCOTT GRIMES	5 NOVEMBER 2025	8:05 AM
SCOTT GRIMES	5 NOVEMBER 2025	849 AM

Lab Use Only:

Received by: [signature] Date/Time: 11/5/25 0849

Remarks:

Tracking Number:

Temp at receipt: 3.0 °C

LRS, Inc.

Laboratory Resources and Solutions, Inc.

P.O. Box 1260
205 6th Avenue
Ashville, AL 35953
(205) 594-1445
www.lab-resource.com

Analytical Data Report

Polyenvironmental Corp.
1885 Headland Avenue
Dothan, Alabama 36303

Project ID:	Ozark Southside WWTF
Sample Date:	11-05-25
Laboratory Report Number:	112349
Report Date:	Wednesday, November 19, 2025

LRS received sample(s) from Polyenvironmental Corp on Friday, November 7, 2025 at 12:20 pm. Unless otherwise noted, all samples were received in good condition and were tested in accordance with the laboratory's quality control procedures.

Data Reviewed By:

Sherry McKinney

Sherry McKinney
Project Manager

Laboratory Resources and Solutions, Inc.

smckinney@lab-resource.com

LRS, Inc.

Laboratory Resources and Solutions, Inc.

P.O. Box 1260
205 6th Avenue
Ashville, AL 35953
(205) 594-1445
www.lab-resource.com

CERTIFICATE OF ANALYSIS

Polyenvironmental Corp.
1885 Headland Avenue
Dothan, Alabama 36303
Holly Tanton

Project ID: Ozark Southside WWTF

LRS Sample ID: 112349-01
Client Sample ID: 367679-5

Date & Time Collected: 11/05/2025@543
Date & Time Received: 11/07/2025@1220
Matrix: Wastewater

Parameter	Result	Units	MQL	DF	Date/Time Analyzed	Analyst	Method
Dissolved Arsenic (As)	0.082	mg/L	0.025	1	11/17/2025@1010	JKL	EPA-200.7 (B)

Approved By _____

Michael LC Norris
Laboratory Manager

LRS, Inc.

Laboratory Resources and Solutions, Inc.

P.O. Box 1260
205 6th Avenue
Ashville, AL 35953
(205) 594-1445
www.lab-resource.com

CERTIFICATE OF ANALYSIS

Polyenvironmental Corp.
1885 Headland Avenue
Dothan, Alabama 36303
Holly Tanton

Project ID: Ozark Southside WWTF

LRS Sample ID: 112349-02
Client Sample ID: 367679-6

Date & Time Collected: 11/05/2025@543
Date & Time Received: 11/07/2025@1220
Matrix: Wastewater

Parameter	Result	Units	MQL	DF	Date/Time Analyzed	Analyst	Method
Copper (Cu)	0.011	mg/L	0.010	1	11/17/2025@1109	JKL	EPA-200.7

Approved By

Michael LC Norris
Laboratory Manager

LRS, Inc.

Laboratory Resources and Solutions, Inc.

P.O. Box 1260
205 6th Avenue
Ashville, AL 35953
(205) 594-1445
www.lab-resource.com

Analytical Methods

(A) Method Reference - Standard Methods for the Examination of Water and Wastewater, 23rd Edition.

(B) Method Reference - This method was developed under EPA contract 68-C-98-139. US EPA National Center for Environmental Publications and Information, EPA 821-R-98-002, February 1999.

(C) Sample was filtered through a 0.45um glass fiber filter prior to analysis.

(D) Method Reference - Test Methods for Evaluating Solid Waste: Physical/Chemical Methods Compendium (SW-846)

(H) This test method is under the jurisdiction of ASTM Committee D02 on Petroleum Products and Lubricants and the API Committee on Petroleum Measurement.

Field Methods

(E) Field Flow = Flow analyzed via JDC Electronics Flowatch ® flowmeter, referencing method SESD (Science and Ecosystem Support Division - USEPA) 109-R4

(F) Field pH and Field Temperature = Analyzed via an Oakton pH Tester® 30 Waterproof Pocket (Double Junction), for analysis of pH and Temperature.

(G) Residual Chlorine = Analyzed via a Hach Pocket Colorimeter ™ II, for analysis of Chlorine (Free and Total).

Analyst Name:

Andrew Witchell (ADW)
Jesse Lunsford (JKL)
Michael Norris (MLN)
Trinity Buse (TAB)

Field Service Tech Name:

Jo Ella Hood (JEH)
Kathryn Bailey (KMB
Michael Norris (MLN)
Mike Summy (DMS)
Trent Alexander (TSA)

LRS, Inc.

Laboratory Resources and Solutions, Inc.

P.O. Box 1260
205 6th Avenue
Ashville, AL 35953
(205) 594-1445
www.lab-resource.com

QAQC Results

QC Batch

Test	Batch
Arsenic (As)	R-550057
Copper (Cu)	R-550057

QC Blank

Test	Type of Blank	Blank Value
Arsenic (As)	Initial	<0.025
Copper (Cu)	Initial	<0.01

QC Duplicates

Test	Sample ID	Result	Duplicate	% RPD	Max % RPD
Arsenic (As)	112436-01	<0.025	0.028	11.3	25
Copper (Cu)	112436-01	<0.01	<0.01	0.0	25

QC Spike Recovery

Test	Sample ID	Result	Spike Level	Result + Spike	Recovery (%)
Arsenic (As)	112078-01	<0.025	1	1.02487	100.0
Copper (Cu)	112012-01	0.018	1	1.00375	98.6

QC Standards

Test	Standard	Low Limit	Obtained	High Limit	% Recovery
Arsenic (As)	QCS - 2ppm	1.5	1.90861	2.5	95.4
Copper (Cu)	QCS - 2ppm	1.5	1.95247	2.5	97.6

Billing Information:

Laboratory Resources and Solutions, Inc.
P.O. Box 1260
205 6th Avenue
Ashville, Alabama 35953
(205) 594-1445

LRS Client Information:

Polyenvironmental Corp
1885 Headland Avenue
Dothan, AL 36303

"Report to" Contact:
Holly Tanton

Project Name: Ozark Southside WWTF

City/State collected: Ozark, AL

Collected by: Chris Gilley

Client Project #:

P.O. #

Collected by (signature)

Packed on Ice? N___ Y_X_

Project Turnaround (Begins on Lab Login Date)

RUSH? Please Notify LRS
_____ Same Day (200%)
_____ Next Day (100%)
_____ Two Day (50%)
_____ Three Day (25%)

Date Results Needed:

Analysis/Container/Preservative

Chain of Custody
Page 1 of 1

Laboratory Resources and Solutions, Inc.
A Laboratory Service Provider

Laboratory:

Sample Information	Sample ID	Comp/Grab	Matrix*	Depth	Date	Time	Number of Containers	Dissolved Arsenic	Copper	Sample Remarks
	367679-5	G	WW		11/5/25	05:43	1	X		LIMS # 112349
	367679-6	G	WW		11/5/25	05:43	1		X	

Matrix*: SS - Soil/Solid GW - Groundwater WW - Wastewater SW - Surface Water DW - Drinking Water SLW - Solid Waste LQW - Liquid Waste
SOL - Solvent OI - Oil WI - Wipes PW - Process Water OT - Other (Describe) _____

pH_____ Temp_____

Project Remarks

Rainfall in Inches _____ Flow_____ Other_____

Custody Info	Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time
	[signature]	11/6/25	0930	Kelly Montgomery	11-07-25	1220
	Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time
	Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time

Condition (Lab use only)

Bottles Received: pH Checked NCF

Client signature implies acceptance of LRS Terms and Conditions, which can be viewed online at www.lab-resource.com

LRS, Inc.

Laboratory Resources and Solutions, Inc.

P.O. Box 1260
205 6th Avenue
Ashville, AL 35953
(205) 594-1445
www.lab-resource.com

Lab Number 112349
Client Polyenvironmental Corp
Project Ozark Southside WWTF

Received By Kerry Montgomery
Date Received 11/7/25 12:20

Shipment Method	UPS
Shipping Container/cooler compromised?	No
Number of Coolers / Boxes received?	1
Total Container Count	2
Custody Seals intact on shipping container/cooler?	N/A
Custody seals intact on sample bottles?	N/A
Cooler or Sample Temp upon receipt?	1.5C
Thermometer ID:	1233
Sample(s) received at 0-6oC (or 0-8oC for BACT)	Yes
Samples are considered acceptable as cooling process has begun?	Yes
Chain of Custody (CoC) present?	Yes
CoC agrees with sample label(s)?	Yes
Collection times noted?	Yes
Samples in proper container types?	Yes
Sample contains proper preservative?	Yes
Sample containers intact?	Yes
All samples received within holding time?	Yes
Requested turn-around time on CoC?	No

PO Box 837
Dothan, AL 36302
Phone: (334) 793-4700
Hours: Mon - Thu 7 - 5
Fri 7 - 12

Certificate of Analysis

Lincoln Fabrics
400 W. Promenade Ave
Geneva, AL 36340

Project Lincoln Fabrics Quarterly
Date Received 11/13/2025
Date Approved 12/8/2025
Date Reported 12/8/2025

367785-01 **Effluent / Composite / Wastewater** Sampled: 11/12/25 07:51

Test	Result	Units	Method	Qualifiers	Date	Initials
TSS	20.0	mg/l	SM 2540 D. 2011		11/18/25 7:58	SSD
BOD	130	mg/L	SM 5210 B.2011		11/14/25 9:49	SSD
pH	4.41	S.U.	SM 4500 H+ B-20		11/14/25 7:17	SSD

367785-02 **Effluent / Composite / Wastewater** Sampled: 11/12/25 07:51

Test	Result	Units	Method	Qualifiers	Date	Initials
Total Phosphorus	1.38	mg/l	HACH 10209		11/20/25 12:00	
COD	1540	mg/l	SM S220 D		11/18/25 8:45	AO

367785-03 **Effluent / Composite / Wastewater** Sampled: 11/12/25 07:51

Test	Result	Units	Method	Qualifiers	Date	Initials
Oil & Grease	5.44	mg/L	EPA 1664 A		11/18/25 7:55	AO

367785-04 **Effluent / Composite / Wastewater** Sampled: 11/12/25 07:51

Test	Result	Units	Method	Qualifiers	Date	Initials
Shipping	-				11/17/25 0:00	CQ
Color ADMI	50	CU	SM 2120B		11/19/25 0:00	

367785-05 **Effluent / Composite / Wastewater** Sampled: 11/12/25 07:51

Test	Result	Units	Method	Qualifiers	Date	Initials
Lead	<0.015	mg/l	EPA 200.7		12/02/25 0:00	
Zinc	0.083	mg/l	EPA 200.7		12/02/25 0:00	
Nickel	<0.025	mg/l	EPA 200.7		12/02/25 0:00	
Chromium	<0.025	mg/l	EPA 200.7		12/02/25 0:00	
Copper	<0.010	mg/l	EPA 200.7		12/02/25 0:00	

367785-06 **Effluent / Composite / Wastewater** Sampled: 11/12/25 07:51

Test	Result	Units	Method	Qualifiers	Date	Initials
Total Phenols	2.79	mg/L	EPA 420.1		12/01/25 0:00	

PO Box 837
Dothan, AL 36302
Phone: (334) 793-4700
Hours: Mon - Thu 7 - 5
Fri 7 - 12

Certificate of Analysis

Ozark Utilities Board
PO Box 1125
Ozark, AL 36361

Project Ozark SS WWTF
Date Received 11/24/2025
Date Approved 12/22/2025
Date Reported 12/22/2025

367888-01 **Influent / Composite / Wastewater** Sampled: 11/24/25 07:10

Test	Result	Units	Method	Qualifiers	Date	Initials
CBOD	164	mg/l	SM 5210 B. 2011		11/24/25 9:55	SSD
TSS	189	mg/l	SM 2540 D. 2011		11/24/25 14:26	SSD

367888-02 **Effluent / Composite / Wastewater** Sampled: 11/24/25 07:13

Test	Result	Units	Method	Qualifiers	Date	Initials
Flow	0.419	MGD	Field Determinatio		11/24/25 0:00	
TSS	4.60	mg/L	SM 2540 D. 2011		11/24/25 14:26	SSD
Dissolved Oxygen	9.24	mg/l	Field Determinatio		11/24/25 0:00	
CBOD	6.43	mg/l	SM 5210 B. 2011		11/24/25 10:02	SSD
pH	6.58	S.U.	Field Determinatio		11/24/25 0:00	
Turbidity	2.92	NTU	SM 2130B 2011		11/24/25 9:30	AO

367888-03 **Effluent-2 / Composite / Wastewater** Sampled: 11/24/25 07:13

Test	Result	Units	Method	Qualifiers	Date	Initials
Ammonia N	<0.100	mg/l	SM4500-NH3 D 2		11/25/25 13:30	AH

367888-04 **Effluent-3 / Grab / Wastewater** Sampled: 11/24/25 06:20

Test	Result	Units	Method	Qualifiers	Date	Initials
E. coli	<1	MPN/100mL	Colilert-SM9223B		11/24/25 9:55	CQ

367888-05 **Effluent-4 / Grab / Wastewater** Sampled: 11/24/25 06:21

Test	Result	Units	Method	Qualifiers	Date	Initials
Shipping	-				12/08/25 0:00	
Arsenic	<0.025	mg/l	EPA 200.7		12/15/25 0:00	