



Alabama Department of Environmental Management  
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SEP 10 2015

Elden Chumley, General Manager  
Municipal Utilities Board of Albertville  
Post Office Box 130  
Albertville, AL 35950

RE: Draft Permit  
NPDES Permit No. AL0020192  
MUB Wastewater Treatment Plant  
Marshall County, Alabama

Dear Mr. Chumley:

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, if you are not already participating in the Department's web-based electronic environmental (E2) Reporting System Program for submittal of discharge monitoring reports (DMRs), Part I.C.1.c of your permit will require you to apply for participation in the E2 Program within 180 days of the effective date of the permit unless valid justification as to why you cannot participate is submitted in writing. The E2 Program allows ADEM to electronically validate, acknowledge receipt, and upload data to the state's central wastewater database. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. The Permittee Participation Package may be downloaded online at <https://e2.adem.alabama.gov/npdes> or you may obtain a hard copy by submitting a written request or by emailing [e2admin@adem.alabama.gov](mailto:e2admin@adem.alabama.gov).

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

Should you have any questions, please contact the undersigned by email at [dastokes@adem.state.al.us](mailto:dastokes@adem.state.al.us) or by phone at (334) 271-7808.

Sincerely,

A handwritten signature in black ink that reads "D. Stokes".

Dustin Stokes  
Municipal Section  
Industrial/Municipal Branch  
Water Division

Enclosure

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





# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: MUNICIPAL UTILITIES BOARD OF ALBERTVILLE  
POST OFFICE BOX 130  
ALBERTVILLE, ALABAMA 35950

FACILITY LOCATION: MUB WASTEWATER TREATMENT PLANT (11.5 MGD)  
901 EAST MCKINNEY AVENUE  
ALBERTVILLE, ALABAMA  
MARSHALL COUNTY

PERMIT NUMBER: AL0020192

RECEIVING WATERS: TURKEY CREEK

*In accordance with and subject to the provisions of the Federal Water Pollution Control Act, as amended, 33 U.S.C. §§1251-1378 (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-15, 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**

**MUNICIPAL SECTION  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
PERMIT**

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## PART I DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

### A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. Outfall 0012 Discharge Limits - Effluent

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0012, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*						Monitoring Requirements**				
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Oxygen, Dissolved (DO) 00300 1 0 0	*****	*****	*****	*****	6.0 mg/l	*****	*****	E	GRAB	B	*****
pH 00400 1 0 0	*****	*****	*****	*****	6.0 S.U.	8.5 S.U.	*****	E	GRAB	B	*****
Solids, Total Suspended 00530 G 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	I	COMP24	B	*****
Solids, Total Suspended 00530 1 0 0	2877 lbs/day	4315 lbs/day	30.0 mg/l	45.0 mg/l	*****	*****	*****	E	COMP24	B	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	115 lbs/day	172 lbs/day	1.2 mg/l	1.8 mg/l	*****	*****	*****	E	COMP24	B	S
Nitrogen, Ammonia Total (As N) 00610 1 0 0	201 lbs/day	302 lbs/day	2.1 mg/l	3.1 mg/l	*****	*****	*****	E	COMP24	B	W
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Nitrite Plus Nitrate Total I Det. (As N) 00630 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Phosphorus, Total (As P) 00665 1 0 0	REPORT lbs/day	REPORT lbs/day	REPORT mg/l	REPORT mg/l	*****	*****	*****	E	COMP24	G	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	REPORT MGD	*****	*****	*****	*****	REPORT MGD	*****	E	CONTIN	A	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

\*\* Monitoring Requirements

(1) Sample Location

I - Inflow

E - Effluent

X - End Chlorine Contact Chamber

K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.

RS - Receiving Stream

(2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB - Grab

CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week

B - 5 days per week

C - 3 days per week

D - 2 days per week

E - 1 day per week

(4) Seasonal Limits:

S = Summer (May - November)

W = Winter (December - April)

ECS = E. coli Summer (June - September)

ECW = E. coli Winter (October - May)

J - Annual  
Q - For Effluent Toxicity Testing, see Provision IV.B.

(5) 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 "NODI=9" on the monthly DMR.

(6) A measurement of Total Residual Chlorine 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.

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

2. Outfall 0012 Discharge Limits - Effluent (continued)

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 0012, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*					Monitoring Requirements**					
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Chlorine, Total Residual See note (5) (6)	*****	*****	0.011 mg/l	*****	*****	0.019 mg/l	*****	E	GRAB	B	*****
50060 1 0 0	*****	*****	126 col/100mL	*****	*****	487 col/100mL	*****	E	GRAB	B	ECS
E. Coli	*****	*****	548 col/100mL	*****	*****	2507 col/100mL	*****	E	GRAB	B	ECW
51040 1 0 0	*****	*****	0.0052 mg/l	*****	*****	0.022 mg/l	*****	E	GRAB	G (7)	*****
Cyanide, Total Recoverable	*****	*****	REPORT	*****	*****	*****	*****	I	COMP24	B	*****
BOD, Carbonaceous 05 Day, 20C	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	*****	E	COMP24	B	*****
80082 G 0 0	479 lbs/day	719 lbs/day	5.0 mg/l	*****	*****	*****	*****	E	COMP24	B	*****
BOD, Carbonaceous 05 Day, 20C	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****
80082 I 0 0	*****	*****	*****	*****	*****	*****	85.0%	K	CALCTD	G	*****
BOD, Carb-5 Day, 20 Deg C, Percent Remv	*****	*****	*****	*****	*****	*****	*****	K	CALCTD	G	*****
80091 K 0 0	*****	*****	*****	*****	*****	*****	*****	K	CALCTD	G	*****
Solids, Suspended Percent Removal	*****	*****	*****	*****	*****	*****	*****	K	CALCTD	G	*****
81011 K 0 0	*****	*****	*****	*****	*****	*****	*****	K	CALCTD	G	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

\*\* Monitoring Requirements

(1) Sample Location

I - Influent

E - Effluent

X - End Chlorine Contact Chamber

K - Percent Removal of the Monthly Avg. Influent Concentration

from the Monthly Avg. Effluent Concentration.

RS - Receiving Stream

(2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB - Grab

CALCTD - Calculated

(3) Measurement Frequency. See also Part I.B.2.

A - 7 days per week

B - 5 days per week

C - 3 days per week

D - 2 days per week

E - 1 day per week

Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (May - November)

W = Winter (December - April)

ECS = E. coli Summer (June - September)

ECW = E. coli Winter (October - May)

(5) 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 "NODI=9" on the monthly DMR.

(6) A measurement of Total Residual Chlorine 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.

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

3. Outfall 001A Discharge Limits - Annual

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 001A, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*					Monitoring Requirements**					
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Mercury Total Recoverable (5) 71901100	*****	*****	REPORT ug/l	*****	REPORT ug/l	*****	*****	E	GRAB	J	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

\*\* Monitoring Requirements

(1) Sample Location

I - Influent

E - Effluent

X - End Chlorine Contact Chamber

K - Percent Removal of the Monthly Avg. Influent Concentration

from the Monthly Avg. Effluent Concentration.

RS - Receiving Stream

(2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB - Grab

CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week F - 2 days per month

B - 5 days per week G - 1 day per month

C - 3 days per week H - 1 day per quarter

D - 2 days per week J - Annual

E - 1 day per week Q - For Effluent Toxicity

Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (May - November)

W = Winter (December - April)

ECS = E. coli Summer (June - September)

ECW = E. coli Winter (October - May)

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

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

4. Outfall 001T Discharge Limits - Toxicity

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 001T, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*						Monitoring Requirements**				
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Toxicity, Ceriodaphnia Chronic 61426 1 0 0	*****	Pass = 0 Fail = 1	*****	*****	*****	*****	*****	E	COMP24	Q	*****
Toxicity, Pimephales Chronic 61428 1 0 0	*****	Pass = 0 Fail = 1	*****	*****	*****	*****	*****	E	COMP24	Q	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

\*\* Monitoring Requirements

(1) Sample Location

I - Influent

E - Effluent

X - End Chlorine Contact Chamber

K - Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.

RS - Receiving Stream

(2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB - Grab

CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week

B - 5 days per week

C - 3 days per week

D - 2 days per week

E - 1 day per week

F - 2 days per month

G - 1 day per month

H - 1 day per quarter

J - Annual

Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (May - November)

W = Winter (December - April)

ECS = E. coli Summer (June - September)

ECW = E. coli Winter (October - May)

5. Outfalls 002S, 003S, 004S, 006S, & 007S Discharge Limits - Stormwater

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 Outfalls 002S, 003S, 004S, 006S, & 007S, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*						Monitoring Requirements**				
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1)(5) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
pH	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	E	GRAB	J	*****
Solids, Total Suspended	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	J	*****
Oil & Grease	*****	*****	*****	*****	*****	15.0 mg/l	*****	E	GRAB	J	*****
Nitrogen, Ammonia Total (As N)	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	J	*****
Nitrogen, Kjeldahl Total (As N)	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	J	*****
Nitrite Plus Nitrate Total 1 Det. (As N)	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	J	*****
Phosphorus, Total (As P)	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	J	*****
Flow, In Conduit or Thru Treatment Plant	*****	*****	*****	*****	*****	Report MGD	*****	E	CALCTD	J	*****
E. Coli	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	J	*****
BOD, Carbonaceous 05 Day, 20C	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	J	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

\*\* Monitoring Requirements

(1) Sample Location

I - Influent

E - Effluent

X - End Chlorine Contact Chamber

K - Percent Removal of the Monthly Avg. Influent Concentration

from the Monthly Avg. Effluent Concentration.

RS - Receiving Stream

(2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB - Grab

CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week

B - 5 days per week

C - 3 days per week

D - 2 days per week

E - 1 day per week

(4) Seasonal Limits:

S = Summer (May - November)

W = Winter (December - April)

ECS = E. coli Summer (June - September)

ECW = E. coli Winter (October - May)

(5) See Part IV.F.3

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

## 1. Representative Sampling

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

## 2. Measurement Frequency

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

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

## 3. Test Procedures

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

- a. For parameters with an EPA established Minimum Level (ML), report the measured value if the analytical result is at or above the ML and report "0" for values below the ML. Test procedures for the analysis of pollutants shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). If more than one method for analysis of a substance is approved for use, a method having a minimum level lower than the permit limit shall be used. If the minimum level of all methods is higher than the permit limit, the method having the lowest minimum level shall be used and a report of less than the minimum level shall be reported as zero and will constitute compliance, however should EPA approve a method with a lower minimum level during the term of this permit the Permittee shall use the newly approved method.
- b. For pollutants parameters without an established ML, an interim ML may be utilized. The interim ML shall be calculated as 3.18 times the Method Detection Level (MDL) calculated pursuant to 40 CFR Part 136, Appendix B.  
  
Permittees may develop an effluent matrix-specific ML, where an effluent matrix prevents attainment of the established ML. However, a matrix specific ML shall be based upon proper laboratory method and technique. Matrix-specific MLs must be approved by the Department, and may be developed by the Permittee during permit issuance, reissuance, modification, or during compliance schedule.  
  
In either case the measured value should be reported if the analytical result is at or above the ML and "0" reported for values below the ML.
- c. For parameters without an EPA established ML, interim ML, or matrix-specific ML, a report of less than the detection limit shall constitute compliance if the detection limit of all analytical methods is higher than the permit limit. For the purpose of calculating a monthly average, "0" shall be used for values reported less than the detection limit.

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

## 4. Recording of Results

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

- a. The facility name and location, point source number, date, time and exact place of sampling;

- b. The name(s) of person(s) who obtained the samples or measurements;
  - c. The dates and times the analyses were performed;
  - d. The name(s) of the person(s) who performed the analyses;
  - e. The analytical techniques or methods used, including source of method and method number; and
  - f. The results of all required analyses.
5. Records Retention and Production
- a. The Permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the above reports or the application for this permit, for a period of at least three years from the date of the sample measurement, report or application. This period may be extended by request of the Director at any time. If litigation or other enforcement action, under the AWPCA and/or the FWPCA, is ongoing which involves any of the above records, the records shall be kept until the litigation is resolved. Upon the written request of the Director or his designee, the Permittee shall provide the Director with a copy of any record required to be retained by this paragraph. Copies of these records should not be submitted unless requested.
  - b. All records required to be kept for a period of three years shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.
6. Reduction, Suspension or Termination of Monitoring and/or Reporting
- a. The Director may, with respect to any point source identified in Provision I.A. of this permit, authorize the Permittee to reduce, suspend or terminate the monitoring and/or reporting required by this permit upon the submission of a written request for such reduction, suspension or termination by the Permittee, supported by sufficient data which demonstrates to the satisfaction of the Director that the discharge from such point source will continuously meet the discharge limitations specified in Provision I.A. of this permit.
  - b. It remains the responsibility of the Permittee to comply with the monitoring and reporting requirements of this permit until written authorization to reduce, suspend or terminate such monitoring and/or reporting is received by the Permittee from the Director.
7. Monitoring Equipment and Instrumentation
- All equipment and instrumentation used to determine compliance with the requirements of this permit shall be installed, maintained, and calibrated in accordance with the manufacturer's instructions or, in the absence of manufacturer's instructions, in accordance with accepted practices. At a minimum, flow measurement devices shall be calibrated at least once every 12 months.

## C. DISCHARGE REPORTING REQUIREMENTS

1. Reporting of Monitoring Requirements
  - a. The Permittee shall conduct the required monitoring in accordance with the following schedule:
    - (1) **MONITORING REQUIRED MORE FREQUENTLY THAN MONTHLY AND MONTHLY** shall be conducted during the first full month following the effective date of coverage under this permit and every month thereafter.
    - (2) **QUARTERLY MONITORING** shall be conducted at least once during each calendar quarter. Calendar quarters are the periods of January through March, April through June, July through September, and October through December. The Permittee shall conduct the quarterly monitoring during the first complete calendar quarter following the effective date of this permit and is then required to monitor once during each quarter thereafter. Quarterly monitoring should be reported on the last DMR due for the quarter (i.e., March, June, September and December DMRs).
    - (3) **SEMIANNUAL MONITORING** shall be conducted at least once during the period of January through June and at least once during the period of July through December. The Permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e., June and December DMRs).
    - (4) **ANNUAL MONITORING** shall be conducted at least once during the period of January through December. The Permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter.

Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.

- b. The Permittee shall submit discharge monitoring reports (DMRs) on the forms approved by the Department and 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.
  - (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 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.
  - (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.
  - (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.
- c. The Department is utilizing a web-based electronic environmental (E2) DMR reporting system for submittal of DMRs. **If the permittee is not already participating in the E2 DMR system, the permittee must apply for participation in the system within 180 days of coverage under this permit unless the facility submits in writing valid justification as to why they cannot participate and the Department approves in writing utilization of hard copy DMR submittals.** Once the permittee is enrolled in the E2 DMR system, the permittee must utilize the system for the submittal of DMRs unless otherwise allowed by this permit. To participate in the E2 DMR system, the Permittee Participation Package may be downloaded online at <https://e2.adem.alabama.gov/npdes>. If the E2 DMR system is down (i.e., electronic submittal of DMR data is unable to be completed due to technical problems originating with the Department's 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 required submittal date. However, if the E2 DMR system is down on the 28<sup>th</sup> day of the month or is down for an extended period of time as determined by the Department when a DMR is required to be submitted, the facility 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 E2 DMR system resuming operation, the permittee shall enter the data into the E2 DMR system, unless an alternate timeframe is approved by the Department. An attachment should be included with the E2 DMR submittal verifying the original submittal date (date of the fax, copy of dated e-mail, or hand-delivery stamped date). If a permittee is allowed to submit via the US Postal Service, 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 requirements of this permit. 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 form and the increased frequency shall be indicated on the DMR form. 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 form.
- 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. The Permittee may certify in writing that a discharge will not occur for an extended period of time and after such certification shall not be required to submit monitoring reports. Written notification of a planned resumption of discharge shall be submitted at least 30 days prior to resumption of the discharge. If an unplanned resumption of

discharge occurs, written notification shall be submitted within 7 days of the resumption. In any case, all discharges shall comply with all provisions of this permit.

- f. All reports and forms 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 36110-2059**

DMRs required to be submitted by this permit shall be addressed to:

**Alabama Department of Environmental Management  
Environmental Data Section, Permits & Services Division  
Post Office Box 301463  
Montgomery, Alabama 36130-1463**

- 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 Notification

- a. The Permittee must 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 report any of the above occurrences, describing the circumstances and potential effects, to the Department within 24-hours after the Permittee becomes aware of the occurrence of such discharge. In addition to the oral or electronic report, the Permittee shall submit a written report to the Director or Designee, as provided in Provision I.C.2.c, 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 must 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. Form 421 must be submitted to the Director or Designee in accordance with Provisions I.C.2a. or b. 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 not corrected by the due date of the written report, then the Permittee is to state the anticipated timeframe that is expected to transpire before the noncompliance is resolved; 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, including all steps taken to prevent 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. The Permittee shall also report notification of the noncompliance event to any other affected entity such as the public.
- e. The Permittee shall keep an updated record of all known wastewater discharge points that are not authorized as permitted outfalls, including but not limited to SSOs. The Permittee shall submit annual Municipal Water Pollution Prevention Plan (MWPP) reports to the Department each year by May 31st for the prior calendar year period beginning January 1st and ending December 31st. The Annual MWPP 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 MWPP shall also provide a list of any discharges reported in accordance with Provision I.C.2.a. The Permittee shall submit with its Annual MWPP Report the following information for each known unpermitted discharge that occurs:
  - (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 street address or any other appropriate method;
  - (5) The ultimate destination of the flow (e.g., surface waterbody, municipal separate storm sewer to surface waterbody). Location should be shown on a USGS quad sheet or copy thereof; and
  - (6) Corrective actions or plans to eliminate future discharges.
- f. The Permittee shall report SSO and other illicit or anomalous discharge events on Form 415 in accordance with Part I.C.2.a. This form is available on the ADEM web page or upon request from the Permittee.

#### **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 (BMP)**

- 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 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**

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, for permit termination, revocation and reissuance, suspension, modification, or denial of a permit renewal application.
  - b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a Permittee in an enforcement action.
  - c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.
  - d. The Permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.
  - e. Nothing in this permit shall be construed to preclude 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, any significant change in the method of operation of the Permittee's treatment works or other actions that could result in the discharge of additional pollutants or increase the quantity of a discharged pollutant or could result in an additional discharge point. This condition applies to pollutants that are or that are not subject to discharge limitations in this permit. No new or increased discharge may begin until the Director has authorized it by issuance of a permit modification or a reissued permit.

##### 3. Transfer of Permit

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

##### 4. Permit Modification and Revocation

- a. This permit may be modified or revoked and reissued, in whole or in part, during its term for cause, including but not limited to, the following:
  - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to revoke and reissue this permit instead of terminating the permit;
  - (2) If a request to transfer this permit has been received, the Director may decide to revoke and reissue or to modify the permit; or
  - (3) If modification or revocation and reissuance is requested by the Permittee and cause exists, the Director may grant the request.
- b. This permit may be modified during its term for cause, including but not limited to, the following:
  - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to modify this permit instead of terminating this permit;

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

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

#### 6. Suspension

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

#### 7. Stay

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

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

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

**G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS**

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

**H. PROHIBITIONS**

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

1. Pollutants which create a fire or explosion hazard in the treatment works;
2. Pollutants which will cause corrosive structural damage to the treatment works, or dischargers with a pH lower than 5.0 s.u., unless the works are specifically designed to accommodate such discharges;
3. Solid or viscous pollutants in amounts which will cause obstruction of flow in sewers, or other interference with the treatment works;
4. Pollutants, including oxygen demanding pollutants, released in a discharge of such volume or strength as to cause interference in the treatment works;
5. Heat in amounts which will inhibit biological activity in the treatment plant resulting in interference or in such quantities that the temperature of the treatment plant influent exceeds 40°C (104° F) unless the treatment plant is designed to accommodate such heat; and
6. Pollutants in amounts which exceed any applicable pretreatment standard under Section 307 of FWPCA or any approved revisions thereof.

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

#### **A. CIVIL AND CRIMINAL LIABILITY**

1. Tampering

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

2. False Statements

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

3. Permit Enforcement

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

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

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

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

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

4. Relief from Liability

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

#### **B. OIL AND HAZARDOUS SUBSTANCE LIABILITY**

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

#### **C. PROPERTY AND OTHER RIGHTS**

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

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

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

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

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

**F. COMPLIANCE WITH WATER QUALITY STANDARDS**

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

**G. GROUNDWATER**

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

**H. DEFINITIONS**

1. Average monthly discharge limitation – means the highest allowable average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during that month (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
2. Average weekly discharge limitation - means the highest allowable average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).

3. Arithmetic Mean – means the summation of the individual values of any set of values divided by the number of individual values.
4. AWPCA – means the Alabama Water Pollution Control Act.
5. BOD – means the five-day measure of the pollutant parameter biochemical oxygen demand.
6. Bypass – means the intentional diversion of waste streams from any portion of a treatment facility.
7. CBOD – means the five-day measure of the pollutant parameter carbonaceous biochemical oxygen demand.
8. Daily discharge – means the discharge of a pollutant measured during any consecutive 24-hour period in accordance with the sample type and analytical methodology specified by the discharge permit.
9. Daily maximum – means the highest value of any individual sample result obtained during a day.
10. Daily minimum – means the lowest value of any individual sample result obtained during a day.
11. Day – means any consecutive 24-hour period.
12. Department – means the Alabama Department of Environmental Management.
13. Director – means the Director of the Department.
14. Discharge – means "[t]he addition, introduction, leaking, spilling or emitting of any sewage, industrial waste, pollutant or other waste into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(9).
15. Discharge Monitoring Report (DMR) – means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
16. DO – means dissolved oxygen.
17. 8HC – means 8-hour composite sample, including any of the following:
  - a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 1 hour over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
  - b. A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
18. EPA – means the United States Environmental Protection Agency.
19. FC – means the pollutant parameter fecal coliform.
20. Flow – means the total volume of discharge in a 24-hour period.
21. FWPCA – means the Federal Water Pollution Control Act.
22. Geometric Mean – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).
23. Grab Sample – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
24. Indirect Discharger – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
25. Industrial User – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category "Division D – Manufacturing" and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
26. MGD – means million gallons per day.
27. Monthly Average – means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
28. New Discharger – means a person, owning or operating any building, structure, facility or installation:
  - a. From which there is or may be a discharge of pollutants;
  - b. From which the discharge of pollutants did not commence 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. NH<sub>3</sub>-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:
- Reaches a surface water of the State; or
  - 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 – 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:
- 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;
  - A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected; or
  - 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 0011.
  - b. The samples shall be diluted using appropriate control water to the Instream Waste Concentration (IWC) which is **100 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 **August**. Should results from the Annual Toxicity test indicate that Outfall 001-1 exhibits chronic toxicity, then the Permittee must conduct the follow-up testing described in Part IV.B.4.a. In addition, the Permittee may then also be required to conduct toxicity testing in the months of FEBRUARY, MAY, AUGUST, and NOVEMBER.

### 3. Reporting Requirements

- a. The Permittee shall notify the Department in writing within 48 hours after toxicity has been demonstrated by the scheduled test(s).
- b. Biomonitoring test results obtained during each monitoring period shall be summarized and reported using the appropriate Discharge Monitoring Report (DMR) form approved by the Department. In accordance with Section 2 of this part, an effluent toxicity report containing the information in Sections 2 and 6 shall be included with the DMR. Two copies of 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)
  - (a) Name of firm
  - (b) Telephone number
  - (c) 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
    - (a) Sampling point
    - (b) Sample collection dates and times (to include composite sample start and finish times)
    - (c) Sample collection method
    - (d) Physical and chemical data of undiluted effluent samples (water temperature, pH, alkalinity, hardness, specific conductance, total residual chlorine (if applicable), etc.)
    - (e) Lapsed time from sample collection to delivery
    - (f) Lapsed time from sample collection to test initiation
    - (g) Sample temperature when received at the laboratory
  - (2) Dilution Water
    - (a) Source
    - (b) Collection/preparation date(s) and time(s)
    - (c) Pretreatment (if applicable)
    - (d) 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

1/ 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, "NOD1 = 9" (conditional monitoring) should be reported on the DMR forms.
2. Testing for TRC shall be conducted according to either the amperometric titration method or the DPD colorimetric method as specified in Section 408(C) or (E), Standards Methods for the Examination of Water and Wastewater, 18th edition. If chlorine is not detected prior to actual discharge to the receiving stream using one of these methods (i.e., the analytical result is less than the detection level), the Permittee shall report on the DMR form "NOD1 = 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. 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.

**F. STORM WATER 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.F.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.

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 WATER DIVISION – INDUSTRIAL AND MUNICIPAL SECTIONS  
**NONCOMPLIANCE NOTIFICATION FORM**

PERMITTEE NAME: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_  
 FACILITY LOCATION: \_\_\_\_\_  
 DMR REPORTING PERIOD: \_\_\_\_\_

1. DESCRIPTION OF DISCHARGE: (Include outfall number (s))
  
2. DESCRIPTION OF NON-COMPLIANCE: (Attach additional pages if necessary):

<b>LIST EFFLUENT VIOLATIONS (If applicable)</b>			
Outfall Number (s)	NONCOMPLIANCE PARAMETER(S)	Result Reported (Include units)	Permit Limit (Include units)
<b>LIST MONITORING / REPORTING VIOLATIONS (If applicable)</b>			
Outfall Number (s)	NONCOMPLIANCE PARAMETER(S)	Monitoring / Reporting Violation (Provide description)	

3. CAUSE OF NON-COMPLIANCE (Attach additional pages if necessary):
  
4. PERIOD OF NONCOMPLIANCE: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue):
  
5. DESCRIPTION OF STEPS TAKEN AND/OR BEING TAKEN TO REDUCE OR ELIMINATE THE NONCOMPLYING DISCHARGE AND TO PREVENT ITS RECURRENCE (attach additional pages if necessary):

"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 AND TITLE OF RESPONSIBLE OFFICIAL (type or print)

/

\_\_\_\_\_  
 SIGNATURE OF RESPONSIBLE OFFICIAL / DATE SIGNED

**FACT SHEET**  
**APPLICATION FOR**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM**  
**PERMIT TO DISCHARGE TREATED WASTEWATERS**  
**TO WATERS OF THE STATE OF ALABAMA**

Date: May 28, 2015

Prepared By: Dustin Stokes

NPDES Permit No. AL0020192

**1. SYNOPSIS OF APPLICATION**

**a. Name and Address of Applicant and Location if Different From Mailing Address**

Applicant Name and Address:  
MUNICIPAL UTILITIES BOARD OF  
ALBERTVILLE  
POST OFFICE BOX 130  
ALBERTVILLE AL 35950

Facility Location:  
MUB Wastewater Treatment Plant  
901 East McKinney Avenue  
Albertville, Alabama 35951

**b. Description of Applicant's Facility or Activity Generating the Discharge**

Municipal Wastewater Treatment Plant

For the Outfall latitude and longitude see the permit application

**c. Applicant's Receiving Waters**

Receiving Waters  
Turkey Creek

Classification  
F&W

**d. Quantitative Description of Proposed Discharges**

See attached draft permit and permit application

**2. PROPOSED DISCHARGE LIMITATIONS**

See attached draft permit

**3. STATEMENT OF BASIS FOR PERMIT LIMITATIONS**

See attached permit rationale

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

**a. Comment Period**

The Alabama Department of Environmental Management proposes to issue an NPDES permit to this applicant subject to the effluent limitations and special conditions outlined above. These determinations are tentative.

Interested persons are invited to submit written comments on the permit application or on proposed determinations to the following address:

Russell A. Kelly, Chief  
Permits and Services Division  
Alabama Department of Environmental Management  
1400 Coliseum Blvd  
(Mailing Address: Post Office Box 301463; Zip 36130-1463)  
Montgomery, Alabama 36110-2059  
(334) 271-7714

All comments received prior to the closure of the public notice period (see attached public notice) will be considered in the formulation of final determinations with regard to this application.

**b. Public Hearing**

A written request for a public hearing may also be filed with the public notice period and must state the nature of the issues proposed to be raised in the hearing. 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 the permit application or draft permit or group of permits. A request for a hearing should be filed with the Department at the following address:

Russell A. Kelly, Chief  
Permits and Services Division  
Alabama Department of Environmental Management  
1400 Coliseum Blvd  
(Mailing Address: Post Office Box 301463; Zip 36130-1463)  
Montgomery, Alabama 36110-2059  
(334) 271-7714

The Director may hold a public hearing if he determines that useful information and data may be obtained thereby. Public notice of such a hearing will be published at least 30 days prior to the hearing in a newspaper having general circulation in the geographical area of the discharge and will be sent to those on the ADEM mailing list at least thirty days prior to the hearing.

**c. Issuance of the Permit**

Upon the expiration of the comment period and, if applicable, completion of the public hearing process a response to all significant comments will be prepared. After consideration of all comments received during the notice period or as the result of a public hearing, the response to comments, and of the requirements of the Alabama Water Pollution Control Act and appropriate regulations, the Director will make a final decision regarding permit issuance. **The permit record, including the response to comments, will be available to the public and 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, the proposed permit contained in the Director's determination shall be issued and effective; and will be the final action of the Alabama Department of Environmental Management.

**d. Appeal Procedures**

Any person adversely affected by the Director's final decision may submit an appeal or a request for a stay of the permit or one or more provisions of the permit. Such requests should be received by the Environmental Management Commission within thirty days of issuance of the permit. Requests should be submitted to the Chairperson at the following address:

Alabama Environmental Management Commission  
1400 Coliseum Blvd  
(Mailing Address: Post Office Box 301463; Zip 36130-1463)  
Montgomery, Alabama 36110-2059

All requests must:

- (i) State the name, mailing address and telephone number of the person making such request;
- (ii) Identify the interest of the appellant which is affected by the proposed issuance, denial or modification of the permit contained in the determination of the Director, and explain how and to what extent that interest would be directly and adversely affected by such determination;
- (iii) Identify any persons whom the request represents;
- (iv) State with particularity the issues proposed to be considered at the hearing;
- (v) Include any terms and conditions with which the appellant proposes to revise or replace the determinations of the Director;
- (vi) State the name, mailing address and telephone number of the attorney for the person making the request, if represented by an attorney; and
- (vii) An original signature of the person making the request or such person's attorney.

The Commission may rule on the appeal or may hold an appeals hearing prior to making a ruling.

## NPDES PERMIT RATIONALE

NPDES Permit No: **AL0020192** Date: May 27, 2015

Permit Applicant: Municipal Utilities Board of Albertville  
Post Office Box 130  
Albertville, Alabama 35950

Location: MUB Wastewater Treatment Plant  
901 East McKinney Avenue  
Albertville, Alabama 35950

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

Basis for Limitations: Water Quality Model: DO, NH<sub>3</sub>-N, CBOD  
Reissuance with no modification: DO, pH, TSS, NH<sub>3</sub>-N, E. Coli, CBOD,  
TSS % Removal  
Instream calculation at 7Q10: 100%  
Toxicity based: TRC  
Secondary Treatment Levels: TSS, TSS % Removal, CBOD %  
Removal  
Other (described below): pH, E. Coli, Cyanide

Design Flow in Million Gallons per Day: 11.5 MGD

Major: Yes

Description of Discharge: Outfall Number 001;  
Effluent discharge to Turkey Creek, which is classified  
as Fish & Wildlife.  
  
Outfall Numbers 002S, 003S, 004S, 006S, 007S;  
Storm water discharges to Turkey Creek, which is  
classified as Fish & Wildlife.

Discussion: The Permittee requested in their application that the facility's name change from the Albertville Eastside WWTP to the MUB Wastewater Treatment Plant. This is a permit reissuance due to expiration. Limits for Five Day Carbonaceous Biochemical Oxygen Demand (CBOD), Total Ammonia-Nitrogen (NH<sub>3</sub>-N), and Dissolved Oxygen (DO) were developed based on a Waste Load Allocation (WLA) model that was completed by ADEM's Water Quality Branch (WQB) on September 1, 2009. The monthly average limit for CBOD is 5.0 mg/L. The monthly average limits for NH<sub>3</sub>-N summer (May-November) and winter (December-April) are 1.2 mg/L and 2.1 mg/L, respectively. The daily minimum DO limit is 6.0 mg/L.

The pH limits of 6.0 to 8.5 S.U. were developed to be supportive of the water-use classification of the receiving stream. The Total Residual Chlorine (TRC) limits of 0.011

mg/L (monthly average) and 0.019 mg/L (daily maximum) are based on EPA's recommended water quality values and on the current Toxicity Rationale, which considers the available dilution in the receiving stream. In accordance with a letter dated August 11, 1998 from EPA Headquarters and a 1991 memorandum from EPA Region 4's Environmental Services Division (ESD), due to testing and method detection limitations, a Total Residual Chlorine measurement below 0.05 mg/L shall be considered below detection for compliance purposes. Monitoring for TRC is only applicable if chlorine is utilized for disinfection purposes.

The imposed E. coli limits were determined based on the water-use classification of the receiving streams. Since Turkey Creek is classified as Fish & Wildlife, the limits for June-September for the monthly average and daily maximum are 126 col/100mL and 487 col/100mL, respectively. The limits for October -May for the monthly average and daily maximum are 548 col/100mL and 2507 col/100mL, respectively.

The Total Suspended Solids (TSS) and TSS % removal limits of 30.0 mg/L monthly average and 85.0%, respectively, are based on the requirements of 40 CFR part 133.102 regarding Secondary Treatment. A minimum percent removal limit of 85.0% is imposed for CBOD also in accordance with 40 CFR 133.102 regarding Secondary Treatment.

This permit requires the permittee to monitor and report the nutrient-related parameters of Total Kjeldahl Nitrogen (TKN), Nitrate plus Nitrite Nitrogen (N02+N03-N) and Total Phosphorus (TP). Monitoring for these nutrient related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge.

The monitoring frequency for DO, pH, TSS, NH3-N, TRC, E. coli and CBOD is five times per week. The monitoring frequency for TKN, N02+N03-N, TP, and Cyanide is once per month. TSS % Removal and CBOD % Removal are to be calculated once per month. Flow is to be continuously monitored daily.

Storm water runoff monitoring is being imposed by this permit based on 40 CFR Part 122. The designated outfalls for storm water runoff monitoring are 002S, 003S, 004S, 006S and 007S. Storm water runoff is to be monitored annually.

Because this is a major facility (design capacity greater than 1 MGD), 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 100 percent is required once per year during the month of August. If the toxicity tests of the effluent from Outfall 001T indicate chronic toxicity, then toxicity tests may be required to be conducted during the months of February, May, August and November.

Because this is a major facility treating domestic and industrial wastewater, the Department completed a reasonable potential analysis (RPA) of the discharge based on laboratory data provided in the Permittee's application. The RPA indicates whether pollutants in treated effluent have potential to contribute to excursions of Alabama's in-stream water quality standards. Based on the analytical data submitted by the Permittee, it appears reasonable potential may exist to cause an in-stream water quality criteria exceedance for Cyanide. As a result, the Department is imposing monthly average and

daily maximum discharge limitations for Total Recoverable Cyanide of 0.0052 mg/L and 0.022 mg/L, respectively. Total Recoverable Cyanide is to be monitored once per month. The average discharge for Mercury reported by the Permittee was 2.467 ng/L, which only slightly exceeded the Department's 20% threshold for RP determination (2.0 ng/L). In addition, the later three of the six total tests results reported by the Permittee are significantly lower than the first three tests. Therefore, the Department is imposing annual monitoring for Total Recoverable Mercury to determine if RP truly exists.

Turkey Creek is a Tier 1 stream and is not listed on the most recent 303(d) list. There are no TMDLs affecting this discharge.

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

Prepared by: Dustin Stokes

## TOXICITY AND DISINFECTION RATIONALE

Facility Name:	<b>MUB Wastewater Treatment Plant</b>	
NPDES Permit Number:	<b>AL0020192</b>	
Receiving Stream:	<b>Turkey Creek</b>	
Facility Design Flow (Q <sub>w</sub> ):	<b>11.500 MGD</b>	
Receiving Stream 7Q <sub>10</sub> :	<b>0.000 cfs</b>	
Receiving Stream 1Q <sub>10</sub> :	<b>0.000 cfs</b>	
Winter Headwater Flow (WHF):	<b>0.00 cfs</b>	
Summer Temperature for CCC:	<b>18 deg. Celsius</b>	
Winter Temperature for CCC:	<b>18 deg. Celsius</b>	
Headwater Background NH <sub>3</sub> -N Level:	<b>0.11 mg/l</b>	
Receiving Stream pH:	<b>7.0 s.u.</b>	
Headwater Background FC Level (summer):	<b>N./A.</b>	<b>(Only applicable for facilities with diffusers.)</b>
(winter)	<b>N./A.</b>	

The Stream Dilution Ratio (SDR) is calculated using the 7Q<sub>10</sub> for all stream classifications.

$$\text{Stream Dilution Ratio (SDR)} = \frac{Q_w}{7Q_{10} + Q_w} = 100.00\%$$

### AMMONIA TOXICITY LIMITATIONS

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

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

$$\begin{aligned} \text{Limiting Dilution} &= \frac{Q_w}{7Q_{10} + Q_w} \\ &= 100.00\% \qquad \qquad \qquad \text{Effluent-Dominated, CCC Applies} \end{aligned}$$

Criterion Maximum Concentration (CMC):  $CMC = 0.411 / (1 + 10^{(7.204 - pH)}) + 58.4 / (1 + 10^{(pH - 7.204)})$   
 Criterion Continuous Concentration (CCC):  $CCC = [0.0577 / (1 + 10^{(7.688 - pH)}) + 2.487 / (1 + 10^{(pH - 7.688)})] * \text{Min}[2.85, 1.45 * 10^{(0.028 * (25 - T))}]$

	<u>CMC</u>	<u>CCC</u>
Allowable Summer Instream NH <sub>3</sub> -N:	<b>36.09 mg/l</b>	<b>4.72 mg/l</b>
Allowable Winter Instream NH <sub>3</sub> -N:	<b>36.09 mg/l</b>	<b>4.72 mg/l</b>

$$\begin{aligned} \text{Summer NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (7Q_{10} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (7Q_{10})]}{Q_w} \\ &= 4.8 \text{ mg/l NH}_3\text{-N at } 7Q_{10} \end{aligned}$$

$$\begin{aligned} \text{Winter NH}_3\text{-N Toxicity Limit} &= \frac{[(\text{Allowable Instream NH}_3\text{-N}) * (\text{WHF} + Q_w)] - [(\text{Headwater NH}_3\text{-N}) * (\text{WHF})]}{Q_w} \\ &= 4.8 \text{ mg/l NH}_3\text{-N at Winter Flow} \end{aligned}$$

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

	<u>DO-based NH<sub>3</sub>-N limit</u>	<u>Toxicity-based NH<sub>3</sub>-N limit</u>
Summer	<b>1.20 mg/l NH<sub>3</sub>-N</b>	<b>4.80 mg/l NH<sub>3</sub>-N</b>
Winter	<b>2.10 mg/l NH<sub>3</sub>-N</b>	<b>4.80 mg/l NH<sub>3</sub>-N</b>

**Summer: The DO based limit of 1.20 mg/l NH<sub>3</sub>-N applies.**  
**Winter: The DO based limit of 2.10 mg/l NH<sub>3</sub>-N applies.**

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

The following factors trigger toxicity testing requirements:

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

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

**Chronic toxicity testing is required**

$$\text{Instream Waste Concentration (IWC)} = \frac{Q_w}{7Q_{10} + Q_w} = 100.00\% \quad \text{Note: This number will be rounded up for toxicity testing purposes.}$$

**DISINFECTION REQUIREMENTS**

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

See the attached Disinfection Guidance for applicable stream standards.

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

	Stream Standard (colonies/100ml)	Effluent Limit (colonies/100ml)
<b><u>E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal)</u></b>		
Monthly limit as monthly average (October through May):	548	<b>548</b>
Monthly limit as monthly average (June through September):	126	<b>126</b>
Daily Max (October through May):	2507	<b>2507</b>
Daily Max (June through September):	487	<b>487</b>
<b><u>Enterococci (applies to Coastal)</u></b>		
Monthly limit as geometric mean (October through May):	Not applicable	<b>Not applicable</b>
Monthly limit as geometric mean (June through September):	Not applicable	<b>Not applicable</b>
Daily Max (October through May):	Not applicable	<b>Not applicable</b>
Daily Max (June through September):	Not applicable	<b>Not applicable</b>

**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:	0.011 mg/l (chronic)	(0.011)/(SDR)
Maximum allowable TRC in effluent:	0.019 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: Dustin Stokes Date: 8/13/2015

Facility Name: **MUB Wastewater Treatment Plant**

NPDES No: **AL0020192**

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

ID	Pollutant	Carcinogen "yes"	Type	Background	Background	Background	Background	Enter Max	Enter Avg	Partition Coefficient (Stream / Lake)
				from upstream source (C <sub>d1</sub> ) Daily Max	from upstream source (C <sub>d2</sub> ) Monthly Ave	Instream (C <sub>s</sub> ) Daily Max	Instream (C <sub>s</sub> ) Monthly Ave	Discharge as reported by Applicant (C <sub>dmax</sub> ) ug/l	Discharge as reported by Applicant (C <sub>davg</sub> ) ug/l	
1	Antimony		Metals	0	0	0	0	0	0	-
2	Arsenic**	YES	Metals	0	0	0	0	0	0	0.574
3	Beryllium		Metals	0	0	0	0	0	0	-
4	Cadmium**		Metals	0	0	0	0	0	0	0.236
5	Chromium / Chromium III**		Metals	0	0	0	0	0	0	0.210
6	Chromium / Chromium VI**		Metals	0	0	0	0	0	0	-
7	Copper**		Metals	0	0	0	0	3.22	3.06	0.368
8	Lead**		Metals	0	0	0	0	0	0	0.467
9	Mercury**	YES	Metals	0	0	0	0	0.00589	0.0024	0.302
10	Nickel**		Metals	0	0	0	0	2.29	1.61	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	39.6	33.1	0.330
15	Cyanide		Metals	0	0	0	0	5.06	5.02	-
16	Total Phenolic Compounds		Metals	0	0	0	0	0	0	-
17	Hardness (As CaCO3)		Metals	0	0	0	0	119000	101200	-
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	Cisobenzene		VOC	0	0	0	0	0	0	-
26	Chlorodibromo-Methane*	YES	VOC	0	0	0	0	0	0	-
27	Chloroethane		VOC	0	0	0	0	0	0	-
28	2-Chloro-Ethylvinyl Ether		VOC	0	0	0	0	0	0	-
29	Chloroform*	YES	VOC	0	0	0	0	6.7	5.8	-
30	4,4'-DDD	YES	VOC	0	0	0	0	0	0	-
31	4,4'-DDE	YES	VOC	0	0	0	0	0	0	-
32	4,4'-DDT	YES	VOC	0	0	0	0	0	0	-
33	Dichlorobromo-Methane*	YES	VOC	0	0	0	0	0	0	-
34	1,1-Dichloroethane		VOC	0	0	0	0	0	0	-
35	1,2-Dichloroethane*	YES	VOC	0	0	0	0	0	0	-
36	Trans-1,2-Dichloro-Ethylene		VOC	0	0	0	0	0	0	-
37	1,1,1-Trichloroethylene*	YES	VOC	0	0	0	0	0	0	-
38	1,1,2-Trichloroethane*	YES	VOC	0	0	0	0	0	0	-
39	1,1,2-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	1,1,1,2,2-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-Dinitro-2-methylphenol	YES	Acids	0	0	0	0	0	0	-
61	Dioxin (2,3,7,8-TCDD)	YES	Acids	0	0	0	0	0	0	-
62	2-Nitrophenol		Acids	0	0	0	0	0	0	-
63	4-Nitrophenol		Acids	0	0	0	0	0	0	-
64	Pentachlorophenol*	YES	Acids	0	0	0	0	0	0	-
65	Phenol		Acids	0	0	0	0	0	0	-
66	2,4,6-Trichlorophenol*	YES	Acids	0	0	0	0	0	0	-
67	Azaphthalene		Bases	0	0	0	0	0	0	-
68	Acenaphthylene		Bases	0	0	0	0	0	0	-
69	Anthracene		Bases	0	0	0	0	8.1	8.1	-
70	Benidine		Bases	0	0	0	0	0	0	-
71	Benzo(A)Anthracene*	YES	Bases	0	0	0	0	0	0	-
72	Benzo(A)Pyrene*	YES	Bases	0	0	0	0	0	0	-
73	3,4-Benzo-Fluoranthene		Bases	0	0	0	0	0	0	-
74	Benzo(GH)Perylene		Bases	0	0	0	0	0	0	-
75	Benzo(K)Fluoranthene		Bases	0	0	0	0	0	0	-
76	Bis (2-Chloroethoxy) Methane		Bases	0	0	0	0	0	0	-
77	Bis (2-Chloroethyl)-Ether*	YES	Bases	0	0	0	0	0	0	-
78	Bis (2-Chloro-Propyl) Ether		Bases	0	0	0	0	0	0	-
79	Bis (2-Ethylhexyl) Phthalate*	YES	Bases	0	0	0	0	0	0	-
80	n-Butylphenyl 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	D-N-Butyl Phthalate		Bases	0	0	0	0	0	0	-
86	D-N-Octyl Phthalate		Bases	0	0	0	0	0	0	-
87	Dibenz(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'-Dichlorobenzene*	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	2,4-Dinitrotoluene		Bases	0	0	0	0	0	0	-
96	1,2-Diphenylhydrazine	YES	Bases	0	0	0	0	0	0	-
97	Endosulfan (alpha)	YES	Bases	0	0	0	0	0	0	-
98	Endosulfan (beta)	YES	Bases	0	0	0	0	0	0	-
99	Endosulfan sulfate	YES	Bases	0	0	0	0	0	0	-
100	Endrin	YES	Bases	0	0	0	0	0	0	-
101	Endrin Aldehyde	YES	Bases	0	0	0	0	0	0	-
102	Fluoranthene		Bases	0	0	0	0	0	0	-
103	Fluorene		Bases	0	0	0	0	0	0	-
104	Heptachlor	YES	Bases	0	0	0	0	0	0	-
105	Heptachlor Epoxide	YES	Bases	0	0	0	0	0	0	-
106	Hexachlorobenzene*	YES	Bases	0	0	0	0	0	0	-
107	Hexachlorobutadiene*	YES	Bases	0	0	0	0	0	0	-
108	Hexachlorocyclohexan (alpha)	YES	Bases	0	0	0	0	0	0	-
109	Hexachlorocyclohexan (beta)	YES	Bases	0	0	0	0	0	0	-
110	Hexachlorocyclohexan (gamma)	YES	Bases	0	0	0	0	0	0	-
111	Hexachlorocyclopentadiene		Bases	0	0	0	0	0	0	-
112	Hexachloroethane		Bases	0	0	0	0	0	0	-
113	Indeno(1,2,3-CK)Pyrene*	YES	Bases	0	0	0	0	0	0	-
114	Isophthalate		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	-

11.5	Enter C <sub>d</sub> = wastewater discharge flow from facility (MGD)
17.79313	Q <sub>d</sub> = wastewater discharge flow (cfs) (this value is calculated from the MGD)
	Enter or estimated, Q <sub>d2</sub> = background stream flow from upstream source (cfs)
0	Enter 7Q10, Q <sub>s</sub> = background stream flow in cfs above point of discharge
0	Enter or estimated, 1Q10, Q <sub>s</sub> = background stream flow in cfs above point of discharge (1Q10 estimated at 75% of 7Q10)
	Enter flow from upstream discharge Q <sub>d2</sub> = background stream flow in MGD above point of discharge
5.4	Enter Mean Annual Flow, Q <sub>s</sub> = background stream flow in cfs above point of discharge
0	Enter 7Q2, Q <sub>s</sub> = background stream flow in cfs above point of discharge (for LWF class streams)
Enter to Left	Enter C <sub>s</sub> = background in-stream pollutant concentration in ug/l (assuming this is zero "0" unless there is data)
Q <sub>d</sub> + Q <sub>d2</sub> + Q <sub>s</sub>	Q <sub>s</sub> = resultant in-stream flow, after discharge
Calculated on other	C <sub>s</sub> = resultant in-stream pollutant concentration in ug/l in the stream (after complete mixing occurs)
100	Enter Background Hardness above point of discharge (assumed 50 South of Birmingham and 100 North of Birmingham)
7.00 s.u.	Enter Background pH above point of discharge
YES	Enter: Is discharge to a stream? "YES" (Other option would be to a Lake. This changes the partition coefficients for the metals)

\*\* Using Partition Coefficient

August 13, 2015  
Modified: 8/4/09

Facility Name: MUB Wastewater Treatment Plant																						
NPDES No.: AL0020192																						
Freshwater F&W classification				Freshwater Acute (µg/l) Q <sub>1</sub> = 1Q10				Freshwater Chronic (µg/l) Q <sub>1</sub> = 7Q10				Human Health Consumption Fish only (µg/l)										
ID	Pollutant	RP?	Carcinogen yes	Background from upstream source (C <sub>max</sub> ) Daily Max	Max Daily Discharge as Reported by Applicant (C <sub>max</sub> )	Water Quality Criteria (C <sub>c</sub> )	Draft Permit Limit (C <sub>max</sub> )	20% of Draft Permit Limit	RP?	Background from upstream source (C <sub>2</sub> ) Monthly Ave	Avg Daily Discharge as Reported by Applicant (C <sub>avg</sub> )	Water Quality Criteria (C <sub>c</sub> )	Draft Permit Limit (C <sub>max</sub> )	20% of Draft Permit Limit	RP?	Water Quality Criteria (C <sub>c</sub> )	Draft Permit Limit (C <sub>max</sub> )	20% of Draft Permit Limit	RP?			
																				Water Quality Criteria (C <sub>c</sub> )	Draft Permit Limit (C <sub>max</sub> )	20% of Draft Permit Limit
1	Antimony			0	0					0	0											
2	Arsenic		YES	0	0		592.334	592.334	118.467	No	0						3.73E+02	3.73E+02	7.47E+01	No		
3	Beryllium			0	0						0		261.324	261.324	52.265	No			3.03E-01	3.95E-01	7.90E-02	No
4	Cadmium			0	0		8.533	8.533	1.707	No	0		1.042	1.042	0.208	No						
5	Chromium/ Chromium III			0	0		2713.159	2713.159	542.632	No	0		352.928	352.928	70.585	No						
6	Chromium/ Chromium VI			0	0		16.000	16.000	3.200	No	0		11.000	11.000	2.200	No						
7	Copper			0	3.22		34.637	34.637	6.927	No	0		23.082	23.082	4.616	No			1.30E+03	1.30E+03	2.60E+02	No
8	Lead			0	138.290		138.290	138.290	27.658	No	0		5.389	5.389	1.078	No						
9	Mercury		YES	0	0.00569		2.400	2.400	0.480	No	0	0.0024	0.012	0.012	0.002	Yes			4.24E-02	4.24E-02	8.48E-03	No
10	Nickel			0	2.29		927.200	927.200	185.440	No	0	1.61	102.983	102.983	20.597	No			9.93E+02	9.93E+02	1.99E+02	No
11	Selenium			0	20.000		20.000	20.000	4.000	No	0		5.000	5.000	1.000	No			2.43E+03	2.43E+03	4.86E+02	No
12	Silver			0	0		3.217	3.217	0.643	No	0											
13	Thallium			0	0						0								2.74E-01	2.74E-01	5.47E-02	No
14	Zinc			0	39.6		355.092	355.092	71.018	No	0	33.1	357.997	357.997	71.599	No			1.49E+04	1.49E+04	2.98E+03	No
15	Cyanide		YES	0	5.06		22.000	22.000	4.400	Yes	0	5.02	5.200	5.200	1.040	Yes			9.33E+03	9.33E+03	1.87E+03	No
16	Total Phenolic Compounds			0	0						0											
17	Hardness (As CaCO3)			0	118000						101200											
18	Acrolein			0	0						0								5.43E+00	5.43E+00	1.09E+00	No
19	Acrylonitrile		YES	0	0						0								1.44E-01	1.88E-01	3.75E-02	No
20	Atrazine		YES	0	0		3.000	3.000	0.600	No	0	1.300	1.300	0.260	No			2.94E+05	3.83E+05	7.66E+06	No	
21	Benzene		YES	0	0						0								1.55E+01	2.02E+01	4.03E+00	No
22	Bromoform		YES	0	0						0								7.88E+01	1.03E+02	2.05E+01	No
23	Carbon Tetrachloride		YES	0	0						0								9.57E-01	1.25E+00	2.50E-01	No
24	Chloroacene		YES	0	0		2.400	2.400	0.480	No	0	0.004	0.004	0.001	No			4.73E-04	6.16E-04	1.23E-04	No	
25	Chlorobenzene			0	0						0								9.06E+02	9.06E+02	1.81E+02	No
26	Chloroacetylene-Methane		YES	0	0						0								7.41E+00	9.66E+00	1.93E+00	No
27	Chloroethane			0	0						0											
28	2-Chloro-Ethylvinyl Ether			0	0						0											
29	Chloroform		YES	0	6.7						5.8								1.02E+02	1.33E+02	2.66E+01	No
30	4,4'- DDD		YES	0	0						0								1.81E-04	2.36E-04	4.73E-05	No
31	4,4'- DDE		YES	0	0						0								1.28E-04	1.67E-04	3.34E-05	No
32	4,4'- DDT		YES	0	0						0								1.28E-04	1.67E-04	3.34E-05	No
33	Dichloroacetylene-Methane		YES	0	0						0								1.00E+01	1.31E+01	2.62E+00	No
34	1,1-Dichloroethane			0	0						0											
35	1,2-Dichloroethane		YES	0	0						0								2.14E+01	2.79E+01	5.57E+00	No
36	Trans-1,2-Dichloro-Ethylene			0	0						0								5.91E+03	5.91E+03	1.18E+03	No
37	1,1-Dichloroethylene		YES	0	0						0								4.17E+03	5.43E+03	1.09E+03	No
38	1,2-Dichloropropane			0	0						0								6.49E+00	8.49E+00	1.70E+00	No
39	1,3-Dichloropropane			0	0						0								1.23E+01	1.23E+01	2.46E+00	No
40	Dieldrin		YES	0	0		0.240	0.240	0.048	No	0	0.056	0.056	0.011	No			3.17E-05	4.07E-05	8.14E-06	No	
41	Ethylbenzene			0	0		0.730	0.730	0.146	No	0	0.0002	0.000	0.000	No			1.74E+03	1.24E+03	2.49E+02	No	
42	Methyl Bromide			0	0		0.460	0.460	0.092	No	0	0.072	0.072	0.014	No			8.71E+02	8.71E+02	1.74E+02	No	
43	Methyl Chloride			0	0						0											
44	Methylene Chloride		YES	0	0						0								3.48E+02	4.51E+02	9.01E+01	No
45	1,1,2,2-Tetrachloro-Ethane		YES	0	0						0								2.33E+00	3.04E+00	6.08E-01	No
46	Tetrachloro-Ethylene		YES	0	0						0								1.92E+00	2.50E+00	5.00E-01	No
47	Toluene			0	0						0								8.72E+03	8.72E+03	1.74E+03	No
48	Toxaphene		YES	0	0		0.730	0.730	0.146	No	0	0.0002	0.000	0.000	No			1.62E-04	2.11E-04	4.22E-05	No	
49	Tributyltin (TBT)		YES	0	0		0.460	0.460	0.092	No	0	0.072	0.072	0.014	No							
50	1,1,1-Trichloroethane			0	0						0											
51	1,1,2-Trichloroethane		YES	0	0						0								9.10E+00	1.19E+01	2.37E+00	No
52	Trichloroethylene		YES	0	0						0								1.75E+01	2.28E+01	4.55E+00	No
53	Vinyl Chloride		YES	0	0						0								1.42E+00	1.86E+00	3.71E-01	No
54	p-Chloro-m-Cresol			0	0						0											
55	2-Chlorophenol			0	0						0								8.71E+01	8.71E+01	1.74E+01	No
56	2,4-Dichlorophenol			0	0						0								1.72E+02	1.72E+02	3.44E+01	No
57	2,4-Dimethylphenol			0	0						0								4.98E+02	4.98E+02	9.95E+01	No
58	4-Dinitro-O-Cresol			0	0						0											
59	2,4-Dinitrophenol			0	0						0								3.11E+03	3.11E+03	6.22E+02	No
60	4,6-Dinitro-2-methylphenol		YES	0	0						0								1.65E+02	2.16E+02	4.31E+01	No
61	Dioxin (2,3,7,8-TCDD)		YES	0	0						0								2.67E-06	3.48E-06	6.95E-09	No
62	2-Nitrophenol			0	0						0											
63	4-Nitrophenol			0	0						0											
64	p-Tetrachlorophenol		YES	0	0		6.723	6.723	1.345	No	0	6.893	6.893	1.339	No			1.77E+00	2.30E+00	4.61E-01	No	
65	Phenol			0	0						0								5.00E+05	5.00E+05	1.00E+09	No
66	2,4,6-Trichlorophenol		YES	0	0						0								1.41E+00	1.84E+00	3.68E-01	No
67	Acanthopterin			0	0						0								5.79E+02	5.79E+02	1.16E+02	No
68	Acanthopterin			0	0						0											
69	Anthracene			0	8.1						8.1								2.33E+04	2.33E+04	4.67E+03	No
70	Benzo(a)anthracene		YES	0	0						0								1.18E-04	1.18E-04	2.32E-05	No
71	Benzo(a)pyrene		YES	0	0						0								1.07E-02	1.39E-02	2.78E-03	No
72	Benzo(a)pyrene		YES	0	0						0								1.07E-02	1.39E-02	2.78E-03	No
73	3,4-Benzo-Pyrene			0	0						0								1.07E-02	1.39E-02	2.78E-03	No
74	Benzo(ghi)perylene			0	0						0								1.07E-02	1.39E-02	2.78E-03	No
75	Benzo(k)fluoranthene			0	0						0								1.07E-02	1.39E-02	2.78E-03	No
76	Benzo(e)fluoranthene			0	0						0								1.07E-02	1.39E-02	2.78E-03	No
77	Benzo(b)fluoranthene			0	0						0								1.07E-02	1.39E-02	2.78E-03	No
78	Benzo(a)fluoranthene			0	0						0								1.07E-02	1.39E-02	2.78E-03	No
79	Benzo(a)fluoranthene		YES	0	0						0								3.07E-01	4.01E-01	8.01E-02	No
80	4-Bromophenyl Phenyl Ether			0	0						0								3.78E+04	3.78E+04	7.56E+03	No
81	4-Bromophenyl Phenyl Ether			0	0						0								1.2			

Mercury Data

Sample Date	Result (ng/L)
2/3/2014	5.89
3/10/2014	4.89
4/23/2014	1.88
3/18/2015	0.83
3/23/2015	0.77
3/30/2015	0.54

Average (ng/L):	2.467
Maximum (ng/L):	5.89

Average ( $\mu\text{g/L}$ ):	0.002467
Maximum ( $\mu\text{g/L}$ ):	0.00589

# Waste Load Allocation Summary

Comments included

Yes  No

Information Verified By

JEH

Page 1

## General Information

Receiving Stream Name Turkey Creek

Year File Was Created 1989

Previous File Name

OR: Local Name (If applicable)

Facility Name Albertville Eastside WWTP

Previous Discharger Name Albertville East and West WWTP

Or-AKA (includes previous file name)

11 Digit HUC Code 06030001280

12 Digit HUC Code 060300010804

River Basin Tennessee

County Marshall

Use Classification F&W

Discharge Latitude 34.27243

Discharge Longitude -86.18999

Site Visit Completed?  Yes  No

Date of Site Visit 8/14/2009

Waterbody Impaired?  Yes  No

Antidegradation  Yes  No

Waterbody Tier Level Tier I

Use Support Category 3

Other Point Sources?  Yes  No

### Sources Included in Model

Sources from Scarham Creek TMDL Model - Crossville Healthcare, Crossville High School, Geraldine High School

Print Record

Close Form

Date of WLA Response 9/1/2009

Lat/Long Method GPS

Approved TMDL?

Yes  No

Approval Date of TMDL

## Permit Information

Permit Number AL0020192

Permit Status Active

Type of Discharger

- Municipal
- Industrial
- Semipublic/Private
- Mining

## Waste Load Allocation Information

Modeled Reach Length 8.22

Miles

Date of Allocation 9/1/2009

Name of Model Used SWQM

Allocation Type 2 Seasons

Model Completed by Johnathan Hall

Type of Model Used Desk-top

Allocation Developed by Water Quality Branch

# Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters				Other Parameters			
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD
Season	Summer		Winter					
From	May		Dec					
Through	Nov		Apr					
CBOD5			5	mg/L	5	mg/L	TP	
NH3-N			1.2	mg/L	2.1	mg/L	TN	
TKN				mg/L		mg/L	TSS	
D.O.			6	mg/L	6	mg/L		

"Monitor Only" Parameters for Effluent:		Parameter	Frequency	Parameter	Frequency
		NO2+NO3-N	Monthly		
		TKN	Monthly		
		TP	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	18	°C	18	°C	
pH	7	su	7	su	

Hydrology at Discharge Location			
Drainage Area Qualifier	Drainage Area	sq mi	Method Used to Calculate
Exact	2.57	sq mi	<5.0 sq mi - Bingham Equation
	Stream 7Q10	0 cfs	<5.0 sq mi - Bingham Equation
	Stream 1Q10	0 cfs	<5.0 sq mi - Bingham Equation
	Stream 7Q2	0 cfs	<5.0 sq mi - Bingham Equation
	Annual Average	5.4 cfs	ADEM Estimate w/USGS Gage Data

**Comments and/or Notations** NW 1/4 Sec 11, T9S, R4E  
209 SW ALBERTVILLE

Permit limitations based on water quality entering the Short Creek embayment.

# Waste Load Allocation Summary

Annual Effluent Limits	Conventional Parameters				Other Parameters			
	Qw	MGD	Qw	MGD	Qw	MGD	Qw	MGD
CBOD5			11.5	11.5				
NH3-N								
TKN								
D.O.								
	Season	Summer	Season	Winter	Season		Season	
	From	May	From	Dec	From		From	
	Through	Nov	Through	Apr	Through		Through	
	CBOD5	5 mg/L	CBOD5	5 mg/L	TP		TP	
	NH3-N	1.2 mg/L	NH3-N	2.1 mg/L	TN		TN	
	TKN		TKN		TSS		TSS	
	D.O.	6 mg/L	D.O.	6 mg/L				

"Monitor Only" Parameters for Effluent:		Parameter	Frequency	Parameter	Frequency
		NO2+NO3-N	Monthly		
		TKN	Monthly		
		TP	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	18	°C	18	°C	
pH	7	su	7	su	

Hydrology at Discharge Location				
Drainage Area Qualifier	Drainage Area	Value	Units	Method Used to Calculate
Exact	2.57		sq mi	<5.0 sq mi - Bingham Equation
	Stream 7Q10	0	cfs	<5.0 sq mi - Bingham Equation
	Stream 1Q10	0	cfs	<5.0 sq mi - Bingham Equation
	Stream 7Q2	0	cfs	<5.0 sq mi - Bingham Equation
	Annual Average	5.4	cfs	ADEM Estimate w/USGS Gage Data

**Comments and/or Notations:** NW 1/4 Sec 11, T9S, R4E  
209 SW ALBERTVILLE  
Permit limitations based on water quality entering the Short Creek embayment.

# Waste Load Allocation Summary

Comments included

Yes  No

## General Information

Information Verified By **JEH**

Page 1

Receiving Stream Name **Turkey Creek**

Year File Was Created **1989**

Previous File Name

OR: Local Name (If applicable)

Facility Name **Albertville Eastside WWTP**

Previous Discharger Name

**Albertville East and West WWTP**

Or-AKA (includes previous file name)

11 Digit HUC Code **06030001280**

12 Digit HUC Code **060300010804**

River Basin **Tennessee**

County **Marshall**

Use Classification **F&W**

Date of WLA Response **9/1/2009**

Discharge Latitude **34.27243**

Lat/Long Method **GPS**

Discharge Longitude **-86.18999**

Approved TMDL?

Site Visit Completed?  Yes  No

Yes  No

Date of Site Visit **8/14/2009**

Approval Date of TMDL

Waterbody Impaired?  Yes  No

Antidegradation  Yes  No

## Permit Information

Waterbody Tier Level **Tier I**

Permit Number **AL0020192**

Use Support Category **3**

Permit Status **Active**

Other Point Sources?  Yes  No

### Sources Included in Model

Sources from Scarham Creek TMDL Model - Crossville Healthcare, Crossville High School, Geraldine High School

### Type of Discharger

- Municipal
- Industrial
- Semipublic/Private
- Mining

## Waste Load Allocation Information

Modeled Reach Length **8.22** Miles

Date of Allocation **9/1/2009**

Name of Model Used **SWQM**

Allocation Type **2 Seasons**

Model Completed by **Johnathan Hall**

Type of Model Used **Desk-top**

Allocation Developed by **Water Quality Branch**







FORM  
**2A**  
NPDES

# NPDES FORM 2A APPLICATION OVERVIEW

## APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

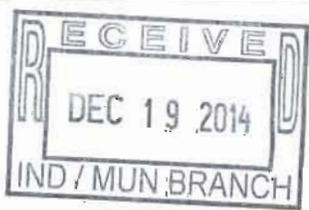
### BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow  $\geq$  0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

### SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**



FACILITY NAME AND PERMIT NUMBER:  
MUB Wastewater Treatment Plant AL0020192

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

#### A.1. Facility Information.

Facility name MUB Wastewater Treatment Plant

Mailing Address P.O. BOX 130  
ALBERTVILLE, AL 35950

Contact person ELDEN CHUMLEY

Title GENERAL MANAGER

Telephone number (256) 878-3761

Facility Address 901 EAST MCKINNEY AVE  
(not P.O. Box) ALBERTVILLE, AL 35951

#### A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name MUNICIPAL UTILITIES BOARD OF ALBERTVILLE

Mailing Address PO BOX 130  
ALBERTVILLE, AL 35950

Contact person ELDEN CHUMLEY

Title GENERAL MANAGER

Telephone number (256) 878-3761

Is the applicant the owner or operator (or both) of the treatment works?

owner  operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility  applicant

#### A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES AL0020192 PSD \_\_\_\_\_

UIC \_\_\_\_\_ Other \_\_\_\_\_

RCRA \_\_\_\_\_ Other \_\_\_\_\_

#### A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>ALBERTVILLE</u>	<u>22,000</u>	<u>SEPARATE</u>	<u>MUB OF ALBERTVILLE</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served \_\_\_\_\_

**A.5. Indian Country.**

a. Is the treatment works located in Indian Country?

Yes  No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes  No

**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 11.50 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>6.30</u>	<u>7.80</u>	<u>6.82</u> mgd
c. Maximum daily flow rate	<u>20.20</u>	<u>25.50</u>	<u>16.20</u> mgd

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

Separate sanitary sewer 100.00 %  
 Combined storm and sanitary sewer \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

a. Does the treatment works discharge effluent to waters of the U.S.?  Yes  No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent 1
- ii. Discharges of untreated or partially treated effluent \_\_\_\_\_
- iii. Combined sewer overflow points \_\_\_\_\_
- iv. Constructed emergency overflows (prior to the headworks) \_\_\_\_\_
- v. Other \_\_\_\_\_

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  Yes  No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge  continuous or  intermittent?

c. Does the treatment works land-apply treated wastewater?  Yes  No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ Mgd

Is land application  continuous or  intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?  Yes  No

**FACILITY NAME AND PERMIT NUMBER:**

Albertville Eastside WWTP AL 0020192

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_

mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

Yes

No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):  
\_\_\_\_\_

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_

continuous or \_\_\_\_\_

intermittent?

**FACILITY NAME AND PERMIT NUMBER:**

MUB Wastewater Treatment Plant AL0020192

Form Approved 1/14/99  
OMB Number 2040-0086**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**A.9. Description of Outfall.**

- a. Outfall number 001-2
- b. Location ALBERTVILLE 35951  
(City or town, if applicable) (Zip Code)  
MARSHALL AL  
(County) (State)  
N34° 16' 08" W86° 11' 30"  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 1.00 ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Average daily flow rate \_\_\_\_\_ mgd
- f. Does this outfall have either an intermittent or a periodic discharge? \_\_\_\_\_ Yes  No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_
- Average duration of each discharge: \_\_\_\_\_
- Average flow per discharge: \_\_\_\_\_ mgd
- Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? \_\_\_\_\_ Yes  No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water TURKEY CREEK
- b. Name of watershed (if known) LAKE GUNTERSVILLE  
 United States Soil Conservation Service 14-digit watershed code (if known): 09506030001290
- c. Name of State Management/River Basin (if known): TENNESSEE RIVER  
 United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 06030001
- d. Critical low flow of receiving stream (if applicable):  
 acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): 121.00 mg/l of CaCO<sub>3</sub>

**FACILITY NAME AND PERMIT NUMBER:**  
 Albertville Eastside WWTP AL 0020192

**A.11. Description of Treatment.**

a. What levels of treatment are provided? Check all that apply.

Primary                       Secondary  
 Advanced                       Other. Describe: Activated Sludge

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal                      95.00 %  
 Design SS removal                      95.00 %  
 Design P removal                      \_\_\_\_\_ %  
 Design N removal                      95.00 %  
 Other TKN                      95.00 %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

\_\_\_\_\_

If disinfection is by chlorination, is dechlorination used for this outfall?                       Yes                      \_\_\_\_\_ No

d. Does the treatment plant have post aeration?                       Yes                      \_\_\_\_\_ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001-2

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.05	s.u.			
pH (Maximum)	7.69	s.u.			
Flow Rate	25.46	MGD	7.80	MGD	365.00
Temperature (Winter)	23.80	°C	17.90	°C	365.00
Temperature (Summer)	29.50	°C	26.90	°C	365.00

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	CBOD-5						
		9.30	mg/L	2.10	mg/L	7.00	5210B	5/7
FECAL COLIFORM						7.00	9222D	5/7
TOTAL SUSPENDED SOLIDS (TSS)	22.00		mg/L	5.10	mg/L	7.00	2540D	5/7

**END OF PART A.  
 REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
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Albertville Eastside WWTP AL 0020192

## BASIC APPLICATION INFORMATION

### PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate  $\geq$  0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

50,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Collection System Master Plan to identify lines that need to be replaced, manholes that need rehabed, and lines that need CIP.

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

#### B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?  Yes  No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

See attachment for description of headworks & solids handling improvements

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes  No

**FACILITY NAME AND PERMIT NUMBER:**  
ALBERTVILLE EASTSIDE WWTP AL0020192

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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

\_\_\_\_\_

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	__ / __ / __	__ / __ / __
- End construction	__ / __ / __	__ / __ / __
- Begin discharge	__ / __ / __	__ / __ / __
- Attain operational level	__ / __ / __	__ / __ / __

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained?  Yes  No

Describe briefly: N/A

\_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001-2

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.</b>							
AMMONIA (as N)	0.29	mg/L	0.16	mg/L	7.00	SM 4500-NH3C	
CHLORINE (TOTAL RESIDUAL, TRC)	<b>0.01</b>	mg/L	<b>0.01</b>	mg/L	<b>7.00</b>	SM 4500-CIG	
DISSOLVED OXYGEN	10.00	mg/L	8.80	mg/L	7.00	SM 4500-06	
TOTAL KJELDAHL NITROGEN (TKN)	2.52	mg/L	1.78	mg/L	7.00	SM4500-NORGO	
NITRATE PLUS NITRITE NITROGEN	17.90	mg/L	14.80	mg/L	3.00	EPA 300.0	
OIL and GREASE		NA		NA		NA	
PHOSPHORUS (Total)	6.52	mg/L	3.53	mg/L	3.00	EPA 365.3	
TOTAL DISSOLVED SOLIDS (TDS)		NA		NA		NA	
OTHER							

**END OF PART B.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**FACILITY NAME AND PERMIT NUMBER:**

Albertville Eastside WWTP AL 0020192

Form Approved 1/14/99  
OMB Number 2040-0086

**BASIC APPLICATION INFORMATION**

**PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

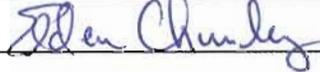
**Indicate which parts of Form 2A you have completed and are submitting:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Basic Application Information packet | Supplemental Application Information packet:   |
|  | <input checked="" type="checkbox"/> Part D (Expanded Effluent Testing Data)                    |
|  | <input checked="" type="checkbox"/> Part E (Toxicity Testing: Biomonitoring Data)              |
|  | <input checked="" type="checkbox"/> Part F (Industrial User Discharges and RCRA/CERCLA Wastes) |
|  | <input type="checkbox"/> Part G (Combined Sewer Systems)                                       |

**ALL APPLICANTS MUST COMPLETE 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 the information, the information 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 and official title Mr. Elden Chumley, General Manager

Signature 

Telephone number (256) 878-3761

Date signed 12-16-2014

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

FACILITY NAME AND PERMIT NUMBER:  
ALBERTVILLE EASTSIDE WWTP AL0020192

Form Approved 1/14/99  
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**SUPPLEMENTAL APPLICATION INFORMATION**

**PART D. EXPANDED EFFLUENT TESTING DATA**

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001-2 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		

**METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.**

ANTIMONY	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
ARSENIC	<0.010	ug/L			<0.010	ug/L			3	EPA1632	0.010
BERYLLIUM	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
CADMIUM	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
CHROMIUM	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
COPPER	0.00322	mg/l			0.00306	mg/l			3	EPA 200.8	0.0010
LEAD	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
MERCURY	5.89	ng/l			2.47	ng/l			6	EPA 1631 E	0.500
NICKEL	0.00229	mg/l			0.00161	mg/l			3	EPA 200.8	0.0010
SELENIUM	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
SILVER	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
THALLIUM	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
ZINC	0.0396	mg/l			0.0331	mg/l			3	EPA 200.8	0.0050
CYANIDE	0.00506	mg/l			0.00502	mg/l			3	ASTM D7511-09	0.0050
TOTAL PHENOLIC COMPOUNDS	<0.010	mg/l			<0.010	mg/l			3	EPA 420.1	0.0010
HARDNESS (AS CaCO <sub>3</sub> )	119	mg/l			101.2	mg/l			3	EPA 200.7	0.291

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.


**FACILITY NAME AND PERMIT NUMBER:**  
ALBERTVILLE EASTSIDE WWTP AL0020192

Form Approved 1/14/99  
OMB Number 2040-0086

Outfall number: 001-2 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
<b>VOLATILE ORGANIC COMPOUNDS.</b>												
ACROLEIN	<5.0	ug/l			<5.0	ug/l					EPA 624	5
ACRYLONITRILE	<5.0	ug/l			<5.0	ug/l					EPA 624	5
BENZENE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
BROMOFORM	<3.0	ug/l			<3.0	ug/l					EPA 624	3
CARBON TETRACHLORIDE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
CLOROBENZENE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
CHLORODIBROMO-METHANE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
CHLOROETHANE	<5.0	ug/l			<5.0	ug/l					EPA 624	5
2-CHLORO-ETHYLVINYL ETHER	<3.0	ug/l			<3.0	ug/l					EPA 624	3
CHLOROFORM	6.7	ug/l			5.8	ug/l					EPA 624	3
DICHLOROBROMO-METHANE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
1,1-DICHLOROETHANE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
1,2-DICHLOROETHANE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
TRANS-1,2-DICHLORO-ETHYLENE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
1,1-DICHLOROETHYLENE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
1,2-DICHLOROPROPANE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
1,3-DICHLORO-PROPYLENE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
ETHYLBENZENE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
METHYL BROMIDE	<5.0	ug/l			<5.0	ug/l					EPA 624	5
METHYL CHLORIDE	<5.0	ug/l			<5.0	ug/l					EPA 624	5
METHYLENE CHLORIDE	<5.0	ug/l			<5.0	ug/l					EPA 624	5
1,1,2,2-TETRACHLORO-ETHANE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
TETRACHLORO-ETHYLENE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
TOLUENE	<3.0	ug/l			<3.0	ug/l					EPA 624	3

**FACILITY NAME AND PERMIT NUMBER:**  
ALBERTVILLE EASTSIDE WWTP AL0020192

Form Approved 1/14/99  
OMB Number 2040-0086

Outfall number: 001-2 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
1,1,1-TRICHLOROETHANE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
1,1,2-TRICHLOROETHANE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
TRICHLOROETHYLENE	<3.0	ug/l			<3.0	ug/l					EPA 624	3
VINYL CHLORIDE	<5.0	ug/l			<5.0	ug/l					EPA 624	5

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

**ACID-EXTRACTABLE COMPOUNDS**

P-CHLORO-M-CRESOL	<11	ug/l			<11	ug/l					EPA 625	11
2-CHLOROPHENOL	<8.1	ug/l			<8.1	ug/l					EPA 625	8.1
2,4-DICHLOROPHENOL	<8.1	ug/l			<8.1	ug/l					EPA 625	8.1
2,4-DIMETHYLPHENOL	<27	ug/l			<27	ug/l					EPA 625	27
4,6-DINITRO-O-CRESOL	<55	ug/l			<54	ug/l					EPA 625	54
2,4-DINITROPHENOL	<55	ug/l			<55	ug/l					EPA 625	55
2-NITROPHENOL	<11	ug/l			<11	ug/l					EPA 625	11
4-NITROPHENOL	<55	ug/l			<55	ug/l					EPA 625	55
PENTACHLOROPHENOL	<55	ug/l			<55	ug/l					EPA 625	55
PHENOL	<5.4	ug/l			<5.4	ug/l					EPA 625	5.4
2,4,6-TRICHLOROPHENOL	<11	ug/l			<11	ug/l					EPA 625	11

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

**BASE-NEUTRAL COMPOUNDS.**

ACENAPHTHENE	<11	ug/l			<11	ug/l					EPA 625	11
ACENAPHTHYLENE	<14	ug/l			<14	ug/l					EPA 625	14
ANTHRACENE	8.1	ug/l			8.1	ug/l					EPA 625	0.11
BENZIDINE	<82	ug/l			<82	ug/l					EPA 625	82
BENZO(A)ANTHRACENE	<8.1	ug/l			<8.1	ug/l					EPA 625	8.1
BENZO(A)PYRENE	<8.1	ug/l			<8.1	ug/l					EPA 625	8.1

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Outfall number: 001-2 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<11	ug/l			<11	ug/l				EPA 625	11
BENZO(GHI)PERYLENE	<11	ug/l			<11	ug/l				EPA 625	11
BENZO(K)FLUORANTHENE	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1
BIS (2-CHLOROETHOXY) METHANE	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1
BIS (2-CHLOROETHYL)-ETHER	<11	ug/l			<11	ug/l				EPA 625	11
BIS (2-CHLOROISO-PROPYL) ETHER	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1
BIS (2-ETHYLHEXYL) PHTHALATE	<28	ug/l			<28	ug/l				EPA 625	28
4-BROMOPHENYL PHENYL ETHER	<11	ug/l			<11	ug/l				EPA 625	11
BUTYL BENZYL PHTHALATE	<28	ug/l			<28	ug/l				EPA 625	28
2-CHLORONAPHTHALENE	<11	ug/l			<11	ug/l				EPA 625	11
4-CHLORPHENYL PHENYL ETHER	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1
CHRYSENE	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1
DI-N-BUTYL PHTHALATE	<11	ug/l			<11	ug/l				EPA 625	11
DI-N-OCTYL PHTHALATE	<16	ug/l			<16	ug/l				EPA 625	16
DIBENZO(A,H) ANTHRACENE	<14	ug/l			<14	ug/l				EPA 625	14
1,2-DICHLOROBENZENE	<3.0	ug/l			<3.0	ug/l				EPA 625	3
1,3-DICHLOROBENZENE	<3.0	ug/l			<3.0	ug/l				EPA 625	3
1,4-DICHLOROBENZENE	<3.0	ug/l			<3.0	ug/l				EPA 625	3
3,3-DICHLOROBENZIDINE	<16	ug/l			<16	ug/l				EPA 625	16
DIETHYL PHTHALATE	<14	ug/l			<14	ug/l				EPA 625	14
DIMETHYL PHTHALATE	<11	ug/l			<11	ug/l				EPA 625	11
2,4-DINITROTOLUENE	<11	ug/l			<11	ug/l				EPA 625	11
2,6-DINITROTOLUENE	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1
1,2-DIPHENYLHYDRAZINE	<11	ug/l			<11	ug/l				EPA 625	11

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Outfall number: 001-2 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1
FLUORENE	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1
HEXACHLOROBENZENE	<14	ug/l			<14	ug/l				EPA 625	14
HEXACHLOROBUTADIENE	<14	ug/l			<14	ug/l				EPA 625	14
HEXACHLOROCYCLO-PENTADIENE	<14	ug/l			<14	ug/l				EPA 625	14
HEXACHLOROETHANE	<14	ug/l			<14	ug/l				EPA 625	14
INDENO(1,2,3-CD)PYRENE	<14	ug/l			<14	ug/l				EPA 625	14
ISOPHORONE	<11	ug/l			<11	ug/l				EPA 625	11
NAPHTHALENE	<5.4	ug/l			<5.4	ug/l				EPA 625	5.4
NITROBENZENE	<16	ug/l			<16	ug/l				<i>EPA 625</i>	16
N-NITROSODI-N-PROPYLAMINE	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1
N-NITROSODI- METHYLAMINE	<22	ug/l			<22	ug/l				EPA 625	22
N-NITROSODI-PHENYLAMINE	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1
PHENANTHRENE	<5.4	ug/l			<5.4	ug/l				EPA 625	5.4
PYRENE	<16	ug/l			<16	ug/l				EPA 625	16
1,2,4-TRICHLOROBENZENE	<8.1	ug/l			<8.1	ug/l				EPA 625	8.1

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

**END OF PART D.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:  
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## SUPPLEMENTAL APPLICATION INFORMATION

### PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

#### E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

chronic       acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number:   1        Test number:   2        Test number:   3  

#### a. Test information.

Test species & test method number	Ceriodaphnia / EPA1002.0	Fathead Minnow / EPA1000.0	Ceriodaphnia / EPA1002.0<2
Age at initiation of test	<24 hours	<48 hours	<24 hours
Outfall number	001-2	001-2	001-2
Dates sample collected	09/13/2010	09/13/2010	09/25/2011
Date test started	09/14/2010	09/14/2010	09/27/2011
Duration	7 days	7 days	7 days

#### b. Give toxicity test methods followed.

Manual title	Short-Term Methods for Estimt	Short-Term Methods for Estimt	Short-Term Methods for Esti
Edition number and year of publication	Fourth Edition, Oct 2002	Fourth Edition, Oct 2002	Fourth Edition, Oct 2002
Page number(s)	141-196	53-111	141-196

#### c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

#### d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination	X	X	X

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Test number: 1.00

Test number: 2.00

Test number: 3.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Effluent	Effluent	Effluent
-----------------------	----------	----------	----------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			

g. Provide the type of test performed.

Static			
Static-renewal	X	X	X
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	X	X	X
Receiving water			

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	X	X	X
Salt water			

j. Give the percentage effluent used for all concentrations in the test series.

	100	100	100

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH	6.82	7.95	6.76
Salinity			
Temperature	23.6	25.0	23.4
Ammonia	0.106	0.455	<0.100
Dissolved oxygen	4.2	7.9	6.76

l. Test Results.

Acute:			
Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

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Chronic:			
NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	100.00 %	100.00 %	100.00 %
Other (describe)	Screening test on 100%	effluent showed no significant	effect.

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	YES	YES	YES
Was reference toxicant test within acceptable bounds?	YES	YES	YES
What date was reference toxicant test run (MM/DD/YYYY)?	08/24/2010	08/24/2010	09/20/2011
Other (describe)			

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

\_\_\_ Yes \_\_\_ No      If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: \_\_\_\_\_ (MM/DD/YYYY)

Summary of results: (see instructions)

\_\_\_\_\_

\_\_\_\_\_

**END OF PART E.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER:  
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## SUPPLEMENTAL APPLICATION INFORMATION

### PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

#### E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

chronic       acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 4      Test number: 5      Test number: 6

#### a. Test information.

Test species & test method number	Fathead Minnow / EPA1000.0	Ceriodaphnia / EPA1002.0<2	Fathead Minnow / EPA1000.0
Age at initiation of test	<48 hours	<24 hours	<48 hours
Outfall number	001-2	001-2	001-2
Dates sample collected	09/25/2011	09/16/2012	09/16/2012
Date test started	09/27/2011	09/18/2012	09/18/2012
Duration	7 days	7 days	7 days

#### b. Give toxicity test methods followed.

Manual title	Short-Term Methods for Estimt	Short-Term Methods for Estimt	Short-Term Methods for Esti
Edition number and year of publication	Fourth Edition, Oct 2002	Fourth Edition, Oct 2002	Fourth Edition, Oct 2002
Page number(s)	53-111	141-196	53-111

#### c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

#### d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination	X	X	X

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Test number: 4.00

Test number: 5.00

Test number: 6.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Effluent	Effluent	Effluent
-----------------------	----------	----------	----------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			

g. Provide the type of test performed.

Static			
Static-renewal	X	X	X
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	X	X	X
Receiving water			

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	X	X	X
Salt water			

j. Give the percentage effluent used for all concentrations in the test series.

	100	100	100

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH	6.76	6.88	6.88
Salinity			
Temperature	24.0	23.4	23.3
Ammonia	<0.100	0.209	<0.100
Dissolved oxygen	4.2	7.7	4.7

l. Test Results.

Acute:			
Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

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Chronic:

NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	100.00 %	100.00 %	100.00 %
Other (describe)	Screening test on 100%	effluent showed no significant	effect.

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	YES	YES	YES
Was reference toxicant test within acceptable bounds?	YES	YES	YES
What date was reference toxicant test run (MM/DD/YYYY)?	09/20/2011	08/21/2012	08/21/2012
Other (describe)			

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

Yes  No      If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: \_\_\_\_\_ (MM/DD/YYYY)

Summary of results: (see instructions)  
 \_\_\_\_\_  
 \_\_\_\_\_

**END OF PART E.  
 REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM  
 2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER:  
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## SUPPLEMENTAL APPLICATION INFORMATION

### PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

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- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

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#### E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

chronic       acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 7      Test number: 8      Test number: 9

#### a. Test information.

Test species & test method number	Ceriodaphnia / EPA1002.0<2	Fathead Minnow / EPA1000.0	Ceriodaphnia / EPA1002.0<2
Age at initiation of test	<24 hours	<48 hours	<24 hours
Outfall number	001-2	001-2	001-2
Dates sample collected	09/16/2013	09/16/2013	09/15/2014
Date test started	09/17/2013	09/17/2013	09/16/2014
Duration	7 days	7 days	7 days

#### b. Give toxicity test methods followed.

Manual title	Short-Term Methods for Estim	Short-Term Methods for Estim	Short-Term Methods for Esti
Edition number and year of publication	Fourth Edition, Oct 2002	Fourth Edition, Oct 2002	Fourth Edition, Oct 2002
Page number(s)	141-196	53-111	141-196

#### c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

#### d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination	X	X	X

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Test number: 7.00                      Test number: 8.00                      Test number: 9.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Effluent	Effluent	Effluent
-----------------------	----------	----------	----------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			

g. Provide the type of test performed.

Static			
Static-renewal	X	X	X
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	X	X	X
Receiving water			

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	X	X	X
Salt water			

j. Give the percentage effluent used for all concentrations in the test series.

	100	100	100

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH	6.88	6.88	6.38
Salinity			
Temperature	23.4	23.3	23.5
Ammonia	0.417	0.417	0.212
Dissolved oxygen	7.7	4.7	7.8

l. Test Results.

Acute:			
Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

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Chronic:			
NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	100.00 %	100.00 %	100.00 %
Other (describe)	Screening test on 100%	effluent showed no significant	effect.

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	YES	YES	YES
Was reference toxicant test within acceptable bounds?	YES	YES	YES
What date was reference toxicant test run (MM/DD/YYYY)?	08/20/2013	08/20/2013	08/26/2014
Other (describe)			

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

Yes  No      If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: \_\_\_\_\_ (MM/DD/YYYY)

Summary of results: (see instructions)

\_\_\_\_\_  
 \_\_\_\_\_

**END OF PART E.  
 REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM  
 2A YOU MUST COMPLETE.**

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**SUPPLEMENTAL APPLICATION INFORMATION**

**PART E. TOXICITY TESTING DATA**

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

**E.1. Required Tests.**

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

chronic       acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 10      Test number: \_\_\_\_\_      Test number: \_\_\_\_\_

**a. Test information.**

Test species & test method number	Fathead Minnow / EPA1000.0		
Age at initiation of test	<48 hours		
Outfall number	001-2		
Dates sample collected	09/15/2014		
Date test started	09/16/2014		
Duration	7 days		

**b. Give toxicity test methods followed.**

Manual title	Short-Term Methods for Estimt		
Edition number and year of publication	Fourth Edition, Oct 2002		
Page number(s)	53-111		

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite	X		
Grab			

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection			
After dechlorination	X		

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Test number: 10.00      Test number: \_\_\_\_\_      Test number: \_\_\_\_\_

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Effluent		
-----------------------	----------	--	--

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	Chronic		
Acute toxicity			

g. Provide the type of test performed.

Static			
Static-renewal	X		
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	X		
Receiving water			

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	X		
Salt water			

j. Give the percentage effluent used for all concentrations in the test series.

	100		

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH	6.38		
Salinity			
Temperature	23.4		
Ammonia	0.212		
Dissolved oxygen	4.6		

l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

**FACILITY NAME AND PERMIT NUMBER:**

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**SUPPLEMENTAL APPLICATION INFORMATION**

**PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

**GENERAL INFORMATION:**

**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

Yes  No

**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

**SIGNIFICANT INDUSTRIAL USER INFORMATION:**

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

**F.3. Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Sunrise Foods (SID IU 08 48 00451)

Mailing Address: PO Box 753  
Albertville, AL 35950

**F.4. Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Poultry Processing

**F.5. Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Poultry

Raw material(s): \_\_\_\_\_

**F.6. Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

45,000.00 gpd (  continuous or  intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (  continuous or  intermittent)

**F.7. Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits  Yes  No

b. Categorical pretreatment standards  Yes  No

If subject to categorical pretreatment standards, which category and subcategory?

\_\_\_\_\_

**FACILITY NAME AND PERMIT NUMBER:**  
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**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No If yes, describe each episode.

\_\_\_\_\_  
\_\_\_\_\_

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?  Yes  No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):

Truck  Rail  Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?  
 Yes (complete F.13 through F.15.)  No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

Yes  No

If yes, describe the treatment (provide information about the removal efficiency):

\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous  Intermittent If intermittent, describe discharge schedule.

\_\_\_\_\_

**END OF PART F.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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### SUPPLEMENTAL APPLICATION INFORMATION

#### PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

#### GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

Yes  No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

#### SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Albertville Quality Foods

Mailing Address: 130 Quality Drive  
Albertville, AL 35950

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Pulp and Paper Mill

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Poultry

Raw material(s): \_\_\_\_\_

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

150,000 gpd (  continuous or  intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd ( \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits  Yes  No

b. Categorical pretreatment standards  Yes  No

If subject to categorical pretreatment standards, which category and subcategory?  
\_\_\_\_\_

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**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No If yes, describe each episode.  
\_\_\_\_\_  
\_\_\_\_\_

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?  Yes  No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):  
 Truck  Rail  Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?  
 Yes (complete F.13 through F.15.)  No  
Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).  
\_\_\_\_\_  
\_\_\_\_\_

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?  
 Yes  No  
If yes, describe the treatment (provide information about the removal efficiency):  
\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?  
 Continuous  Intermittent If intermittent, describe discharge schedule.  
\_\_\_\_\_

**END OF PART F.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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## SUPPLEMENTAL APPLICATION INFORMATION

### PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

#### GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

Yes \_\_\_ No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

#### SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Tyson Foods, Inc. (SID IU 08-48-00042)

Mailing Address: 6232 Hwy 431  
Albertville, AL 35951

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Poultry Processing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Poultry

Raw material(s): \_\_\_\_\_

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

700,000 gpd (\_\_\_ continuous or  intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

40,000 gpd (\_\_\_ continuous or  intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits  Yes \_\_\_ No

b. Categorical pretreatment standards \_\_\_ Yes  No

If subject to categorical pretreatment standards, which category and subcategory?  
\_\_\_\_\_

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**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No      If yes, describe each episode.  
\_\_\_\_\_  
\_\_\_\_\_

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?  Yes  No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):  
 Truck       Rail       Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?  
 Yes (complete F.13 through F.15.)       No  
Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).  
\_\_\_\_\_  
\_\_\_\_\_

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?  
 Yes  No  
If yes, describe the treatment (provide information about the removal efficiency):  
\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?  
 Continuous       Intermittent      If intermittent, describe discharge schedule.  
\_\_\_\_\_

**END OF PART F.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:  
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## SUPPLEMENTAL APPLICATION INFORMATION

### PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

#### GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

Yes  No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

#### SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Huhtamaki Company

Mailing Address: PO Box 1548 / 608 Maths Mill Road  
Albertville, AL 35950

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Pulp and Paper Mill

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Molded Paper Products

Raw material(s): Recycled Food Board & Milk Carton Stock

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

600,000 gpd (  continuous or  intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

50,600 gpd (  continuous or  intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits  Yes  No

b. Categorical pretreatment standards  Yes  No

If subject to categorical pretreatment standards, which category and subcategory?

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**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No      If yes, describe each episode.  
\_\_\_\_\_  
\_\_\_\_\_

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?     Yes  No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):  
 Truck       Rail       Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?  
 Yes (complete F.13 through F.15.)       No  
Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).  
\_\_\_\_\_  
\_\_\_\_\_

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?  
 Yes  No  
If yes, describe the treatment (provide information about the removal efficiency):  
\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?  
 Continuous       Intermittent      If intermittent, describe discharge schedule.  
\_\_\_\_\_

**END OF PART F.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:  
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## SUPPLEMENTAL APPLICATION INFORMATION

### PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

#### GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

Yes  No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

#### SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Waynes Farms (SID IU 08 48 00088)

Mailing Address: 700 McDonald Avenue  
Albertville, AL 35950

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Poultry Processing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Poultry

Raw material(s): \_\_\_\_\_

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

700,000 gpd (  continuous or  intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

130,000 gpd (  continuous or  intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits  Yes  No

b. Categorical pretreatment standards  Yes  No

If subject to categorical pretreatment standards, which category and subcategory?

FACILITY NAME AND PERMIT NUMBER:  
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F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No If yes, describe each episode.

\_\_\_\_\_  
\_\_\_\_\_

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?  Yes  No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

Truck  Rail  Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

Yes (complete F.13 through F.15.)  No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

Yes  No

If yes, describe the treatment (provide information about the removal efficiency):

\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous  Intermittent If intermittent, describe discharge schedule.

\_\_\_\_\_

**END OF PART F.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM  
2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:  
Albertville Eastside WWTP AL 0020192

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## SUPPLEMENTAL APPLICATION INFORMATION

### PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

#### GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

Yes  No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

#### SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Alatrade Foods (SID IU 08 48 00463)

Mailing Address: PO Box 768  
Albertville, AL 35950

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Poultry Processing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Poultry

Raw material(s): \_\_\_\_\_

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

280,000 gpd (  continuous or  intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (  continuous or  intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits  Yes  No

b. Categorical pretreatment standards  Yes  No

If subject to categorical pretreatment standards, which category and subcategory?

\_\_\_\_\_

FACILITY NAME AND PERMIT NUMBER:  
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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No If yes, describe each episode.

\_\_\_\_\_  
\_\_\_\_\_

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?  Yes  No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

Truck  Rail  Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

Yes (complete F.13 through F.15.)  No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

Yes  No

If yes, describe the treatment (provide information about the removal efficiency):

\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous  Intermittent If intermittent, describe discharge schedule.

\_\_\_\_\_

END OF PART F.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:  
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## SUPPLEMENTAL APPLICATION INFORMATION

### PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

#### GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

Yes  No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

#### SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Parker Hannifin Corp. (SID IU 08 48 00250)

Mailing Address: 301 Wagner Drive  
Boaz, AL 35957

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Machine Shop

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Stainless Steel

Raw material(s): Stainless Steel

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

8,000 gpd (  continuous or  intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,000 gpd (  continuous or  intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits  Yes  No

b. Categorical pretreatment standards  Yes  No

If subject to categorical pretreatment standards, which category and subcategory?

**FACILITY NAME AND PERMIT NUMBER:**  
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**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No If yes, describe each episode.

\_\_\_\_\_  
\_\_\_\_\_

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?  Yes  No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):

Truck  Rail  Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

Yes (complete F.13 through F.15.)  No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

Yes  No

If yes, describe the treatment (provide information about the removal efficiency):

\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous  Intermittent If intermittent, describe discharge schedule.

\_\_\_\_\_

**END OF PART F.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:  
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## SUPPLEMENTAL APPLICATION INFORMATION

### PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

#### GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

Yes  No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

#### SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Diamond Foods (SID IU 08-48-00474)

Mailing Address: PO Box 753  
Albertville, AL 35950

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Poultry Processing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Poultry

Raw material(s): \_\_\_\_\_

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

10,000 gpd (  continuous or  intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (  continuous or  intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits  Yes  No

b. Categorical pretreatment standards  Yes  No

If subject to categorical pretreatment standards, which category and subcategory?

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**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No If yes, describe each episode.

\_\_\_\_\_  
\_\_\_\_\_

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?  Yes  No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):

Truck  Rail  Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

Yes (complete F.13 through F.15.)  No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

Yes  No

If yes, describe the treatment (provide information about the removal efficiency):

\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous  Intermittent If intermittent, describe discharge schedule.

\_\_\_\_\_

**END OF PART F.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM  
2A YOU MUST COMPLETE**

## SUPPLEMENTAL APPLICATION INFORMATION

### PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

**G.1. System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

**G.2. System Diagram.** Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

### CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

**G.3. Description of Outfall.**

- a. Outfall number \_\_\_\_\_
- b. Location \_\_\_\_\_  
(City or town, if applicable) (Zip Code) \_\_\_\_\_  
\_\_\_\_\_  
(County) (State) \_\_\_\_\_  
\_\_\_\_\_  
(Latitude) (Longitude) \_\_\_\_\_
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Which of the following were monitored during the last year for this CSO?  
\_\_\_\_ Rainfall      \_\_\_\_ CSO pollutant concentrations      \_\_\_\_ CSO frequency  
\_\_\_\_ CSO flow volume      \_\_\_\_ Receiving water quality
- f. How many storm events were monitored during the last year? \_\_\_\_\_

**G.4. CSO Events.**

- a. Give the number of CSO events in the last year.  
\_\_\_\_\_ events (\_\_\_\_ actual or \_\_\_\_ approx.)
- b. Give the average duration per CSO event.  
\_\_\_\_\_ hours (\_\_\_\_ actual or \_\_\_\_ approx.)

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- c. Give the average volume per CSO event.  
\_\_\_\_\_ million gallons (\_\_\_\_ actual or \_\_\_\_ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.  
\_\_\_\_\_ inches of rainfall

**G.5. Description of Receiving Waters.**

- a. Name of receiving water: \_\_\_\_\_
- b. Name of watershed/river/stream system: \_\_\_\_\_  
  
United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin: \_\_\_\_\_  
  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_

**G.6. CSO Operations.**

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

\_\_\_\_\_  
\_\_\_\_\_

**END OF PART G.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM  
2A YOU MUST COMPLETE.**

Additional information, if provided, will appear on the following pages.

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**SUPPLEMENTAL APPLICATION INFORMATION**

**PART D. EXPANDED EFFLUENT TESTING DATA**

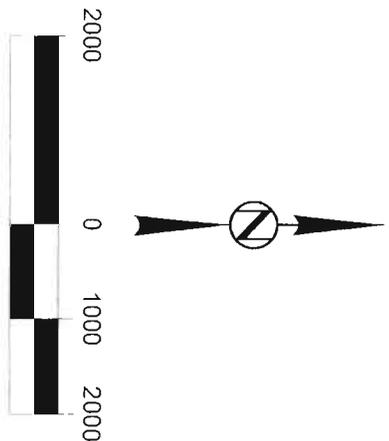
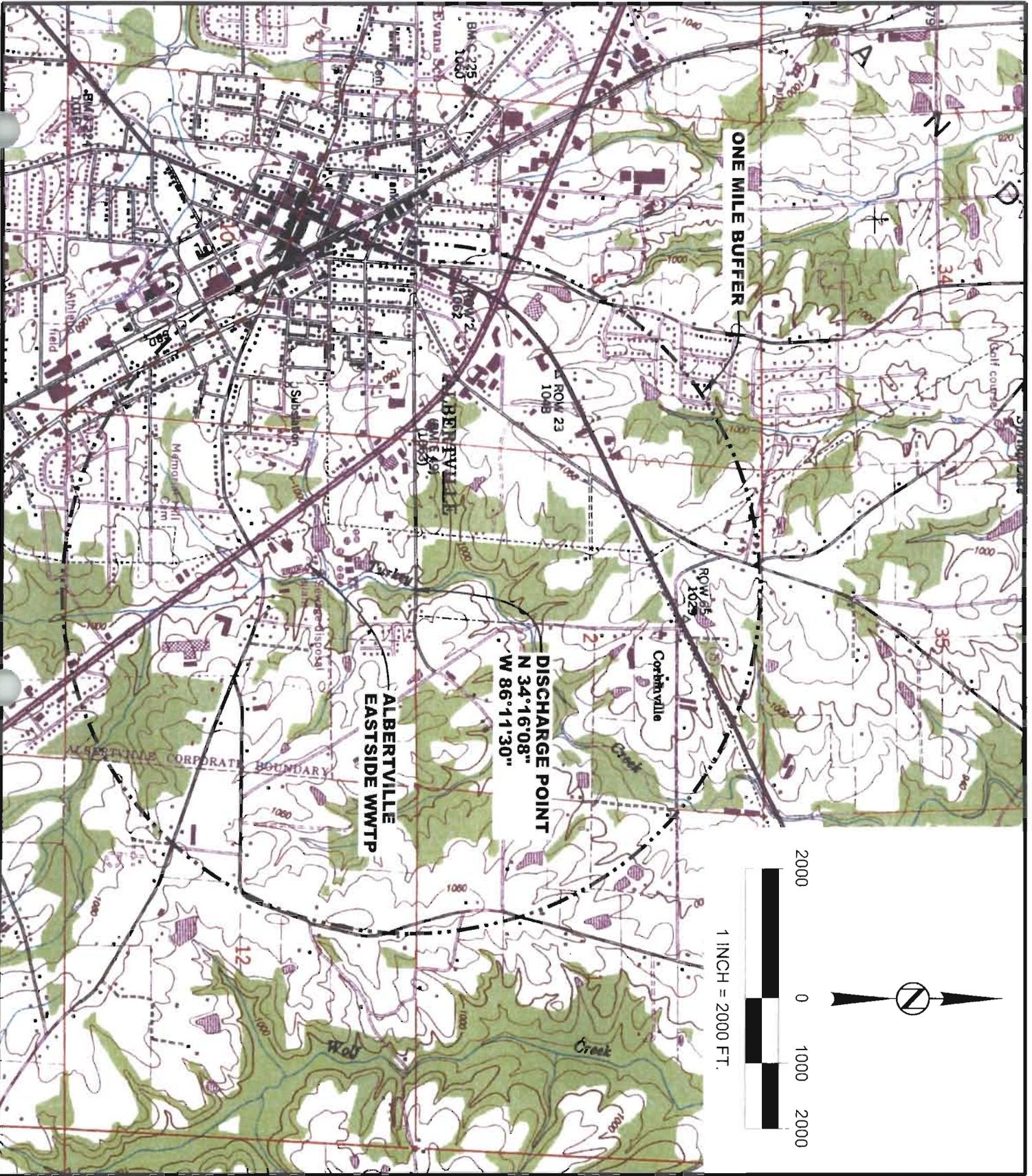
Refer to the directions on the cover page to determine whether this section applies to the treatment works.

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001-2 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
<b>METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.</b>											
ANTIMONY	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
ARSENIC	<0.010	ug/L			<0.010	ug/L			3	EPA1632	0.010
BERYLLIUM	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
CADMIUM	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
CHROMIUM	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
COPPER	0.00322	mg/l			0.00306	mg/l			3	EPA 200.8	0.0010
LEAD	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
MERCURY	5.89	ng/l			2.47	ng/l			6	EPA 1631 E	0.500
NICKEL	0.00229	mg/l			0.00161	mg/l			3	EPA 200.8	0.0010
SELENIUM	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
SILVER	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
THALLIUM	<0.0010	mg/l			<0.0010	mg/l			3	EPA 200.8	0.0010
ZINC	0.0396	mg/l			0.0331	mg/l			3	EPA 200.8	0.0050
CYANIDE	0.00506	mg/l			0.00502	mg/l			3	ASTM D7511-09	0.0050
TOTAL PHENOLIC COMPOUNDS	<0.010	mg/l			<0.010	mg/l			3	EPA 420.1	0.0010
HARDNESS (AS CaCO <sub>3</sub> )	119	mg/l			101.2	mg/l			3	EPA 200.7	0.291

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.

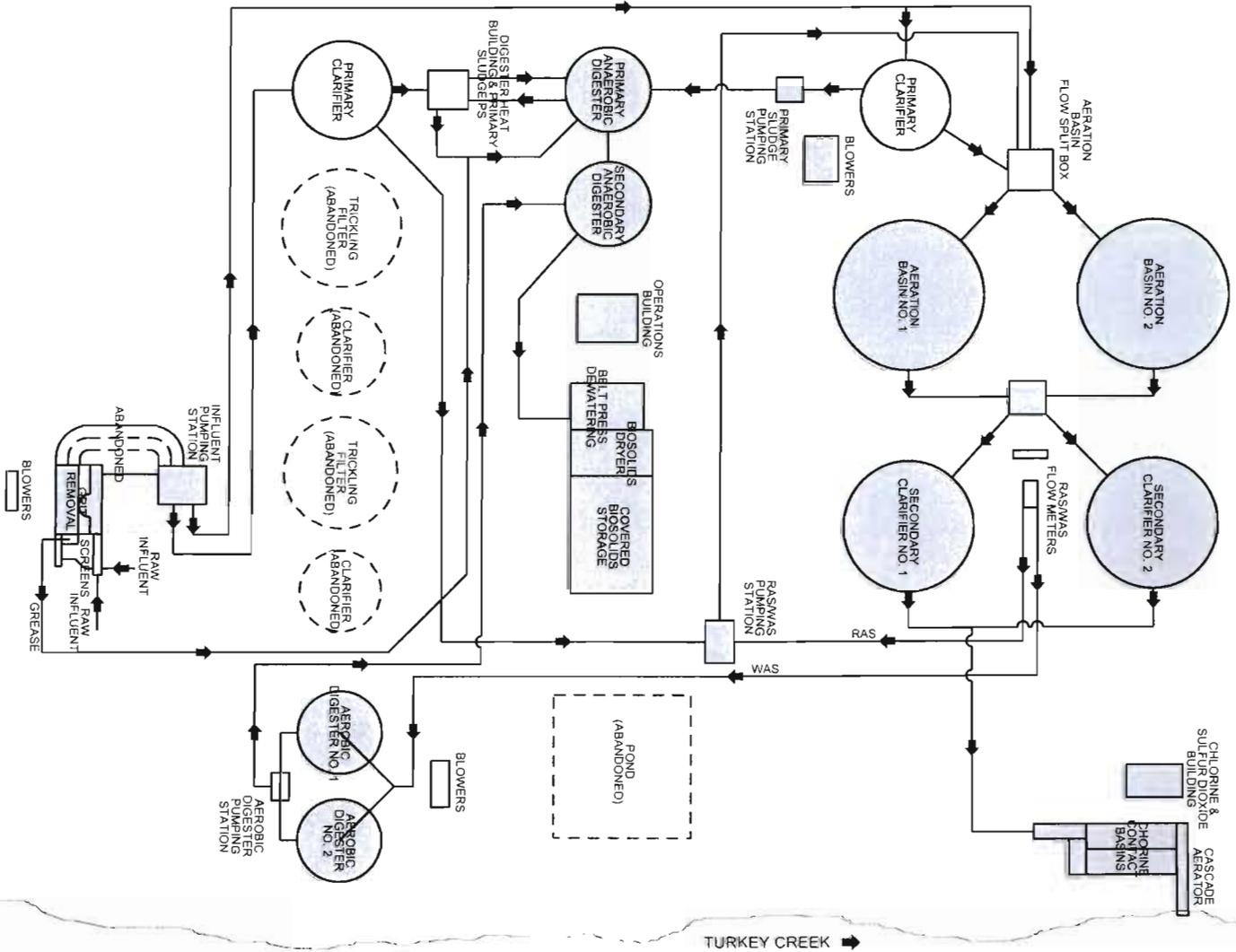



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SHEET TITLE		ONE MILE SITE & DISCHARGE POINT BUFFER	
SHEET NO.	PROJECT NO.	14001	
BUFFER	SCALE	1" = 2000'	
	DATE	NOVEMBER, 2014	

ALBERTVILLE  
 MUNICIPAL UTILITIES BOARD  
 NPDES PERMIT  
 ALBERTVILLE, ALABAMA





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SHEET TITLE	
PROCESS FLOW SCHEMATIC	
SHEET NO.	PROJECT NO. 14001
SCHEMATIC	SCALE NO SCALE
	DATE NOVEMBER, 2014

ALBERTVILLE  
MUNICIPAL UTILITIES BOARD  
NPDES PERMIT  
ALBERTVILLE, ALABAMA



# **EXPANDED EFFLUENT TESTING**



Summit Environmental Technologies, Inc.  
 2310 Wm St  
 Cuyahoga Falls, Ohio 44223  
 TEL: (330) 253-8211 FAX: (330) 253-4489  
 Website <http://www.setek.com>

WC# 14030870

Date Reported 3/13/2014

Company: Enersolv

Address: 2220 Beltline Rd SW  
 Decatur AL 35602

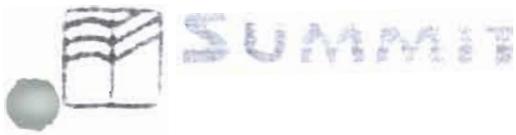
Received: 3/11/2014

Project#: Albertville

Client ID#	Lab ID#	Collected Analyte	Result	Units	Matrix	Method	DF	RL	Run	Analyst
AC63085 MUB Albertville Travel Blank	001	3/10/2014 Mercury	ND	ng/L	Non- Potable Water	EPA 1631 E	1	0.500	3/13/2014	MO

Client ID#	Lab ID#	Collected Analyte	Result	Units	Matrix	Method	DF	RL	Run	Analyst
AC63086 MUB Albertville Effluent	002	3/10/2014 Mercury	4.89	ng/L	Non- Potable Water	EPA 1631 E	1	0.500	3/13/2014	MO

Client ID#	Lab ID#	Collected Analyte	Result	Units	Matrix	Method	DF	RL	Run	Analyst
AC63087 MUB Albertville Effluent Duplicate	003	3/10/2014 Mercury	8.51	ng/L	Non- Potable Water	EPA 1631 E	1	0.500	3/13/2014	MO



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3310 Win St  
Cuyahoga Falls, Ohio 44223  
TEL (330) 253-8211 FAX: (330) 253-4489  
Website: <http://www.settek.com>

WO#: 14042300  
Date Reported: 4/28/2014  
Company: Enersoiv  
Address: 2220 Beltline Rd SW  
Decatur AL 35602  
Received: 4/24/2014  
Project#: AC67625,26,27

Client ID#	Lab ID#	Collected Analyte	Result	Units	Matrix	Method	DF	RL	Run	Analyst
AC67625	Albertville 001	4/23/2014 Mercury	0.500	ng/L	Non-Potable Water	EPA 1631 E	1	0.500	4/26/2014	MO
AC67626	Albertville 002	4/23/2014 Mercury	1.88	ng/L	Non-Potable Water	EPA 1631 E	1	0.500	4/26/2014	MO
AC67627	Duplicate 003	4/23/2014 Mercury	2.69	ng/L	Non-Potable Water	EPA 1631 E	1	0.500	4/26/2014	MO



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WO#: 14020167  
Date Reported: 2/12/2014  
Company: Enersolv  
Address: 2220 Beltline Rd SW  
Decatur AL 35602  
Received: 2/4/2014  
Project#: AC59163

Client ID#	Lab ID#	Collected Analyte	Result	Units	Matrix	Method	DF	RL	Run	Analyst
AC59163 MUB Alberville Effluent	001	2/3/2014 Mercury	5.89	ng/L	Non-Potable Water	EPA 1631 E	1	0.500	2/10/2014	SG
AC59164 MUB Alberville Effluent Duplicate	002	2/3/2014 Mercury	5.20	ng/L	Non-Potable Water	EPA 1631 E	1	0.500	2/10/2014	SG
AC59165 MUB Alberville Effluent Travel Blank	003	2/3/2014 Mercury	ND	ng/L	Non-Potable Water	EPA 1631 E	1	0.500	2/10/2014	SG

# SAMPLE RESULTS REPORT

REPORT TO
Darrell Petty Municipal Utilities Board of Albertville P.O. Box 130 Albertville, AL 35950



NELAP Accredited  
Florida DOH  
#E871078

ENERSOLV maintains National Environmental Laboratory Accreditation Program (NELAP) accreditation through Florida Department of Health (#E871078). Some tests included in this report may not be covered by this accreditation.

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Cert# L2239 Testing

EPA/ADEM Certification  
No. 40160

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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
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Sample Point: Effluent Permit C

Collected: 02/25/2014

Submitted: 02/25/2014

AC61646	* Total Calcium CAS: 7440-70-2	27.5	mg/l		
AC61646	* Carbonaceous BOD	418	mg/l	D	
AC61646	Hardness	80.6	mg/l as CaCO3		
AC61646	Total Magnesium CAS: 7439-95-4	2.91	mg/l		
AC61646	* Ammonia-Nitrogen CAS: 7664-41-7	0.252	mg/l		
AC61646	Nitrite-Nitrogen	<0.15	mg/l		
AC61646	Nitrate-Nitrogen CAS: 7697-37-2	10.4	mg/l		
AC61646	Nitrate plus Nitrite-Nitrogen	10.4	mg/l		
AC61646	* Total Phosphorus CAS: 7723-14-0	<1.00	mg/l		
AC61646	Total Dissolved Solids	242	mg/l		
AC61646	* Total Kjeldahl Nitrogen	1.66	mg/l		
AC61646	Total Recoverable Silver CAS: 7440-22-4	<0.00100	mg/l		
AC61646	Total Recoverable Arsenic CAS: 7440-38-2	<0.00050	mg/l		
AC61646	Total Recoverable Beryllium CAS: 7440-41-7	<0.00100	mg/l		
AC61646	Total Recoverable Cadmium CAS: 7440-43-9	<0.00100	mg/l		
AC61646	Total Recoverable Chromium CAS: 7440-47-3	<0.00100	mg/l		
AC61646	Total Recoverable Copper CAS: 7440-50-8	0.00306	mg/l		
AC61646	Total Recoverable Nickel	0.00161	mg/l		
AC61646	Total Recoverable Lead CAS: 7439-92-1	<0.00100	mg/l		
AC61646	Total Recoverable Antimony	<0.00100	mg/L		
AC61646	Total Recoverable Selenium CAS: 7782-49-2	<0.00100	mg/l		
AC61646	Total Recoverable Thallium	<0.00100	mg/l		



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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC61646	Total Recoverable Zinc CAS: 7440-66-6	0.0331	mg/l		
AC61646	* Total Suspended Solids	11.3	mg/l		



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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
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Sample Point: Effluent Permit G

Collected: 02/25/2014

Submitted: 02/25/2014

AC61647	1,1,1-Trichloroethane CAS: 71-55-6	<3.0	ug/l		
AC61647	1,1,2,2-Tetrachloroethane CAS: 79-34-5	<3.0	ug/l		
AC61647	1,1,2-Trichloroethane CAS: 79-00-5	<3.0	ug/l		
AC61647	1,1-Dichloroethane CAS: 75-34-3	<3.0	ug/l		
AC61647	1,1-Dichloroethylene CAS: 75-35-4	<3.0	ug/l		
AC61647	1,2-Dichlorobenzene CAS: 95-50-1	<3.0	ug/l		
AC61647	1,2-Dichloroethane CAS: 107-06-2	<3.0	ug/l		
AC61647	1,2-Dichloropropane CAS: 78-87-5	<3.0	ug/l		
AC61647	1,2-trans-Dichloroethylene CAS: 156-60-5	<3.0	ug/l		
AC61647	1,3-Dichlorobenzene CAS: 541-73-1	<3.0	ug/l		
AC61647	1,4-Dichlorobenzene CAS: 106-46-7	<3.0	ug/l		
AC61647	2-Chloroethylvinyl ether CAS: 110-75-8	<3.0	ug/l		
AC61647	Acrolein CAS: 107-02-8	<5.0	ug/l		
AC61647	Acrylonitrile CAS: 107-13-1	<5.0	ug/l		
AC61647	Benzene CAS: 71-43-2	<3.0	ug/l		
AC61647	Bromoform CAS: 75-25-2	<3.0	ug/l		
AC61647	Carbon tetrachloride CAS: 56-23-5	<3.0	ug/l		
AC61647	Chlorobenzene CAS: 108-90-7	<3.0	ug/l		
AC61647	Chlorodibromomethane CAS: 124-48-1	<3.0	ug/l		
AC61647	Chloroethane CAS: 75-00-3	<5.0	ug/l		
AC61647	Chloroform CAS: 67-66-3	<3.0	ug/l		
AC61647	cis-1,3-Dichloropropene CAS: 10061-01-5	<3.0	ug/l		



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Darrell Petty  
Municipal Utilities Board of Albertville  
P.O. Box 130  
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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC61647	Dichlorobromomethane CAS: 75-27-4	<3.0	ug/l		
AC61647	Dichlorodifluoromethane CAS: 75-71-8	<3.0	ug/l		
AC61647	Ethyl benzene CAS: 100-41-4	<3.0	ug/l		
AC61647	Methyl bromide CAS: 74-83-9	<5.0	ug/l		
AC61647	Methyl chloride CAS: 74-87-3	<5.0	ug/l		
AC61647	Methylene chloride CAS: 75-09-2	<5.0	ug/l		
AC61647	Tetrachloroethylene CAS: 127-18-4	<3.0	ug/l		
AC61647	Toluene CAS: 108-88-3	<3.0	ug/l		
AC61647	trans-1,3-Dichloropropene CAS: 10061-02-6	<3.0	ug/l		
AC61647	Trichloroethylene CAS: 79-01-6	<3.0	ug/l		
AC61647	Trichlorofluoromethane CAS: 75-69-4	<5.0	ug/l		
AC61647	Vinyl chloride CAS: 75-01-4	<5.0	ug/l		
AC61647	1,2,4-Trichlorobenzene CAS: 120-82-1	<8.2	ug/l		
AC61647	1,2-Diphenylhydrazine CAS: 122-66-7	<11	ug/l		
AC61647	2,4,6-Trichlorophenol CAS: 88-06-2	<11	ug/l		
AC61647	2,4-Dichlorophenol CAS: 120-83-2	<8.2	ug/l		
AC61647	2,4-Dimethylphenol CAS: 105-67-9	<28	ug/l		
AC61647	2,4-Dinitrophenol CAS: 51-28-5	<55	ug/l		
AC61647	2,4-Dinitrotoluene CAS: 121-14-2	<11	ug/l		
AC61647	2,6-Dinitrotoluene CAS: 606-20-2	<8.2	ug/l		
AC61647	2-Chloronaphthalene CAS: 91-58-7	<11	ug/l		
AC61647	2-Chlorophenol CAS: 95-57-8	<8.2	ug/l		
AC61647	2-Nitrophenol CAS: 88-75-5	<11	ug/l		



# SAMPLE RESULTS REPORT

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 Municipal Utilities Board of Albertville  
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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC61647	3,3'-Dichlorobenzidine CAS: 91-94-1	<16	ug/l		
AC61647	3,4-Benzofluoranthene CAS: 205-99-2	<11	ug/l		
AC61647	4,6-Dinitro-o-cresol CAS: 534-52-1	<55	ug/l		
AC61647	4-Bromophenyl phenyl ether CAS: 101-55-3	<11	ug/l		
AC61647	4-Chlorophenyl phenyl ether CAS: 7005-72-3	<8.2	ug/l		
AC61647	4-Nitrophenol CAS: 100-02-7	<55	ug/l		
AC61647	Acenaphthene CAS: 83-32-9	<11	ug/l		
AC61647	Acenaphthylene CAS: 208-96-8	<14	ug/l		
AC61647	Anthracene CAS: 120-12-7	<8.2	ug/l		
AC61647	Benzidine CAS: 92-87-5	<82	ug/l	Q	
AC61647	Benzo(a)anthracene CAS: 56-55-3	<8.2	ug/l		
AC61647	Benzo(a)pyrene CAS: 50-32-8	<8.2	ug/l		
AC61647	Benzo(ghi)perylene CAS: 191-24-2	<11	ug/l		
AC61647	Benzo(k)fluoranthene CAS: 207-08-9	<8.2	ug/l		
AC61647	Bis(2-chloroethoxy)methane CAS: 111-91-1	<8.2	ug/l		
AC61647	Bis(2-chloroethyl)ether CAS: 111-44-4	<11	ug/l		
AC61647	Bis(2-chloroisopropyl)ether CAS: 108-60-1	<8.2	ug/l		
AC61647	Bis(2-ethylhexyl)phthalate CAS: 117-81-7	<28	ug/l		
AC61647	Butyl benzyl phthalate CAS: 85-68-7	<28	ug/l		
AC61647	Chrysene CAS: 218-01-9	<8.2	ug/l		
AC61647	Dibenzo(a,h)anthracene CAS: 53-70-3	<14	ug/l		
AC61647	Diethyl phthalate CAS: 84-66-2	<14	ug/l		
AC61647	Dimethyl phthalate CAS: 131-11-3	<11	ug/l		



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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC61647	Di-n-butylphthalate CAS: 84-74-2	<11	ug/l		
AC61647	Di-n-octylphthalate CAS: 117-84-0	<16	ug/l		
AC61647	Fluoranthene CAS: 206-44-0	<8.2	ug/l		
AC61647	Fluorene CAS: 86-73-7	<8.2	ug/l		
AC61647	Hexachlorobenzene CAS: 118-74-1	<14	ug/l		
AC61647	Hexachlorobutadiene CAS: 87-68-3	<14	ug/l		
AC61647	Hexachlorocyclopentadiene CAS: 77-47-4	<14	ug/l		
AC61647	Hexachloroethane CAS: 67-72-1	<14	ug/l		
AC61647	Indeno(1,2,3-cd)pyrene CAS: 193-39-5	<14	ug/l		
AC61647	Isophorone CAS: 78-59-1	<11	ug/l		
AC61647	Naphthalene CAS: 91-20-3	<5.5	ug/l		
AC61647	Nitrobenzene CAS: 98-95-3	<16	ug/l		
AC61647	N-Nitrosodimethylamine CAS: 62-75-9	<22	ug/l		
AC61647	N-Nitrosodi-n-propylamine CAS: 621-64-7	<8.2	ug/l		
AC61647	N-Nitrosodiphenylamine CAS: 86-30-6	<8.2	ug/l		
AC61647	p-Chloro-m-cresol CAS: 59-50-7	<11	ug/l		
AC61647	Pentachlorophenol CAS: 87-86-5	<55	ug/l		
AC61647	Phenanthrene CAS: 85-01-8	<5.5	ug/l		
AC61647	Phenol CAS: 108-95-2	<5.5	ug/l		
AC61647	Pyrene CAS: 129-00-0	<16	ug/l		
AC61647	Total Cyanide CAS: 57-12-5	<0.00500	mg/l		
AC61647	E. coli	<10	colonies/100ml		
AC61647	* HEM (Oil and Grease)	<5.00	mg/l		



## SAMPLE RESULTS REPORT

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Cert# L2239 Testing

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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC61647	Phenolics (4AAP)	<0.0100	mg/l		





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 Municipal Utilities Board of Albertville  
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LABORATORY ACCREDITATION BUREAU  
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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
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Sample Point: Effluent

Collected: 03/12/2014

Submitted: 03/12/2014

AC63333 \* Carbonaceous BOD <4.00 mg/l GD

- Data Qualifiers:**
- B: Estimated BOD/CBOD value - final dissolved oxygen value less than 1.0 mg/l.
  - D: Estimated BOD/CBOD value - sample dissolved oxygen depletion less than method required 2.0 mg/l.
  - G: Glucose/Glutamic Acid standard outside quality control criteria for BOD/CBOD.
  - H: Sample beyond accepted holding time.
  - J: Estimated value- the analyte was positively identified; the quantitation is an estimation (e.g. matrix interference, outside calibration range).
  - N: Presumptive evidence of presence (parameter tentatively identified based on mass spectral library search; quality control requirements confirmation was not met, i.e., presence of analyte was not confirmed by alternative procedure.)
  - Q: One or more quality control criteria (LCS, surrogate spike recovery, continued calibration, etc.) failed. Data may be estimated or biased.
  - T: Test temperature fell outside method specified range.
  - Y: Analysis performed from improperly preserved sample.

### Analysis Information

Sample ID	Analysis	Method	Analyst	Analysis Start Date/Time	BOD/CBOD/Fecal Analysis End Date/Time
AC63333	Carbonaceous BOD	SM 5210B-2001	MD	03/12/2014 17:14	03/17/2014 11:40

The results contained in this report are only representative of the sample(s) received.



**SAMPLE RESULTS REPORT**

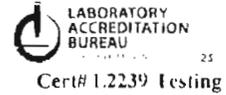
**REPORT TO**  
 Dale Williams  
 Municipal Utilities Board of Albertville  
 P.O. Box 130  
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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
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Sample Point: Effluent Permit Renewal

Collected: 06/24/2014

Submitted: 06/24/2014

AC74065	* Total Calcium CAS: 7440-70-2	32.6	mg/l		
AC74065	* Carbonaceous BOD	3.30	mg/l	G	
AC74065	Hardness	104	mg/l as CaCO3		
AC74065	* Total Mercury CAS: 7439-97-6	<0.000200	mg/l		
AC74065	Total Magnesium CAS: 7439-95-4	5.40	mg/l		
AC74065	* Ammonia-Nitrogen CAS: 7664-41-7	<0.100	mg/l		
AC74065	Nitrite-Nitrogen	<0.15	mg/l		
AC74065	Nitrate-Nitrogen CAS: 7697-37-2	16.0	mg/l		
AC74065	Nitrate plus Nitrite-Nitrogen	16.0	mg/l		
AC74065	* Total Phosphorus CAS: 7723-14-0	3.07	mg/l		
AC74065	Total Dissolved Solids	526	mg/l		
AC74065	* Total Kjeldahl Nitrogen	2.88	mg/l		
AC74065	Total Recoverable Silver CAS: 7440-22-4	<0.00100	mg/l		
AC74065	Total Recoverable Arsenic CAS: 7440-38-2	<0.00050	mg/l		
AC74065	Total Recoverable Beryllium CAS: 7440-41-7	<0.00100	mg/l		
AC74065	Total Recoverable Cadmium CAS: 7440-43-9	<0.00100	mg/l		
AC74065	Total Recoverable Chromium CAS: 7440-47-3	<0.00100	mg/l		
AC74065	Total Recoverable Copper CAS: 7440-50-8	0.00331	mg/l		
AC74065	Total Recoverable Nickel	0.00206	mg/l		
AC74065	Total Recoverable Lead CAS: 7439-92-1	<0.00100	mg/l		
AC74065	Total Recoverable Antimony	<0.00100	mg/L		
AC74065	Total Recoverable Selenium CAS: 7782-49-2	<0.00100	mg/l		

# SAMPLE RESULTS REPORT

**REPORT TO**

Dale Williams  
Municipal Utilities Board of Albertville  
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**Florida DOH**  
**#E871078**

ENERSOLV maintains National Environmental Laboratory Accreditation Program (NELAP) accreditation through Florida Department of Health (#E871078). Some tests included in this report may not be covered by this accreditation.

ENERSOLV also maintains ISO/IEC 17025 accreditation through Laboratory Accreditation Bureau for the specific tests listed in L-A-B Certificate #12239 Testing. Tests within the scope of accreditation are indicated by an asterisk (\*).



**EPA/ADEM Certification**  
**No. 40160**

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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC74065	Total Recoverable Thallium	<0.00100	mg/l		
AC74065	Total Recoverable Zinc CAS: 7440-66-6	0.0392	mg/l		
AC74065	* Total Suspended Solids	<2.50	mg/l		

# SAMPLE RESULTS REPORT

**REPORT TO**  
 Dale Williams  
 Municipal Utilities Board of Albertville  
 P.O. Box 130  
 Albertville, AL 35950



NELAP Accredited  
 Florida DOH  
 #E871078

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ENERSOLV also maintains ISO/IEC 17025 accreditation through Laboratory Accreditation Bureau for the specific tests listed in I-A-B Certificate #1.2239 Testing. Tests within the scope of accreditation are indicated by an asterisk (\*).



Cert# 1.2239 Testing

EPA/ADEM Certification  
 No. 40160

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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
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Sample Point: Effluent Permit Renewal

Collected: 06/24/2014

Submitted: 06/24/2014

AC74066	1,1,1-Trichloroethane CAS: 71-55-6	<3.0	ug/l	Y	
AC74066	1,1,2,2-Tetrachloroethane CAS: 79-34-5	<3.0	ug/l	Y	
AC74066	1,1,2-Trichloroethane CAS: 79-00-5	<3.0	ug/l	Y	
AC74066	1,1-Dichloroethane CAS: 75-34-3	<3.0	ug/l	Y	
AC74066	1,1-Dichloroethylene CAS: 75-35-4	<3.0	ug/l	Y	
AC74066	1,2-Dichlorobenzene CAS: 95-50-1	<3.0	ug/l	Y	
AC74066	1,2-Dichloroethane CAS: 107-06-2	<3.0	ug/l	Y	
AC74066	1,2-Dichloropropane CAS: 78-87-5	<3.0	ug/l	Y	
AC74066	1,2-trans-Dichloroethylene CAS: 156-60-5	<3.0	ug/l	Y	
AC74066	1,3-Dichlorobenzene CAS: 541-73-1	<3.0	ug/l	Y	
AC74066	1,4-Dichlorobenzene CAS: 106-46-7	<3.0	ug/l	Y	
AC74066	2-Chloroethylvinyl ether CAS: 110-75-8	<3.0	ug/l	Y	
AC74066	Acrolein CAS: 107-02-8	<5.0	ug/l	Y	
AC74066	Acrylonitrile CAS: 107-13-1	<5.0	ug/l	Y	
AC74066	Benzene CAS: 71-43-2	<3.0	ug/l	Y	
AC74066	Bromoform CAS: 75-25-2	<3.0	ug/l	Y	
AC74066	Carbon tetrachloride CAS: 56-23-5	<3.0	ug/l	Y	
AC74066	Chlorobenzene CAS: 108-90-7	<3.0	ug/l	Y	
AC74066	Chlorodibromomethane CAS: 124-48-1	<3.0	ug/l	Y	
AC74066	Chloroethane CAS: 75-00-3	<5.0	ug/l	Y	
AC74066	Chloroform CAS: 67-66-3	6.7	ug/l	Y	
AC74066	cis-1,3-Dichloropropene CAS: 10061-01-5	<3.0	ug/l	Y	

# SAMPLE RESULTS REPORT

**REPORT TO**  
 Dale Williams  
 Municipal Utilities Board of Albertville  
 P.O. Box 130  
 Albertville, AL 35950



NELAP Accredited  
 Florida DOH  
 #E871078

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Cert# 1,2239 Testing

EPA/ADEM Certification  
 No. 40160

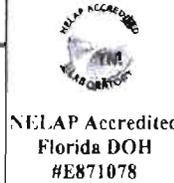
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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC74066	Dichlorobromomethane CAS: 75-27-4	<3.0	ug/l	Y	
AC74066	Dichlorodifluoromethane CAS: 75-71-8	<3.0	ug/l	Y	
AC74066	Ethyl benzene CAS: 100-41-4	<3.0	ug/l	Y	
AC74066	Methyl bromide CAS: 74-83-9	<5.0	ug/l	Y	
AC74066	Methyl chloride CAS: 74-87-3	<5.0	ug/l	Y	
AC74066	Methylene chloride CAS: 75-09-2	<5.0	ug/l	Y	
AC74066	Tetrachloroethylene CAS: 127-18-4	<3.0	ug/l	Y	
AC74066	Toluene CAS: 108-88-3	<3.0	ug/l	Y	
AC74066	trans-1,3-Dichloropropene CAS: 10061-02-6	<3.0	ug/l	Y	
AC74066	Trichloroethylene CAS: 79-01-6	<3.0	ug/l	Y	
AC74066	Trichlorofluoromethane CAS: 75-69-4	<5.0	ug/l	Y	
AC74066	Vinyl chloride CAS: 75-01-4	<5.0	ug/l	Y	
AC74066	1,2,4-Trichlorobenzene CAS: 120-82-1	<8.1	ug/l	Q	
AC74066	1,2-Diphenylhydrazine CAS: 122-66-7	<11	ug/l		
AC74066	2,4,6-Trichlorophenol CAS: 88-06-2	<11	ug/l		
AC74066	2,4-Dichlorophenol CAS: 120-83-2	<8.1	ug/l		
AC74066	2,4-Dimethylphenol CAS: 105-67-9	<27	ug/l		
AC74066	2,4-Dinitrophenol CAS: 51-28-5	<54	ug/l		
AC74066	2,4-Dinitrotoluene CAS: 121-14-2	<11	ug/l		
AC74066	2,6-Dinitrotoluene CAS: 606-20-2	<8.1	ug/l		
AC74066	2-Chloronaphthalene CAS: 91-58-7	<11	ug/l		
AC74066	2-Chlorophenol CAS: 95-57-8	<8.1	ug/l		
AC74066	2-Nitrophenol CAS: 88-75-5	<11	ug/l		

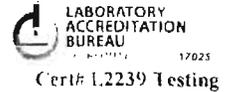
# SAMPLE RESULTS REPORT

**REPORT TO**

Dale Williams  
Municipal Utilities Board of Albertville  
P.O. Box 130  
Albertville, AL 35950



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EPA/ADEM Certification No. 40160

Tests within the scope of accreditation are indicated by an asterisk (\*)

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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC74066	3,3'-Dichlorobenzidine CAS: 91-94-1	<16	ug/l		
AC74066	3,4-Benzofluoranthene CAS: 205-99-2	<11	ug/l		
AC74066	4,6-Dinitro-o-cresol CAS: 534-52-1	<54	ug/l		
AC74066	4-Bromophenyl phenyl ether CAS: 101-55-3	<11	ug/l		
AC74066	4-Chlorophenyl phenyl ether CAS: 7005-72-3	<8.1	ug/l		
AC74066	4-Nitrophenol CAS: 100-02-7	<54	ug/l		
AC74066	Acenaphthene CAS: 83-32-9	<11	ug/l		
AC74066	Acenaphthylene CAS: 208-96-8	<14	ug/l		
AC74066	Anthracene CAS: 120-12-7	<8.1	ug/l		
AC74066	Benidine CAS: 92-87-5	<81	ug/l	Q	
AC74066	Benzo(a)anthracene CAS: 56-55-3	<8.1	ug/l		
AC74066	Benzo(a)pyrene CAS: 50-32-8	<8.1	ug/l		
AC74066	Benzo(ghi)perylene CAS: 191-24-2	<11	ug/l		
AC74066	Benzo(k)fluoranthene CAS: 207-08-9	<8.1	ug/l		
AC74066	Bis(2-chloroethoxy)methane CAS: 111-91-1	<8.1	ug/l		
AC74066	Bis(2-chloroethyl)ether CAS: 111-44-4	<11	ug/l		
AC74066	Bis(2-chloroisopropyl)ether CAS: 108-60-1	<8.1	ug/l		
AC74066	Bis(2-ethylhexyl)phthalate CAS: 117-81-7	<27	ug/l		
AC74066	Butyl benzyl phthalate CAS: 85-68-7	<27	ug/l		
AC74066	Chrysene CAS: 218-01-9	<8.1	ug/l		
AC74066	Dibenzo(a,h)anthracene CAS: 53-70-3	<14	ug/l		
AC74066	Diethyl phthalate CAS: 84-66-2	<14	ug/l		
AC74066	Dimethyl phthalate CAS: 131-11-3	<11	ug/l		

# SAMPLE RESULTS REPORT

**REPORT TO**  
 Dale Williams  
 Municipal Utilities Board of Albertville  
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NELAP Accredited  
 Florida DOH  
 #E871078

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Cert# L2239 Testing

EPA/ADEM Certification  
 No. 40160

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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC74066	Di-n-butylphthalate CAS: 84-74-2	<11	ug/l		
AC74066	Di-n-octylphthalate CAS: 117-84-0	<16	ug/l		
AC74066	Fluoranthene CAS: 206-44-0	<8.1	ug/l		
AC74066	Fluorene CAS: 86-73-7	<8.1	ug/l		
AC74066	Hexachlorobenzene CAS: 118-74-1	<14	ug/l		
AC74066	Hexachlorobutadiene CAS: 87-68-3	<14	ug/l	Q	
AC74066	Hexachlorocyclopentadiene CAS: 77-47-4	<14	ug/l		
AC74066	Hexachloroethane CAS: 67-72-1	<14	ug/l	Q	
AC74066	Indeno(1,2,3-cd)pyrene CAS: 193-39-5	<14	ug/l		
AC74066	Isophorone CAS: 78-59-1	<11	ug/l		
AC74066	Naphthalene CAS: 91-20-3	<5.4	ug/l		
AC74066	Nitrobenzene CAS: 98-95-3	<16	ug/l		
AC74066	N-Nitrosodimethylamine CAS: 62-75-9	<22	ug/l		
AC74066	N-Nitrosodi-n-propylamine CAS: 621-64-7	<8.1	ug/l		
AC74066	N-Nitrosodiphenylamine CAS: 86-30-6	<8.1	ug/l		
AC74066	p-Chloro-m-cresol CAS: 59-50-7	<11	ug/l		
AC74066	Pentachlorophenol CAS: 87-86-5	<54	ug/l		
AC74066	Phenanthrene CAS: 85-01-8	<5.4	ug/l		
AC74066	Phenol CAS: 108-95-2	<5.4	ug/l		
AC74066	Pyrene CAS: 129-00-0	<16	ug/l		
AC74066	Total Cyanide CAS: 57-12-5	0.00506	mg/l		
AC74066	E. coli	40	colonies/100ml		
AC74066	* HEM (Oil and Grease)	<5.00	mg/l		

# SAMPLE RESULTS REPORT

**REPORT TO**

Dale Williams  
Municipal Utilities Board of Albertville  
P.O. Box 130  
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NELAP Accredited  
Florida DOH  
#E871078

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LABORATORY ACCREDITATION BUREAU  
ACCREDITED ISO/IEC 17025

Cert# L2239 Testing

EPA/ADEM Certification  
No. 40160

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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
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AC74066	Phenolics (4AAP)	<0.0100	mg/l		
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# SAMPLE RESULTS REPORT

**REPORT TO**  
 Darrell Petty  
 Municipal Utilities Board of Albertville  
 P.O. Box 130  
 Albertville, AL 35950

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NELAP Accredited  
 Florida DOH  
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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
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Sample Point: Effluent Permit Renewal Comp.

Collected: 08/05/2014

Submitted: 08/05/2014

AC78279	* Total Calcium CAS: 7440-70-2	36.9	mg/l		
AC78279	* Carbonaceous BOD	3.20	mg/l		
AC78279	Hardness	119	mg/l as CaCO3		
AC78279	* Total Mercury CAS: 7439-97-6	<0.000200	mg/l		
AC78279	Total Magnesium CAS: 7439-95-4	6.60	mg/l		
AC78279	* Ammonia-Nitrogen CAS: 7664-41-7	0.218	mg/l		
AC78279	Nitrite-Nitrogen	<0.15	mg/l		
AC78279	Nitrate-Nitrogen CAS: 7697-37-2	17.9	mg/l		
AC78279	Nitrate plus Nitrite-Nitrogen	17.9	mg/l		
AC78279	* Total Phosphorus CAS: 7723-14-0	6.52	mg/l		
AC78279	Total Dissolved Solids	623	mg/l		
AC78279	* Total Kjeldahl Nitrogen	3.96	mg/l		
AC78279	Total Recoverable Silver CAS: 7440-22-4	<0.00100	mg/l		
AC78279	Total Recoverable Arsenic CAS: 7440-38-2	0.00117	mg/l		
AC78279	Total Recoverable Beryllium CAS: 7440-41-7	<0.00100	mg/l		
AC78279	Total Recoverable Cadmium CAS: 7440-43-9	<0.00100	mg/l		
AC78279	Total Recoverable Chromium CAS: 7440-47-3	<0.00100	mg/l		
AC78279	Total Recoverable Copper CAS: 7440-50-8	0.00329	mg/l		
AC78279	Total Recoverable Nickel	0.00320	mg/l		
AC78279	Total Recoverable Lead CAS: 7439-92-1	<0.00100	mg/l		
AC78279	Total Recoverable Antimony	<0.00100	mg/L		
AC78279	Total Recoverable Selenium CAS: 7782-49-2	<0.00100	mg/l		



**SAMPLE RESULTS REPORT**

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 Municipal Utilities Board of Albertville  
 P.O. Box 130  
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**NELAP Accredited**  
 Florida DOH  
 #E871078

**EPA/ADEM Certification**  
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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC78279	Total Recoverable Thallium	<0.00100	mg/l		
AC78279	Total Recoverable Zinc CAS: 7440-66-6	0.0466	mg/l		
AC78279	*Total Suspended Solids	7.20	mg/l		



# SAMPLE RESULTS REPORT

**REPORT TO**  
 Darrell Petty  
 Municipal Utilities Board of Albertville  
 P.O. Box 130  
 Albertville, AL 35950

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**NELAP Accredited**  
**Florida DOH**  
**#E871078**

EPA/ADEM Certification  
**No. 40160**

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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
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Sample Point: Effluent Permit Renewal Grab

Collected: 08/05/2014

Submitted: 08/05/2014

AC78280	1,1,1-Trichloroethane CAS: 71-55-6	<3.0	ug/l	Y	
AC78280	1,1,2,2-Tetrachloroethane CAS: 79-34-5	<3.0	ug/l	Y	
AC78280	1,1,2-Trichloroethane CAS: 79-00-5	<3.0	ug/l	Y	
AC78280	1,1-Dichloroethane CAS: 75-34-3	<3.0	ug/l	Y	
AC78280	1,1-Dichloroethylene CAS: 75-35-4	<3.0	ug/l	Y	
AC78280	1,2-Dichlorobenzene CAS: 95-50-1	<3.0	ug/l	Y	
AC78280	1,2-Dichloroethane CAS: 107-06-2	<3.0	ug/l	Y	
AC78280	1,2-Dichloropropane CAS: 78-87-5	<3.0	ug/l	Y	
AC78280	1,2-trans-Dichloroethylene CAS: 156-60-5	<3.0	ug/l	Y	
AC78280	1,3-Dichlorobenzene CAS: 541-73-1	<3.0	ug/l	Y	
AC78280	1,4-Dichlorobenzene CAS: 106-46-7	<3.0	ug/l	Y	
AC78280	2-Chloroethylvinyl ether CAS: 110-75-8	<3.0	ug/l	Y	
AC78280	Acrolein CAS: 107-02-8	<5.0	ug/l	Y	
AC78280	Acrylonitrile CAS: 107-13-1	<5.0	ug/l	Y	
AC78280	Benzene CAS: 71-43-2	<3.0	ug/l	Y	
AC78280	Bromoform CAS: 75-25-2	<3.0	ug/l	Y	
AC78280	Carbon tetrachloride CAS: 56-23-5	<3.0	ug/l	Y	
AC78280	Chlorobenzene CAS: 108-90-7	<3.0	ug/l	Y	
AC78280	Chlorodibromomethane CAS: 124-48-1	<3.0	ug/l	Y	
AC78280	Chloroethane CAS: 75-00-3	<5.0	ug/l	Y	
AC78280	Chloroform CAS: 67-66-3	5.0	ug/l	Y	
AC78280	cis-1,3-Dichloropropene CAS: 10061-01-5	<3.0	ug/l	Y	



# SAMPLE RESULTS REPORT

**REPORT TO**  
 Darrell Petty  
 Municipal Utilities Board of Albertville  
 P.O. Box 130  
 Albertville, AL 35950

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**NELAP Accredited**  
 Florida DOH  
 #E871078

EPA/ADEM Certification  
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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC78280	Dichlorobromomethane CAS: 75-27-4	<3.0	ug/l	Y	
AC78280	Dichlorodifluoromethane CAS: 75-71-8	<3.0	ug/l	Y	
AC78280	Ethyl benzene CAS: 100-41-4	<3.0	ug/l	Y	
AC78280	Methyl bromide CAS: 74-83-9	<5.0	ug/l	Y	
AC78280	Methyl chloride CAS: 74-87-3	<5.0	ug/l	Y	
AC78280	Methylene chloride CAS: 75-09-2	<5.0	ug/l	Y	
AC78280	Tetrachloroethylene CAS: 127-18-4	<3.0	ug/l	Y	
AC78280	Toluene CAS: 108-88-3	<3.0	ug/l	Y	
AC78280	trans-1,3-Dichloropropene CAS: 10061-02-6	<3.0	ug/l	Y	
AC78280	Trichloroethylene CAS: 79-01-6	<3.0	ug/l	Y	
AC78280	Trichlorofluoromethane CAS: 75-69-4	<5.0	ug/l	Y	
AC78280	Vinyl chloride CAS: 75-01-4	<5.0	ug/l	Y	
AC78280	1,2,4-Trichlorobenzene CAS: 120-82-1	<8.1	ug/l		
AC78280	1,2-Diphenylhydrazine CAS: 122-66-7	<11	ug/l		
AC78280	2,4,6-Trichlorophenol CAS: 88-06-2	<11	ug/l		
AC78280	2,4-Dichlorophenol CAS: 120-83-2	<8.1	ug/l		
AC78280	2,4-Dimethylphenol CAS: 105-67-9	<27	ug/l		
AC78280	2,4-Dinitrophenol CAS: 51-28-5	<54	ug/l		
AC78280	2,4-Dinitrotoluene CAS: 121-14-2	<11	ug/l		
AC78280	2,6-Dinitrotoluene CAS: 606-20-2	<8.1	ug/l		
AC78280	2-Chloronaphthalene CAS: 91-58-7	<11	ug/l	Q	
AC78280	2-Chlorophenol CAS: 95-57-8	<8.1	ug/l		
AC78280	2-Nitrophenol CAS: 88-75-5	<11	ug/l		



# SAMPLE RESULTS REPORT

**REPORT TO**  
 Darrell Petty  
 Municipal Utilities Board of Albertville  
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NELAP Accredited  
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Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC78280	3,3'-Dichlorobenzidine CAS: 91-94-1	<16	ug/l		
AC78280	3,4-Benzofluoranthene CAS: 205-99-2	<11	ug/l		
AC78280	4,6-Dinitro-o-cresol CAS: 534-52-1	<54	ug/l		
AC78280	4-Bromophenyl phenyl ether CAS: 101-55-3	<11	ug/l		
AC78280	4-Chlorophenyl phenyl ether CAS: 7005-72-3	<8.1	ug/l		
AC78280	4-Nitrophenol CAS: 100-02-7	<54	ug/l		
AC78280	Acenaphthene CAS: 83-32-9	<11	ug/l		
AC78280	Acenaphthylene CAS: 208-96-8	<14	ug/l		
AC78280	Anthracene CAS: 120-12-7	<8.1	ug/l		
AC78280	Benidine CAS: 92-87-5	<8.1	ug/l	Q	
AC78280	Benzo(a)anthracene CAS: 56-55-3	<8.1	ug/l		
AC78280	Benzo(a)pyrene CAS: 50-32-8	<8.1	ug/l		
AC78280	Benzo(ghi)perylene CAS: 191-24-2	<11	ug/l		
AC78280	Benzo(k)fluoranthene CAS: 207-08-9	<8.1	ug/l		
AC78280	Bis(2-chloroethoxy)methane CAS: 111-91-1	<8.1	ug/l		
AC78280	Bis(2-chloroethyl)ether CAS: 111-44-4	<11	ug/l		
AC78280	Bis(2-chloroisopropyl)ether CAS: 108-60-1	<8.1	ug/l		
AC78280	Bis(2-ethylhexyl)phthalate CAS: 117-81-7	<27	ug/l		
AC78280	Butyl benzyl phthalate CAS: 85-68-7	<27	ug/l		
AC78280	Chrysene CAS: 218-01-9	<8.1	ug/l		
AC78280	Dibenzo(a,h)anthracene CAS: 53-70-3	<14	ug/l		
AC78280	Diethyl phthalate CAS: 84-66-2	<14	ug/l		
AC78280	Dimethyl phthalate CAS: 131-11-3	<11	ug/l		



# SAMPLE RESULTS REPORT

**REPORT TO**  
 Darrell Petty  
 Municipal Utilities Board of Albertville  
 P.O. Box 130  
 Albertville, AL 35950

NELAP Accredited  
 Florida DOH  
 #E871078

ENERSOLV maintains National Environmental Laboratory Accreditation Program (NELAP) accreditation through Florida Department of Health (#E871078). Some tests included in this report may not be covered by this accreditation.

EPA/ADEM Certification  
 No. 40160

Tests within the scope of accreditation are indicated by an asterisk (\*)

*This report may contain information that is confidential and/or proprietary. This information is intended for the addressee only and may not be copied or disseminated except in full without the written consent of ENERSOLV Corporation.*

Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
AC78280	Di-n-butylphthalate CAS: 84-74-2	<11	ug/l		
AC78280	Di-n-octylphthalate CAS: 117-84-0	<16	ug/l		
AC78280	Fluoranthene CAS: 206-44-0	<8.1	ug/l		
AC78280	Fluorene CAS: 86-73-7	<8.1	ug/l		
AC78280	Hexachlorobenzene CAS: 118-74-1	<14	ug/l		
AC78280	Hexachlorobutadiene CAS: 87-68-3	<14	ug/l		
AC78280	Hexachlorocyclopentadiene CAS: 77-47-4	<14	ug/l		
AC78280	Hexachloroethane CAS: 67-72-1	<14	ug/l	Q	
AC78280	Indeno(1,2,3-cd)pyrene CAS: 193-39-5	<14	ug/l		
AC78280	Isophorone CAS: 78-59-1	<11	ug/l		
AC78280	Naphthalene CAS: 91-20-3	<5.4	ug/l		
AC78280	Nitrobenzene CAS: 98-95-3	<16	ug/l		
AC78280	N-Nitrosodimethylamine CAS: 62-75-9	<22	ug/l		
AC78280	N-Nitrosodi-n-propylamine CAS: 621-64-7	<8.1	ug/l		
AC78280	N-Nitrosodiphenylamine CAS: 86-30-6	<8.1	ug/l		
AC78280	p-Chloro-m-cresol CAS: 59-50-7	<11	ug/l		
AC78280	Pentachlorophenol CAS: 87-86-5	<54	ug/l		
AC78280	Phenanthrene CAS: 85-01-8	<5.4	ug/l		
AC78280	Phenol CAS: 108-95-2	<5.4	ug/l		
AC78280	Pyrene CAS: 129-00-0	<16	ug/l		
AC78280	Total Cyanide CAS: 57-12-5	<0.00500	mg/l		
AC78280	E. coli	10	colonies/100ml		
AC78280	HEM (Oil and Grease)	<5.00	mg/l		



### SAMPLE RESULTS REPORT

REPORT TO
Darrell Petty Municipal Utilities Board of Albertville P.O. Box 130 Albertville, AL 35950

ENERSOLV maintains National Environmental Laboratory Accreditation Program (NELAP) accreditation through Florida Department of Health (#E871078). Some tests included in this report may not be covered by this accreditation.

**NELAP Accredited**  
 Florida DOH  
 #E871078

**EPA/ADEM Certification**  
 No. 40160

Tests within the scope of accreditation are indicated by an asterisk (\*)

*This report may contain information that is confidential and/or proprietary. This information is intended for the addressee only and may not be copied or disseminated except in full without the written consent of ENERSOLV Corporation.*

Sample ID	Analyte Name	Result	Units	Qual	Regulatory Limit
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AC78280	Phenolics (4AAP)	<0.0100	mg/l		
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# TOXICITY

# SEPTEMBER

# 2011

## CHRONIC TOXICITY TEST

*Ceriodaphnia dubia*  
*Pimephales promelas*

# ALBERTVILLE

PREPARED BY: Hedie Wilkinson DATE: 10/11/11

REVIEWED BY: William W. Hollenhorst DATE: 10/12/11

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
TOXICITY TEST REPORT SUMMARY**

**1. GENERAL:**

NPDES PERMIT NO.: AL0020192 DSN: 001 COUNTY: Marshall  
 Permittee: Municipal Utilities Board of Albertville  
 Facility Name: Albertville WWTP  
 Agent submitting Report: Municipal Utilities Board of Albertville  
 Lab Conducting Toxicity Test(s): ENERSOLV Inc.  
 Months To Test: September  
 This Report for Toxicity Test(s) Required for the Month of: September 2011  
 Scheduled Test(s): Yes  No  Accelerated Test(s): Yes  No   
 Accelerated Test Number \_\_\_\_\_ of \_\_\_\_\_ For Failed Scheduled Test Date: \_\_\_\_\_  
 Test Type Required: -Hr Acute Screening: \_\_\_\_\_ -Hr Acute Definitive: \_\_\_\_\_  
 Short-term Chronic Screening:  Short-term Chronic Definitive: \_\_\_\_\_

Test Organism: *Pimephales promelas*

Test Organism: *Ceriodaphnia dubia*

Sam No.	Date/Time MM/DD/YY	Start HH:MM	Date/Time MM/DD/YY	Ended HH:MM	Control Valid	Date/Time MM/DD/YY	Start HH:MM	Date/Time MM/DD/YY	Ended HH:MM	Control Valid
	09/27/11	11:00	10/02/11	10:30	Yes	09/27/11	11:00	10/02/11	09:45	Yes

**2A. SUMMARY OF RESULTS FOR SCREENING TEST:**

Test Org.	Eff. Conc.	Test Number											
		(1)			(2)			(3)			(4)		
C.d.	100	Sur	Rep	Gro	Sur	Rep	Gro	Sur	Rep	Gro	Sur	Rep	Gro
P.p.	100	Pass	Pass	Pass									

**2B. SUMMARY OF RESULTS FOR DEFINITIVE TEST:**

Test Organism	Test Solution Concentration (%)	LC50	NOEC	Not Determined

**3. LABORATORY ANALYSIS OF UNDILUTED SAMPLES:**

Sample ID	BOD5 mg/L	TSS mg/L	NH3 mg/L	pH mg/L	Alk mg/L	Hard mg/L	TRC mg/L	Cond umhos/cm	Rec Strm Hard mg/l
AB67964			<0.100	7.02	63.5	113		602	102
AB68191			<0.100	7.04	50.3	121		698	n/a
AB68443			<0.100	7.03	31.0	115		713	n/a

*Municipal Facilities Only*

Sample ID	Arsenic (mg/L)	Cadium (mg/L)	Chromium (mg/L)	Copper (mg/L)	Lead (mg/L)	Hexavalent Chromium (mg/L)
Sample ID	Mercury (mg/L)	Nickel (mg/L)	Silver (mg/L)	Zinc (mg/L)	Total Cyanide (mg/L)	Other(s) (mg/L)

Chemical Analysis Performed By (LAB): ENERSOLV Inc.

Instantaneous Flow: (1) \_\_\_\_\_ GPM  
 Total 24-Hour Flow: (1) \_\_\_\_\_ MGD (2) \_\_\_\_\_ MGD (3) \_\_\_\_\_ MGD

Comments:

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

SIGNATURE OF RESPONSIBLE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**SAMPLE COLLECTION:**

Split Samples: N/A  Yes  (explain) \_\_\_\_\_

Samples Collected as Specified in the NPDES Permit: Yes  No (explain) \_\_\_\_\_

Receiving Water: \_\_\_\_\_ Design Flow: 11.5 (MGD)

Sample ID	Sample(s) Collected				Arrival Temp (C)	Used in Test(s)	
	MM/DD/YY	HHMM	-	MM/DD/YY HHMM		MM/DD/YY	- MM/DD/YY
AB67694	09/25/11	0700	-	09/26/11 0700	5.8	09/27/11 - 09/28/11	
AB68191	09/27/11	0700	-	09/28/11 0700	0.9	09/29/11 - 09/30/11	
AB68443	09/29/11	0700	-	09/30/11 0700	1.2	10/01/11 - 10/03/11	

**5. CONTROL / DILUTION WATER:**

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries				
			Hard.	Alk.	pH	Cond.	@ °C
MHSFW	09/23/11	09/27/11	95.4	68.4	7.67	270	20

**6. TOXICITY TEST INFORMATION:**

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)				
C.d.	<24 h	In-house cultures	0	100			
P.p.	<48 h	E.C. & T.	0	100			

Test Species	Test Vessel Type	Vessel Vol. (mL)	Solution Vol. (mL)	Org. / Test Vessel	Replicates per Conc.
C.d.	Plastic	30	15	1	10
P.p.	Glass	400	250	10	4

Test Species	Temp. Range ( C)	D.O. Range (mg/L)	pH Range (mg/L)	Light Intensity Avg. (ft-c)
C.d.	23.4 - 25.0	7.7 - 8.2	6.76 - 7.62	85
P.p.	24.0 - 25.0	4.2 - 8.2	6.76 - 7.84	85

**7. FEEDING:**

Not Fed: \_\_\_\_\_ Fed Daily:  Fed Irregular: \_\_\_\_\_ (Explain in comments below)

Brine Shrimp: Fed 0.15 mL Suspension of Newly Hatched Larvae 2 Times Daily.  
 YCT: Fed 0.10 mL Suspension Containing 1.8 mg/L TSS Daily.  
 Algae: Fed 0.10 mL Suspension Containing 3.32 X 10<sup>7</sup> Algal Cells/mL Daily.

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

8. REFERENCE TOXICANT TESTS:

Toxicant: Potassium chloride Source: Fisher CAS#: 7447-40-7

Solution concentration unit: mg/L \_\_\_\_\_ g/L X % \_\_\_\_\_ other (specify): \_\_\_\_\_

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Cont. to Highest Conc.)						
			0	0.1	0.3	0.5	0.7	0.9	
C.d.	09/20 - 09/27	MHSFW	0	0.1	0.3	0.5	0.7	0.9	
P.p.	09/20 - 09/27	MHSFW	0	0.4	0.6	0.8	1.0	1.2	

Test Org.	Results	95% Confidence Interval	Upper and Lower CUSUM Chart Control Limit (This Test)	Number (N)
C.d.	0.313	0.091 - 0.332	0.164 - 0.400	20
P.p.	0.512	0.455 - 0.612	0.499 - 0.734	20

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

\_\_\_\_\_  
 \_\_\_\_\_

9.B. Test Solution Manipulations or Test Modifications:

\_\_\_\_\_  
 \_\_\_\_\_

10. REQUIRED REPORT ATTACHMENTS:

Attach copies of Chain-of-Custody Forms, Reference Toxicant Tests, and Raw Data (Bench Sheets) Pertaining to Physical, Chemical, and Biological Measurements for All Tests. Include Suspended, Interrupted, or Discontinued Toxicity Tests Data.

COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11.C. CHRONIC SCREENING TOXICITY TESTS RESULTS (Freshwater):

TEST ORGANISM: *Ceriodaphnia dubia*

Were Neonates Used to Begin the Test Within 8 Hours of the Same Age?: Yes: X No:       

Did 60% of the CONTROL Females Produce Their Third Brood?: Yes: X No:       

**SURVIVAL**

CHRONIC TOXICITY INDICATED: YES        NO X

NO SURVIVAL STATISTICAL ANALYSIS NECESSARY: X

CONTROL(%) 24h 100 48h 100 END 100 EFFLUENT(%) 24h 100 48h 100 END 100

Fishers Exact Test: A =        B =        a =        b =       

**REPRODUCTION** (Average Neonates/Female)

CHRONIC TOXICITY INDICATED: YES        NO X

NO REPRODUCTION STATISTICAL ANALYSIS NECESSARY: X

CONTROL: 18.7 EFFLUENT: 20.8

Normally Distributed: YES X NO       

Test Statistic:        Critical Value: 0.868 (Parametric)

Equal variance:        Unequal variance:       

F Statistic:        Critical F: 6.54

t - Test Statistic:        t - Test Critical Value: 1.73

Sample Rank Sum:        # Repts.:        Critical Rank Sum:        (Non - Parametric)

COMMENTS:       

TEST ORGANISM: *Pimephale promelas*

**SURVIVAL**

CHRONIC TOXICITY INDICATED: YES        NO X

NO SURVIVAL STATISTICAL ANALYSIS NECESSARY: X

CONTROL(%) 24h 100 48h 92.5 END 90 EFFLUENT(%) 24h 100 48h 100 END 92.5

Normally Distributed: YES        NO       

Test Statistic:        Critical Value: 0.749 (Parametric)

Equal variance:        Unequal variance:       

F Statistic:        Critical F:       

t - Test Statistic:        t - Test Critical Value:       

Sample Rank Sum:        # Repts.:        Critical Rank Sum:        (Non - Parametric)

**GROWTH** (Mean Dry Weight - mg)

CHRONIC TOXICITY INDICATED: YES        NO X

NO GROWTH STATISTICAL ANALYSIS NECESSARY: X

CONTROL: 0.846 EFFLUENT: 0.876

Normally Distributed: YES        NO       

Test Statistic:        Critical Value: 0.749 (Parametric)

Equal variance:        Unequal variance:       

F Statistic:        Critical F: 47.50

t - Test Statistic:        t - Test Critical Value: 1.94

Sample Rank Sum:        # Repts.:        Critical Rank Sum:        (Non - Parametric)

COMMENTS:



# SEPTEMBER 2012

## CHRONIC TOXICITY TEST

*Ceriodaphnia dubia*  
*Pimephales promelas*

# ALBERTVILLE

PREPARED BY:

*Leslie Wilkinson*

DATE:

*10/04/12*

REVIEWED BY:

*William A. Holloman*

DATE:

*10/09/12*

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
TOXICITY TEST REPORT SUMMARY

**1. GENERAL:**

NPDES PERMIT NO.: AL0020192 DSN: 001 COUNTY: Marshall  
 Permittee: Municipal Utilities Board of Albertville  
 Facility Name: Albertville WWTP  
 Agent submitting Report: Municipal Utilities Board of Albertville  
 Lab Conducting Toxicity Test(s): ENERSOLV Inc.  
 Months To Test: September  
 This Report for Toxicity Test(s) Required for the Month of: September 2012  
 Scheduled Test(s): Yes X No      Accelerated Test(s): Yes      No X  
 Accelerated Test Number      of      For Failed Scheduled Test Date:       
 Test Type Required:      -Hr Acute Screening:      -Hr Acute Definitive:       
     Short-term Chronic Screening: X Short-term Chronic Definitive:     

Test Organism *Pimephales promelas*

Test Organism *Ceriodaphnia dubia*

Sam No	Date/Time MM/DD/YY	Start HH MM	Date/Time MM/DD/YY	Ended HH MM	Control Valid	Date/Time MM/DD/YY	Start HH MM	Date/Time MM/DD/YY	Ended HH MM	Control Valid
	09/18/12	13:15	09/25/12	13:45	Yes	09/18/12	13:15	09/25/12	13:10	Yes

**2A SUMMARY OF RESULTS FOR SCREENING TEST:**

Test Org.	Eff Conc	Test Number											
		(1)			(2)			(3)			(4)		
		Sur	Rep	Gro	Sur	Rep	Gro	Sur	Rep	Gro	Sur	Rep	Gro
C d	100	Pass	Pass										
P p	100	Pass		Pass									

**2B. SUMMARY OF RESULTS FOR DEFINITIVE TEST:**

Test Organism	Test Solution Concentration (%)	LC50	NOEC	Not Determined

**3. LABORATORY ANALYSIS OF UNDILUTED SAMPLES:**

Sample ID	BOD5 mg/L	TSS mg/L	NH3 mg/L	pH mg/L	Alk mg/L	Hard mg/L	TRC mg/L	Cond umhos/cm	Rec Strm Hard mg/l
AC04869			0.075	7.2	40.8	125		910	102
AC05224			0.209	7.2	64.2	112		590	n/a
AC0542			<0.100	7.2	52.9	124		644	n/a

*Municipal Facilities Only*

Sample ID	Arsenic (mg/L)	Cadium (mg/L)	Chromium (mg/L)	Copper (mg/L)	Lead (mg/L)	Hexavalent Chromium (mg/L)
Sample ID	Mercury (mg/L)	Nickel (mg/L)	Silver (mg/L)	Zinc (mg/L)	Total Cyanide (mg/L)	Other(s) (mg/L)

Chemical Analysis Performed By (LAB): ENERSOLV Inc.

Instantaneous Flow: (1)      GPM  
 Total 24-Hour Flow: (1) 3.774 MGD (2) 9.596 MGD (3) 6.664 MGD

Comments:

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

SIGNATURE OF RESPONSIBLE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Facility Name: Albertville WWTP NPDES #: AL0020192 DSN: 001 Date: 09/18/12

4. SAMPLE COLLECTION:

Split Samples: N/A X Yes \_\_\_\_\_ (explain) \_\_\_\_\_

Samples Collected as Specified in the NPDES Permit: Yes X No (explain) \_\_\_\_\_

Receiving Water: \_\_\_\_\_ Design Flow: 11.5 (MGD)

Sample ID	Sample(s) Collected				Arrival Temp (C)	Used in Test(s)	
	MM/DD/YY	HHMM	-	MM/DD/YY HHMM		MM/DD/YY	-
AC04869	09/16/12	0700	-	09/17/12 0700	3.4	09/18/12 - 09/19/12	
AC05224	09/18/12	0700	-	09/19/12 0700	3.0	09/20/12 - 09/21/12	
AC05484	09/20/12	0700	-	09/21/12 0700	1.8	09/22/12 - 09/24/12	

5. CONTROL / DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries				
			Hard	Alk	pH	Cond	@ °C
MHSFW	09/14/12	09/18/12	94.2	66.4	7.64	418	20

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)				
C.d	<24 h	In-house cultures	0	100			
P.p	<48 h	EC & T	0	100			

Test Species	Test Vessel Type	Vessel Vol. (mL)	Solution Vol. (mL)	Org / Test Vessel	Replicates per Conc
C.d	Plastic	30	15	1	10
P.p	Glass	400	250	10	4

Test Species	Temp Range (C)	D.O Range (mg/L)	pH Range (mg/L)	Light Intensity Avg. (ft-c)
C.d	23.4 - 24.9	7.7 - 8.0	6.88 - 7.67	85
P.p	23.3 - 24.9	4.7 - 8.0	6.88 - 7.99	85

7. FEEDING:

Not Fed: \_\_\_\_\_ Fed Daily: X Fed Irregular: \_\_\_\_\_ (Explain in comments below)

Brine Shrimp: Fed 0.15 mL Suspension of Newly Hatched Larvae 2 Times Daily.  
 YCT: Fed 0.10 mL Suspension Containing 1.8 mg/L TSS: Daily.  
 Algae: Fed 0.10 mL Suspension Containing 3.32 X 10<sup>7</sup> Algal Cells/mL Daily.

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

Facility Name: Alberville WWTP NPDES #: AL0020192 DSN: 001 Date: 09/18/12

8. REFERENCE TOXICANT TESTS:

Toxicant: Potassium chloride Source: Fisher CAS#: 7447-40-7

Solution concentration unit: mg/L \_\_\_\_\_ g/L X % \_\_\_\_\_ other (specify): \_\_\_\_\_

Test Org	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Cont. to Highest Conc)						
			0	0.1	0.2	0.3	0.4	0.5	1.0
C d	08/21 - 08/28	MHSFW	0	0.1	0.2	0.3	0.4	0.5	1.0
P p	08/21 - 08/28	MHSFW	0	0.2	0.4	0.6	0.8	1.0	

Test Org	Results	95% Confidence Interval	Upper and Lower CUSUM Chart Control Limit (This Test)	Number (N)
C d	0.302	0.160 - 0.311	0.175 - 0.374	20
P p	0.590	0.342 - 0.657	0.514 - 0.748	20

9 TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

Monthly SRT dilutions were modified to C. dubia: 0, 0.1, 0.2, 0.3, 0.4, 0.5 and P. promelas: 0, 0.2, 0.4, 0.6, 0.8, 1.0.

9.B. Test Solution Manipulations or Test Modifications:

10. REQUIRED REPORT ATTACHMENTS:

Attach copies of Chain-of-Custody Forms, Reference Toxicant Tests, and Raw Data (Bench Sheets) Pertaining to Physical, Chemical, and Biological Measurements for All Tests. Include Suspended, Interrupted, or Discontinued Toxicity Tests Data.

COMMENTS:

11.C. CHRONIC SCREENING TOXICITY TESTS RESULTS (Freshwater):

TEST ORGANISM: *Ceriodaphnia dubia*

Were Neonates Used to Begin the Test Within 8 Hours of the Same Age?: Yes: X No:         
 Did 60% of the CONTROL Females Produce Their Third Brood?: Yes: X No:       

**SURVIVAL**

CHRONIC TOXICITY INDICATED: YES        NO X  
 NO SURVIVAL STATISTICAL ANALYSIS NECESSARY: X  
 CONTROL(%) 24h 100 48h 100 END 100 EFFLUENT(%) 24h 100 48h 100 END 100  
 Fishers Exact Test: A =        B =        a =        b =       

**REPRODUCTION** (Average Neonates/Female)

CHRONIC TOXICITY INDICATED: YES        NO X  
 NO REPRODUCTION STATISTICAL ANALYSIS NECESSARY: X  
 CONTROL: 15.8 EFFLUENT: 16.7  
 Normally Distributed: YES        NO         
 Test Statistic:        Critical Value:        (Parametric)  
 Equal variance:        Unequal variance:         
 F Statistic:        Critical F:         
 t - Test Statistic:        t - Test Critical Value:         
 Sample Rank Sum:        # Reps.:        Critical Rank Sum:        (Non - Parametric)  
 COMMENTS:       

TEST ORGANISM: *Pimephale promelas*

**SURVIVAL**

CHRONIC TOXICITY INDICATED: YES        NO X  
 NO SURVIVAL STATISTICAL ANALYSIS NECESSARY:         
 CONTROL(%) 24h 100 48h 100 END 100 EFFLUENT(%) 24h 100 48h 100 END 97.5  
 Normally Distributed: YES        NO X  
 Test Statistic: 0.706 Critical Value: 0.749 (Parametric)  
 Equal variance:        Unequal variance:         
 F Statistic:        Critical F:         
 t - Test Statistic:        t - Test Critical Value:         
 Sample Rank Sum: 16.0 # Reps.: 4 Critical Rank Sum: 11.0 (Non - Parametric)

**GROWTH** (Mean Dry Weight - mg)

CHRONIC TOXICITY INDICATED: YES        NO X  
 NO GROWTH STATISTICAL ANALYSIS NECESSARY:         
 CONTROL: 0.660 EFFLUENT: 0.610  
 Normally Distributed: YES X NO         
 Test Statistic: 0.961 Critical Value: 0.749 (Parametric)  
 Equal variance: X Unequal variance:         
 F Statistic: 1.479 Critical F: 47.50  
 t - Test Statistic: 1.381 t - Test Critical Value: 1.94  
 Sample Rank Sum:        # Reps.:        Critical Rank Sum:        (Non - Parametric)  
 COMMENTS:



# SEPTEMBER 2013

## CHRONIC TOXICITY TEST

*Ceriodaphnia dubia*  
*Pimephales promelas*

# ALBERTVILLE

PREPARED BY: Deshi Wilkington DATE: 10/03/13

REVIEWED BY: William D. Holloman DATE: 10/13/13

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
TOXICITY TEST REPORT SUMMARY

**1. GENERAL:**

NPDES PERMIT NO.: AL0020192 DSN: 001 COUNTY: Marshall  
 Permittee: Municipal Utilities Board of Albertville  
 Facility Name: Albertville WWTP  
 Agent submitting Report: Municipal Utilities Board of Albertville  
 Lab Conducting Toxicity Test(s): ENERSOLV Inc.  
 Months To Test: September  
 This Report for Toxicity Test(s) Required for the Month of: September 2013  
 Scheduled Test(s): Yes  No  Accelerated Test(s): Yes  No   
 Accelerated Test Number \_\_\_\_\_ of \_\_\_\_\_ For Failed Scheduled Test Date: \_\_\_\_\_  
 Test Type Required: -Hr Acute Screening: \_\_\_\_\_ -Hr Acute Definitive: \_\_\_\_\_  
 Short-term Chronic Screening:  Short-term Chronic Definitive: \_\_\_\_\_

Test Organism: *Pimephales promelas*

Test Organism: *Ceriodaphnia dubia*

Sam No	Date/Time MM/DD/YY	Start HH:MM	Date/Time MM/DD/YY	Ended HH:MM	Control Valid	Date/Time MM/DD/YY	Start HH:MM	Date/Time MM/DD/YY	Ended HH:MM	Control Valid
	09/17/13	11:10	09/24/13	13:25	Yes	09/17/13	11:10	09/24/13	11:30	Yes

**2A. SUMMARY OF RESULTS FOR SCREENING TEST:**

Test Org	Eff Conc	Test Number											
		(1)			(2)			(3)			(4)		
		Sur	Rep	Gro	Sur	Rep	Gro	Sur	Rep	Gro	Sur	Rep	Gro
C d	100	Pass	Pass										
P p	100	Pass		Pass									

**2B. SUMMARY OF RESULTS FOR DEFINITIVE TEST:**

Test Organism	Test Solution Concentration (%)	LC50	NOEC	Not Determined

**3. LABORATORY ANALYSIS OF UNDILUTED SAMPLES:**

Sample ID	BOD5 mg/L	TSS mg/L	NH3 mg/L	pH mg/L	Alk mg/L	Hard mg/L	TRC mg/L	Cond umhos/cm	Rec Strm Hard mg/l
AC44109			0.417	7.6	50.8	102		712	121
AC44388			0.241	6.7	36.9	109		702	n/a
AC44693			0.094	6.7	17.1	109		763	n/a

*Municipal Facilities Only*

Sample ID	Arsenic (mg/L)	Cadium (mg/L)	Chromium (mg/L)	Copper (mg/L)	Lead (mg/L)	Hexavalent Chromium (mg/L)
Sample ID	Mercury (mg/L)	Nickel (mg/L)	Silver (mg/L)	Zinc (mg/L)	Total Cyanide (mg/L)	Other(s) (mg/L)

Chemical Analysis Performed By (LAB): ENERSOLV Inc.

Instantaneous Flow: (1) \_\_\_\_\_ GPM  
 Total 24-Hour Flow: (1) 3.648 MGD (2) 5.888 MGD (3) 5.844 MGD

Comments:

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

SIGNATURE OF RESPONSIBLE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Facility Name: Alberville WWTP NPDES #: AL0020192 DSN: 001 Date: 09/17/13

4. SAMPLE COLLECTION:

Split Samples: N/A  Yes  (explain) \_\_\_\_\_

Samples Collected as Specified in the NPDES Permit: Yes  No (explain) \_\_\_\_\_

Receiving Water: \_\_\_\_\_ Design Flow: 11.5 (MGD)

Sample ID	Sample(s) Collected				Arrival Temp (C)	Used in Test(s)	
	MM/DD/YY	HHMM	-	MM/DD/YY HHMM		MM/DD/YY	-
AC44109	09/15/13	0800	-	09/16/13 0800	4.4	09/17/13 -	09/18/13
AC44388	09/17/13	0730	-	09/18/13 0730	2.7	09/19/13 -	09/20/13
AC44693	09/19/13	0730	-	09/20/13 0730	1.9	09/21/13 -	09/23/13

5. CONTROL / DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries				
			Hard	Alk.	pH	Cond	@ °C
MHSFW	09/12/13	09/17/13	96.2	63.9	7.40	347	20

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)				
C.d	<24 h	In-house cultures	0	100			
P.p	<48 h	E.C. & T.	0	100			

Test Species	Test Vessel Type	Vessel Vol. (mL)	Solution Vol. (mL)	Org. / Test Vessel	Replicates per Conc.
C.d	Plastic	30	15	1	10
P.p	Glass	400	250	10	4

Test Species	Temp. Range (C)	D.O. Range (mg/L)	pH Range (mg/L)	Light Intensity Avg. (ft-c)
C.d.	23.4 - 24.9	7.7 - 8.0	6.88 - 7.67	85
P.p.	23.3 - 24.9	4.7 - 8.0	6.88 - 7.99	85

7. FEEDING:

Not Fed: \_\_\_\_\_ Fed Daily:  Fed Irregular: \_\_\_\_\_ (Explain in comments below)

Brine Shrimp: Fed 0.15 mL Suspension of Newly Hatched Larvae 2 Times Daily.  
 YCT: Fed 0.10 mL Suspension Containing 1.8 mg/L TSS Daily.  
 Algae: Fed 0.10 mL Suspension Containing 3.32 X 10<sup>7</sup> Algal Cells/mL Daily.

COMMENTS: \_\_\_\_\_

Facility Name: Albertville WWTP NPDES #: AL0020192 DSN: 001 Date: 09/17/13

8. REFERENCE TOXICANT TESTS:

Toxicant: Potassium chloride Source: Fisher CAS#: 7447-40-7

Solution concentration unit: mg/L \_\_\_\_\_ g/L X % \_\_\_\_\_ other (specify): \_\_\_\_\_

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Cont. to Highest Conc.)						
			0	0.1	0.2	0.3	0.4	0.5	
C d	08/20 - 08/27	MHSFW	0	0.1	0.2	0.3	0.4	0.5	
P.p	08/20 - 08/27	MHSFW	0	0.2	0.4	0.6	0.8	1.0	

Test Org.	Results	95% Confidence Interval	Upper and Lower CUSUM Chart Control Limit (This Test)	Number (N)
C d	0.305	0.269 - 0.319	0.162 - 0.361	20
P.p	0.600	0.549 - 0.636	0.513 - 0.739	20

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

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9.B. Test Solution Manipulations or Test Modifications:

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10. REQUIRED REPORT ATTACHMENTS:

Attach copies of Chain-of-Custody Forms, Reference Toxicant Tests, and Raw Data (Bench Sheets) Pertaining to Physical, Chemical, and Biological Measurements for All Tests. Include Suspended, Interrupted, or Discontinued Toxicity Tests Data.

COMMENTS:

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11.C. CHRONIC SCREENING TOXICITY TESTS RESULTS (Freshwater):

TEST ORGANISM: *Ceriodaphnia dubia*

Were Neonates Used to Begin the Test Within 8 Hours of the Same Age?: Yes: X No:       

Did 60% of the CONTROL Females Produce Their Third Brood?: Yes: X No:       

**SURVIVAL**

CHRONIC TOXICITY INDICATED: YES        NO X

NO SURVIVAL STATISTICAL ANALYSIS NECESSARY: X

CONTROL(%) 24h 100 48h 100 END 100 EFFLUENT(%) 24h 100 48h 100 END 100

Fishers Exact Test: A =        B =        a =        b =       

**REPRODUCTION** (Average Neonates/Female)

CHRONIC TOXICITY INDICATED: YES        NO X

NO REPRODUCTION STATISTICAL ANALYSIS NECESSARY: X

CONTROL: 23.4 EFFLUENT: 32.6

Normally Distributed: YES        NO       

Test Statistic:        Critical Value:        (Parametric)

Equal variance:        Unequal variance:       

F Statistic:        Critical F:       

t - Test Statistic:        t - Test Critical Value:       

Sample Rank Sum:        # Reps.:        Critical Rank Sum:        (Non - Parametric)

COMMENTS:       

TEST ORGANISM: *Pimephale promelas*

**SURVIVAL**

CHRONIC TOXICITY INDICATED: YES        NO X

NO SURVIVAL STATISTICAL ANALYSIS NECESSARY:       

CONTROL(%) 24h 100 48h 100 END 100 EFFLUENT(%) 24h 100 48h 95 END 95

Normally Distributed: YES X NO       

Test Statistic: 0.849 Critical Value: 0.749 (Parametric)

Equal variance:        Unequal variance: X\*

F Statistic:        Critical F:       

t - Test Statistic: 1.732 t - Test Critical Value: 2.92

Sample Rank Sum:        # Reps.:        Critical Rank Sum:        (Non - Parametric)

**GROWTH** (Mean Dry Weight - mg)

CHRONIC TOXICITY INDICATED: YES        NO X

NO GROWTH STATISTICAL ANALYSIS NECESSARY:       

CONTROL: 0.593 EFFLUENT: 0.697

Normally Distributed: YES        NO       

Test Statistic:        Critical Value:        (Parametric)

Equal variance:        Unequal variance:       

F Statistic:        Critical F:       

t - Test Statistic:        t - Test Critical Value:       

Sample Rank Sum:        # Reps.:        Critical Rank Sum:        (Non - Parametric)

COMMENTS: \*Zero variance in control - non-homogeneity of variance is assumed



# SEPTEMBER 2014

## CHRONIC TOXICITY TEST

*Ceriodaphnia dubia*  
*Pimephales promelas*

# ALBERTVILLE

PREPARED BY: Leslie Williamson DATE: 10/02/14  
REVIEWED BY: William D. Soliman DATE: 10/04/14

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
TOXICITY TEST REPORT SUMMARY

**1. GENERAL:**

NPDES PERMIT NO.: AL0020192 DSN: 001 COUNTY: Marshall  
 Permittee: Municipal Utilities Board of Albertville  
 Facility Name: Albertville WWTP  
 Agent submitting Report: Municipal Utilities Board of Albertville  
 Lab Conducting Toxicity Test(s): ENERSOLV Inc.  
 Months To Test: September  
 This Report for Toxicity Test(s) Required for the Month of: September 2014  
 Scheduled Test(s): Yes  No  Accelerated Test(s): Yes  No   
 Accelerated Test Number \_\_\_\_\_ of \_\_\_\_\_ For Failed Scheduled Test Date: \_\_\_\_\_  
 Test Type Required: -Hr Acute Screening: \_\_\_\_\_ -Hr Acute Definitive: \_\_\_\_\_  
 Short-term Chronic Screening:  Short-term Chronic Definitive: \_\_\_\_\_

Test Organism: *Pimephales promelas*

Test Organism: *Ceriodaphnia dubia*

Sam No.	Date/Time MM/DD/YY	Start HH:MM	Date/Time MM/DD/YY	Ended HH:MM	Control Valid	Date/Time MM/DD/YY	Start HH:MM	Date/Time MM/DD/YY	Ended HH:MM	Control Valid
	09/16/14	10:45	09/23/14	11:05	Yes	09/16/14	10:45	09/23/14	10:45	Yes

**2A SUMMARY OF RESULTS FOR SCREENING TEST:**

Test Org.	Eff. Conc.	Test Number											
		(1)			(2)			(3)			(4)		
		Sur	Rep	Gro	Sur	Rep	Gro	Sur	Rep	Gro	Sur	Rep	Gro
C.d.	100	Pass	Pass										
P.p.	100	Pass		Pass									

**2B. SUMMARY OF RESULTS FOR DEFINITIVE TEST:**

Test Organism	Test Solution Concentration (%)	LC50	NOEC	Not Determined

**3. LABORATORY ANALYSIS OF UNDILUTED SAMPLES:**

Sample ID	BOD5 mg/L	TSS mg/L	NH3 mg/L	pH mg/L	Alk mg/L	Hard mg/L	TRC mg/L	Cond umhos/cm	Rec Strm Hard mg/l
AC82841			0.212	7.8	70.7	108		751	162
AC83162			0.024	7.1	49.2	105		807	n/a
AC83457			0.094	7.4	44.2	110		734	n/a

*Municipal Facilities Only*

Sample ID	Arsenic (mg/L)	Cadium (mg/L)	Chromium (mg/L)	Copper (mg/L)	Lead (mg/L)	Hexavalent Chromium (mg/L)
Sample ID	Mercury (mg/L)	Nickel (mg/L)	Silver (mg/L)	Zinc (mg/L)	Total Cyanide (mg/L)	Other(s) (mg/L)

Chemical Analysis Performed By (LAB): ENERSOLV Inc.

Instantaneous Flow: (1) \_\_\_\_\_ GPM  
 Total 24-Hour Flow: (1) 3.300 MGD (2) 5.462 MGD (3) 5.640 MGD

Comments:

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

SIGNATURE OF RESPONSIBLE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Facility Name: Albertville WWTP NPDES #: AL0020192 DSN: 001 Date: 09/16/14

4. SAMPLE COLLECTION:

Split Samples: N/A  Yes \_\_\_\_\_ (explain) \_\_\_\_\_

Samples Collected as Specified in the NPDES Permit: Yes  No (explain) \_\_\_\_\_

Receiving Water: \_\_\_\_\_ Design Flow: 11.5 (MGD)

Sample ID	Sample(s) Collected				Arrival Temp (C)	Used in Test(s)	
	MM/DD/YY	HHMM	-	MM/DD/YY HHMM		MM/DD/YY	- MM/DD/YY
AC82841	09/14/14	0730	-	09/15/14 0735	2.3	09/16/14 - 09/17/14	
AC83162	09/16/14	0700	-	09/17/14 0730	1.7	09/18/14 - 09/19/14	
AC83457	09/18/14	0700	-	09/19/14 0720	1.7	09/20/14 - 09/22/14	

5. CONTROL / DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries				
			Hard	Alk.	pH	Cond	@ °C
MHSFW	09/05/14	09/16/14	95.0	68.4	7.74	450	21.1
MHSFW	09/18/14	09/20/14	89.4	68.2	7.78	394	20.1

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)				
C.d.	<24 h	In-house cultures	0	100			
P.p.	<48 h	E.C. & T.	0	100			

Test Species	Test Vessel Type	Vessel Vol. (mL)	Solution Vol. (mL)	Org. / Test Vessel	Replicates per Conc.
C.d.	Plastic	30	15	1	10
P.p.	Glass	400	250	10	4

Test Species	Temp. Range (C)	D.O. Range (mg/L)	pH Range (mg/L)	Light Intensity Avg. (ft-c)
C.d.	23.5 - 25.0	7.8 - 8.0	6.38 - 7.46	85
P.p.	23.4 - 25.0	4.6 - 8.0	6.38 - 7.83	85

7. FEEDING:

Not Fed: \_\_\_\_\_ Fed Daily:  Fed Irregular: \_\_\_\_\_ (Explain in comments below)

Brine Shrimp: Fed 0.15 mL Suspension of Newly Hatched Larvae 2 Times Daily.  
 YCT: Fed 0.10 mL Suspension Containing 1.8 mg/L TSS Daily.  
 Algae: Fed 0.10 mL Suspension Containing 3.32 X 10<sup>7</sup> Algal Cells/mL Daily

COMMENTS: \_\_\_\_\_

Facility Name: Albertville WWTP NPDES #: AL0020192 DSN: 001 Date: 09/16/14

8. REFERENCE TOXICANT TESTS:

Toxicant: Potassium chloride Source: Fisher CAS#: 7447-40-7

Solution concentration unit: mg/L  g/L  %  other (specify):

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Cont. to Highest Conc.)						
			0	0.1	0.2	0.3	0.4	0.5	
C.d.	08/26 - 09/02	MHSFW	0	0.1	0.2	0.3	0.4	0.5	
P.p.	08/26 - 09/02	MHSFW	0	0.2	0.4	0.6	0.8	1.0	

Test Org.	Results	95% Confidence Interval	Upper and Lower CUSUM Chart Control Limit (This Test)	Number (N)
C.d.	0.285	0.260 - 0.303	0.205 - 0.357	20
P.p.	0.546	0.445 - 0.658	0.510 - 0.704	20

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

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9.B. Test Solution Manipulations or Test Modifications:

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10. REQUIRED REPORT ATTACHMENTS:

Attach copies of Chain-of-Custody Forms, Reference Toxicant Tests, and Raw Data (Bench Sheets) Pertaining to Physical, Chemical, and Biological Measurements for All Tests. Include Suspended, Interrupted, or Discontinued Toxicity Tests Data.

COMMENTS:

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11.C. CHRONIC SCREENING TOXICITY TESTS RESULTS (Freshwater):

TEST ORGANISM: *Ceriodaphnia dubia*

Were Neonates Used to Begin the Test Within 8 Hours of the Same Age?: Yes. X No: \_\_\_\_\_  
 Did 60% of the CONTROL Females Produce Their Third Brood?: Yes. X No: \_\_\_\_\_

**SURVIVAL**

CHRONIC TOXICITY INDICATED: YES \_\_\_\_\_ NO X

NO SURVIVAL STATISTICAL ANALYSIS NECESSARY: X

CONTROL(%) 24h 100 48h 100 END 100 EFFLUENT(%) 24h 100 48h 100 END 100  
 Fishers Exact Test: A = \_\_\_\_\_ B = \_\_\_\_\_ a = \_\_\_\_\_ b = \_\_\_\_\_

**REPRODUCTION** (Average Neonates/Female)

CHRONIC TOXICITY INDICATED: YES \_\_\_\_\_ NO X

NO REPRODUCTION STATISTICAL ANALYSIS NECESSARY: \_\_\_\_\_

CONTROL: 27.1 EFFLUENT: 26.7  
 Normally Distributed: YES X NO \_\_\_\_\_  
 Test Statistic: 0.887 Critical Value: 0.868 (Parametric)  
 Equal variance: X Unequal variance: \_\_\_\_\_  
 F Statistic: 1.344 Critical F: 6.54  
 t - Test Statistic: 0.292 t - Test Critical Value: 1.73  
 Sample Rank Sum: \_\_\_\_\_ # Reprs.: \_\_\_\_\_ Critical Rank Sum: \_\_\_\_\_ (Non - Parametric)  
 COMMENTS: \_\_\_\_\_

TEST ORGANISM: *Pimephale promelas*

**SURVIVAL**

CHRONIC TOXICITY INDICATED: YES \_\_\_\_\_ NO X

NO SURVIVAL STATISTICAL ANALYSIS NECESSARY: X

CONTROL(%) 24h 100 48h 100 END 100 EFFLUENT(%) 24h 100 48h 100 END 100  
 Normally Distributed: YES \_\_\_\_\_ NO \_\_\_\_\_

Test Statistic: \_\_\_\_\_ Critical Value: \_\_\_\_\_ (Parametric)  
 Equal variance: \_\_\_\_\_ Unequal variance: \_\_\_\_\_  
 F Statistic: \_\_\_\_\_ Critical F: \_\_\_\_\_  
 t - Test Statistic: \_\_\_\_\_ t - Test Critical Value: \_\_\_\_\_  
 Sample Rank Sum: \_\_\_\_\_ # Reprs.: \_\_\_\_\_ Critical Rank Sum: \_\_\_\_\_ (Non - Parametric)

**GROWTH** (Mean Dry Weight - mg)

CHRONIC TOXICITY INDICATED: YES \_\_\_\_\_ NO X

NO GROWTH STATISTICAL ANALYSIS NECESSARY: X

CONTROL: 0.847 EFFLUENT: 1.028  
 Normally Distributed: YES \_\_\_\_\_ NO \_\_\_\_\_

Test Statistic: \_\_\_\_\_ Critical Value: \_\_\_\_\_ (Parametric)  
 Equal variance: \_\_\_\_\_ Unequal variance: \_\_\_\_\_  
 F Statistic: \_\_\_\_\_ Critical F: \_\_\_\_\_  
 t - Test Statistic: \_\_\_\_\_ t - Test Critical Value: \_\_\_\_\_  
 Sample Rank Sum: \_\_\_\_\_ # Reprs.: \_\_\_\_\_ Critical Rank Sum: \_\_\_\_\_ (Non - Parametric)  
 COMMENTS: \_\_\_\_\_

**E. COLI**

**NPDES**  
January 2013

Date	Effluent E. Coli col/100ml
1/1/2013	43.75
1/2/2013	1.00
1/3/2013	1.00
1/4/2013	1.00
1/5/2013	
1/6/2013	
1/7/2013	1.00
1/8/2013	1.00
1/9/2013	1.00
1/10/2013	1.00
1/11/2013	1.00
1/12/2013	
1/13/2013	
1/14/2013	2,240.00
1/15/2013	2,070.00
1/16/2013	75.00
1/17/2013	1.00
1/18/2013	1.00
1/19/2013	
1/20/2013	
1/21/2013	1.00
1/22/2013	1.00
1/23/2013	1.00
1/24/2013	1.00
1/25/2013	1.00
1/26/2013	
1/27/2013	
1/28/2013	1.00
1/29/2013	1.00
1/30/2013	6.25
1/31/2013	1.00
Minimum	1.00
Maximum	2,240.00
Geo Mean	3.00



# NPDES

March 2013

Date	Effluent E. Coli col/100ml
3/1/2013	1.00
3/2/2013	
3/3/2013	
3/4/2013	1.00
3/5/2013	6.25
3/6/2013	12.50
3/7/2013	6.25
3/8/2013	1.00
3/9/2013	
3/10/2013	
3/11/2013	1.00
3/12/2013	1.00
3/13/2013	1.00
3/14/2013	1.00
3/15/2013	1.00
3/16/2013	
3/17/2013	
3/18/2013	6.25
3/19/2013	6.25
3/20/2013	1.00
3/21/2013	1.00
3/22/2013	58.69
3/23/2013	
3/24/2013	
3/25/2013	1.00
3/25/2013	1.00
3/27/2013	1.00
3/28/2013	1.00
3/29/2013	1.00
3/30/2013	
3/31/2013	
<b>Minimum</b>	1.00
<b>Maximum</b>	58.69
<b>Geo Mean</b>	1.94

# NPDES

April 2013

Date	Effluent E. Coli col/100ml
4/1/2013	1.00
4/2/2013	1.00
4/3/2013	1.00
4/4/2013	1.00
4/5/2013	6.25
4/6/2013	
4/7/2013	
4/8/2013	25.00
4/9/2013	1.00
4/10/2013	1.00
4/11/2013	1.00
4/12/2013	1.00
4/13/2013	
4/14/2013	
4/15/2013	156.25
4/16/2013	1.00
4/17/2013	6.25
4/18/2013	18.75
4/19/2013	6.25
4/20/2013	
4/21/2013	
4/22/2013	1.00
4/23/2013	1.00
4/24/2013	1.00
4/25/2013	1.00
4/26/2013	1.00
4/27/2013	
4/28/2013	
4/29/2013	1.00
4/30/2013	312.50
Minimum	1.00
Maximum	312.50
Geo Mean	2.77

**NPDES**  
May 2013

Date	Effluent E. Coli col/100ml
5/1/2013	25.00
5/2/2013	12.50
5/3/2013	1.00
5/4/2013	
5/5/2013	
5/6/2013	6.25
5/7/2013	6.25
5/8/2013	12.50
5/9/2013	12.50
5/10/2013	12.50
5/11/2013	
5/12/2013	
5/13/2013	31.25
5/14/2013	87.50
5/15/2013	12.50
5/16/2013	1.00
5/17/2013	6.25
5/18/2013	
5/19/2013	
5/20/2013	1.00
5/21/2013	1.00
5/22/2013	18.75
5/23/2013	1.00
5/24/2013	1.00
5/25/2013	
5/26/2013	
5/27/2013	1.00
5/28/2013	1.00
5/29/2013	1.00
5/30/2013	12.50
5/31/2013	12.50
Minimum	1.00
Maximum	87.50
Geo Mean	5.05

**NPDES**  
June 2013

Date	Effluent E. Coli col/100ml
6/1/2013	
6/2/2013	
6/3/2013	1.00
6/4/2013	1.00
6/5/2013	1.00
6/6/2013	1.00
6/7/2013	1.00
6/8/2013	
6/9/2013	
6/10/2013	1.00
6/11/2013	1.00
6/12/2013	1.00
6/13/2013	1.00
6/14/2013	1.00
6/15/2013	
6/16/2013	
6/17/2013	31.25
6/18/2013	12.50
6/19/2013	12.50
6/20/2013	1.00
6/21/2013	6.25
6/22/2013	
6/23/2013	
6/24/2013	18.75
6/25/2013	1.00
6/26/2013	12.50
6/27/2013	1.00
6/28/2013	1.00
6/29/2013	
6/30/2013	
Minimum	1.00
Maximum	31.25
Geo Mean	2.20

**NPDES**  
July 2013

Date	Effluent E. Coli col/100ml
7/1/2013	1.00
7/2/2013	1.00
7/3/2013	18.75
7/4/2013	1.00
7/5/2013	1.00
7/6/2013	
7/7/2013	
7/8/2013	1.00
7/9/2013	1.00
7/10/2013	1.00
7/11/2013	45.00
7/12/2013	12.50
7/13/2013	
7/14/2013	
7/15/2013	6.25
7/16/2013	6.25
7/17/2013	12.50
7/18/2013	1.00
7/19/2013	6.25
7/20/2013	
7/21/2013	
7/22/2013	1.00
7/23/2013	12.50
7/24/2013	18.75
7/25/2013	6.25
7/26/2013	6.25
7/27/2013	
7/28/2013	
7/29/2013	6.25
7/30/2013	1.00
7/31/2013	6.25
Minimum	1.00
Maximum	45.00
Geo Mean	3.70

**NPDES**  
August 2013

<b>Date</b>	<b>Effluent E. Coli col/100ml</b>
8/1/2013	1.00
8/2/2013	1.00
8/3/2013	
8/4/2013	
8/5/2013	1.00
8/6/2013	1.00
8/7/2013	1.00
8/8/2013	1.00
8/9/2013	12.50
8/10/2013	
8/11/2013	
8/12/2013	1.00
8/13/2013	18.75
8/14/2013	12.50
8/15/2013	1.00
8/16/2013	12.50
8/17/2013	
8/18/2013	
8/19/2013	18.75
8/20/2013	1.00
8/21/2013	18.75
8/22/2013	1.00
8/23/2013	18.75
8/24/2013	
8/25/2013	
8/26/2013	31.25
8/27/2013	12.50
8/28/2013	1.00
8/29/2013	6.25
8/30/2013	1.00
8/31/2013	
<b>Minimum</b>	<b>1.00</b>
<b>Maximum</b>	<b>31.25</b>
<b>Geo Mean</b>	<b>3.43</b>

**NPDES**  
September 2

Date	Effluent E. Coli col/100ml
9/1/2013	
9/2/2013	12.50
9/3/2013	1.00
9/4/2013	1.00
9/5/2013	6.25
9/6/2013	31.25
9/7/2013	
9/8/2013	
9/9/2013	6.25
9/10/2013	6.25
9/11/2013	12.50
9/12/2013	1.00
9/13/2013	1.00
9/14/2013	
9/15/2013	
9/16/2013	1.00
9/17/2013	1.00
9/18/2013	1.00
9/19/2013	1.00
9/20/2013	1.00
9/21/2013	
9/22/2013	
9/23/2013	1.00
9/24/2013	1.00
9/25/2013	1.00
9/26/2013	6.25
9/27/2013	1.00
9/28/2013	
9/29/2013	
9/30/2013	1.00
<b>Minimum</b>	<b>1.00</b>
<b>Maximum</b>	<b>31.25</b>
<b>Geo Mean</b>	<b>2.12</b>

**NPDES**  
October 2013

<b>Date</b>	<b>Effluent E. Coli col/100ml</b>
10/1/2013	1.00
10/2/2013	1.00
10/3/2013	1.00
10/4/2013	1.00
10/5/2013	
10/6/2013	
10/7/2013	1.00
10/8/2013	1.00
10/9/2013	6.25
10/10/2013	1.00
10/11/2013	1.00
10/12/2013	
10/13/2013	
10/14/2013	1.00
10/15/2013	1.00
10/16/2013	1.00
10/17/2013	1.00
10/18/2013	1.00
10/19/2013	
10/20/2013	
10/21/2013	6.25
10/22/2013	81.25
10/23/2013	12.50
10/24/2013	1.00
10/25/2013	1.00
10/26/2013	
10/27/2013	
10/28/2013	12.50
10/29/2013	12.50
10/30/2013	1.00
10/31/2013	1.00
<b>Minimum</b>	<b>1.00</b>
<b>Maximum</b>	<b>81.25</b>
<b>Geo Mean</b>	<b>1.97</b>

**NPDES**  
November 2013

Date	Effluent E. Coli col/100ml
11/1/2013	1.00
11/2/2013	
11/3/2013	
11/4/2013	1.00
11/5/2013	1.00
11/6/2013	1.00
11/7/2013	1.00
11/8/2013	1.00
11/9/2013	
11/10/2013	
11/11/2013	1.00
11/12/2013	1.00
11/13/2013	6.25
11/14/2013	1.00
11/15/2013	1.00
11/16/2013	
11/17/2013	
11/18/2013	1.00
11/19/2013	1.00
11/20/2013	1.00
11/21/2013	1.00
11/22/2013	1.00
11/23/2013	
11/24/2013	
11/25/2013	6.25
11/26/2013	290.00
11/27/2013	1.00
11/28/2013	1.00
11/29/2013	12.50
11/30/2013	
<b>Minimum</b>	<b>1.00</b>
<b>Maximum</b>	<b>290.00</b>
<b>Geo Mean</b>	<b>1.76</b>

**NPDES**  
December 2013

<b>Date</b>	<b>Effluent E. Coli col/100ml</b>
12/1/2013	
12/2/2013	6.25
12/3/2013	6.25
12/4/2013	43.75
12/5/2013	68.75
12/6/2013	50.00
12/7/2013	
12/8/2013	
12/9/2013	6.25
12/10/2013	1.00
12/11/2013	1.00
12/12/2013	1.00
12/13/2013	1.00
12/14/2013	
12/15/2013	
12/16/2013	1.00
12/17/2013	1.00
12/18/2013	1.00
12/19/2013	1.00
12/20/2013	1.00
12/21/2013	
12/22/2013	
12/23/2013	1.00
12/24/2013	1.00
12/25/2013	6.25
12/26/2013	1.00
12/27/2013	1.00
12/28/2013	
12/29/2013	
12/30/2013	
12/31/2013	1.00
<b>Minimum</b>	<b>1.00</b>
<b>Maximum</b>	<b>68.75</b>
<b>Geo Mean</b>	<b>2.50</b>



Municipal Utilities Board of Albertville 210 W Main St Albertville AL, 35950	Project: NPDES Project Number: NPDES Project Manager: Dale Williams	Reported: 14-May-15 13:02
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REVISED REPORT (5/14/15)

Report was revised to include more information in the work case narrative per client request.

SAMPLE RECEIPT

Samples were received at Eurofins Frontier Global Sciences (EFGS) on 3/19/2015 10:00:00 AM . The samples were received intact, on-ice within a sealed cooler at 0.6 degrees Celsius.

This report was revised to include additional information in the case narrative.

SAMPLE PREPARATION AND ANALYSIS

Samples were prepared and analyzed for total mercury by flow injection atomic fluorescence spectrometry (FI-AFS) in accordance with EPA 1631E.

Samples were prepared and analyzed for total recoverable Arsenite (As III) by hydride generation cryogenic trapping gas chromatography atomic absorption spectrometry (HG-CT-GC-AAS) in accordance with EPA 1632.

Please note that the analysis of Arsenite as Arsenic is the technical term for trivalent arsenic which was the analysis that was performed on sample 1503507-01.

ANALYTICAL AND QUALITY CONTROL ISSUES

Method blanks were prepared for every preparation to assess possible blank contribution from the sample preparation procedure. The method blanks were carried through the entire analytical procedure. All blanks fell within the established acceptance criteria with the exception of any items narrated above or flagged and described in the notes and definitions section of the report.

Liquid spikes, certified reference material (CRM) or a quality control samples (QCS) were prepared for every preparation as a measure of accuracy. All liquid spikes, CRMs and/or QCS samples fell within the established acceptance criteria with the exception of any items narrated above or flagged and described in the notes and definitions section of the report.

As an additional measure of the accuracy of the methods used and to check for matrix interference, matrix spikes (MS) and matrix spike duplicates (MSD) were digested and analyzed. All of the matrix spike recoveries fell within the established acceptance criteria with the exception of any items flagged and described in the notes and definitions section of the report.

A reasonable measure of the precision of the analytical methods is the relative percent difference (RPD) between a matrix spike recovery

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Amy Goodall, Project Manager



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Municipal Utilities Board of Albertville  
210 W Main St  
Albertville AL, 35950

Project: NPDES  
Project Number: NPDES  
Project Manager: Dale Williams

Reported:  
14-May-15 13:02

and a matrix spike duplicate recovery and between laboratory control sample recovery and laboratory control sample duplicate recoveries. All of the relative percent differences established acceptance criteria with the exception of any items flagged and described in the notes and definitions section of the report.

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ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
B150881 AS(III) in water EPA 1632	1503507-01	Water	18-Mar-15 11:35	19-Mar-15 10:00
B151027 Total Hg in water EPA 1631 E	1503507-02	Water	18-Mar-15 11:40	19-Mar-15 10:00

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1503507

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Page 1 of 1

Client: Municipal Utilities Board of Albertville		Contact: Dale Williams						Analyses Requested		FGS PM:			
Address:		Phone: 256-264-5291 Fax: 256-894-5291								Date:			
		E-mail: dalewilliams@mub-albertville.com								TAT (business days): <b>20 (std)</b>			
Project Name: NPDES		Contract/PO: 3767 WWT								<b>15 10 5 4 3 2 24 hrs.</b>			
Report To: Dale Williams		Invoice To: Nick Bayne								(For TAT < 10 days, contact PM. Surcharges apply for expedited TAT)			
Address:		Address:								Saturday delivery? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, please contact PM)			
Phone: 256-264-529 Fax: 256-894-0085		Phone: 256-891-6020 Fax:								EDD <input type="checkbox"/> Y <input type="checkbox"/> N			
E-mail: dalewilliams@mub-albertville.com		E-mail: nbayne@mub-albertville.com								QA <input type="checkbox"/> Standard <input type="checkbox"/> High			
No.	Engraved Bottle ID	Sample ID	# of Bottles	Matrix	Date & Time	Sampled By	Field Filtered (Y/N)	Field Preserved: HNO <sub>3</sub> HCl BrCl Other (%)	AS(III) in water EPA 1632	Arsenite (as Arsenic)	Total Hg in water EPA 1631E	Mercury	Comments
1	B150881	AS(III) in water EPA 1632	1	WW	3/18/15 11:35 AM	DW	N	YES	x				
2	B151027	Total Hg in water EPA 1631 E	1	WW	3/18/15 11:40 AM	DW	N	NO		x			
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
For Laboratory Use Only			Matrix Codes:			Relinquished By:		Received By:		Received By:			
COC Seal: <i>YES</i>		Comments:		<b>FW:</b> Fresh Water <b>WW:</b> Waste Water <b>SB:</b> Sea and Brackish Water <b>SS:</b> Soil and Sediment <b>TS:</b> Plant and Animal Tissue <b>HC:</b> Hydrocarbons <b>TR:</b> Trap <b>OT:</b> Other		Name: <i>Dale Williams</i>		Name: <i>Blaine Cassidy</i>		Name:			
Cooler Temp: <i>06.06</i>						Organization: <i>MUB</i>		Organization: <i>EFGS</i>		Organization:			
Carrier: <i>UPS</i>						Date & Time: <i>3/18/15 11:50 AM</i>		Date & Time: <i>3-19-15 10:00</i>		Date & Time: <i>3-18-15</i>			
VTSR: <i>10:00</i>						Tracking number: <i>12 339 687 01 6305 88 9069</i>							
# of Coolers:													
Sample Disposal:						By signing, you declare that you agree with EFGS' terms and conditions, and that you authorize EFGS to perform the specified analyses.							
<input type="checkbox"/> Return (shipping fees may apply) <input type="checkbox"/> Standard Disposal - 30 Days after report <input type="checkbox"/> Retain for _____ weeks after report (storage fees may apply)						Customer Approval: <i>Dale Williams</i> Date: <i>3/18/15</i>							



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**B150881 AS(III) in water EPA 1632  
1503507-01**

Analyte	Result	Detection Limit	Reporting Limit	Units	Dilution	Batch	Prepared	Sequence	Analyzed	Method	Notes
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**Sample Preparation: No Preparation**

Arsenite (as Arsenic)	ND	-	0.010	µg/L	1	F503352	30-Mar-15	SC30018	30-Mar-15	EPA 1632	U
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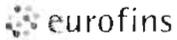
**B151027 Total Hg in water EPA 1631 E**  
**1503507-02**

Analyte	Result	Detection Limit	Reporting Limit	Units	Dilution	Batch	Prepared	Sequence	Analyzed	Method	Notes
<b>Sample Preparation: EPA 1631E BrCl Oxidation</b>											
Mercury	0.83	-	0.50	ng/L	1	F503249	22-Mar-15	5C24012	24-Mar-15	EPA 1631E	

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Client: Municipal Utilities Board of Albertville		Contact: Dale Williams						Analyses Requested		FGS PM:							
Address:		Phone: 256-264-5291 Fax: 256-894-5291								Date:							
		E-mail: dalewilliams@mub-albertville.com								TAT (business days): <b>20 (std)</b>							
Project Name: NPDES		Contract/PO: 3767 WWT								15 10 5 4 3 2 24 hrs.							
Report To: Dale Williams		Invoice To: Nick Bayne								(For TAT < 10 days, contact PM. Surcharges apply for expedited TAT)							
Address:		Address:								Saturday delivery? <input type="checkbox"/> Y <input type="checkbox"/> N							
Phone: 256-264-5291 Fax: 256-894-0085		Phone: 256-891-6020 Fax:								(If yes, please contact PM)							
E-mail: dalewilliams@mub-albertville.com		E-mail: nbayne@mub-albertville.com								EDD <input type="checkbox"/> Y <input type="checkbox"/> N							
										QA <input type="checkbox"/> Standard <input type="checkbox"/> High							
No.	Engraved Bottle ID	Sample ID	# of Bottles	Matrix	Date & Time	Sampled By	Field Filtered (Y/N)	Field Preserved:	HNO <sub>3</sub>	HCl	BrCl	Other (%)	AS(III) in water EPA 1632	Arsenite (as Arsenic)	Total Hg in water EPA 1631E	Mercury	Comments
1	B150876	AS(III) in water EPA 1632	1	WW	3/23/15 8:45 AM	DW	N	YES					x				
2	B151026	Total Hg in water EPA 1631 E	1	WW	3/23/15 8:50 AM	DW	N	NO							x		
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
For Laboratory Use Only			Matrix Codes:			Relinquished By:			Received By:			Received By:					
COC Seal: <input checked="" type="checkbox"/> 1241			Comments:			Name: Dale Williams			Name: [Signature]			Name:					
Cooler Temp: 0.9			Carrier: UPS			Organization: MUB			Organization: EFGS			Organization:					
VTSR: 10:00			# of Coolers:			Date & Time: 3/23/15 10:00 AM			Date & Time: 3/24 10:00			Date & Time:					
			Matrix Codes: FW: Fresh Water, WW: Waste Water, SB: Sea and Brackish Water, SS: Soil and Sediment, TS: Plant and Animal Tissue, HC: Hydrocarbons, TR: Trap, OT: Other			Tracking number: 123396870162908492											
Sample Disposal:						By signing, you declare that you agree with EFGS' terms and conditions, and that you authorize EFGS to perform the specified analyses.						Customer Approval: Dale Williams Date: 3/23/15					
<input type="checkbox"/> Return (shipping fees may apply)																	
<input type="checkbox"/> Standard Disposal - 30 Days after report																	
<input type="checkbox"/> Retain for _____ weeks after report (storage fees may apply)																	



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**B150876 AS(III) in water EPA  
1503587-01**

Analyte	Result	Detection Limit	Reporting Limit	Units	Dilution	Batch	Prepared	Sequence	Analyzed	Method	Notes
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**Sample Preparation: No Preparation**

Arsenite (as Arsenic)	ND	-	0.010	µg/L	1	F503352	30-Mar-15	SC30018	30-Mar-15	EPA 1632	U
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**B151026 Total Hg in water EPA 1631 E**  
**1503587-02**

Analyte	Result	Detection Limit	Reporting Limit	Units	Dilution	Batch	Prepared	Sequence	Analyzed	Method	Notes
<b>Sample Preparation: EPA 1631E BrCl Oxidation</b>											
Mercury	0.77	-	0.50	ng/L	1	F503284	24-Mar-15	SC26006	26-Mar-15	EPA 1631E	

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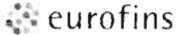
Amy Goodall, Project Manager

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1503761

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Client: Municipal Utilities Board of Albertville		Contact: Dale Williams						Analyses Requested		FGS PM:		
Address:		Phone: 256-264-5291 Fax: 256-894-5291								Date:		
Project Name: NPDES		E-mail: dalewilliams@mub-albertville.com								TAT (business days): <b>20 (std)</b>		
Report To: Dale Williams		Contract/PO: 3767 WWT								<b>15 10 5 4 3 2 24 hrs.</b>		
Address:		Invoice To: Nick Bayne								(For TAT < 10 days, contact PM. Surcharges apply for expedited TAT)		
Phone: 256-264-5291 Fax: 256-894-0085		Address:								Saturday delivery? <input type="checkbox"/> Y <input type="checkbox"/> N		
E-mail: dalewilliams@mub-albertville.com		Phone: 256-891-6020 Fax:								(If yes, please contact PM)		
E-mail: nbayne@mub-albertville.com		E-mail: nbayne@mub-albertville.com								EDD <input type="checkbox"/> Y <input type="checkbox"/> N		
										QA <input type="checkbox"/> Standard <input type="checkbox"/> High		
No.	Engraved Bottle ID	Sample ID	# of Bottles	Matrix	Date & Time	Sampled By	Field Filtered (Y/N)	Field Preserved: HNO <sub>3</sub> HCl BrCl Other (%)	AS(III) in water EPA 1632	AS(V) in water EPA 1631E	Mercury	Comments
1	B150875	AS(III) in water EPA 1632	1	WW	3/30/15 9:45 AM	DW	N	YES	x			
2	B151198	Total Hg in water EPA 1631 E	1	WW	3/30/15 9:50 AM	DW	N	NO		x		
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
For Laboratory Use Only			Matrix Codes:			Relinquished By:		Received By:		Received By:		
COC Seal: <i>Yes</i>		Comments:		FW: Fresh Water WW: Waste Water SB: Sea and Brackish Water SS: Soil and Sediment TS: Plant and Animal Tissue HC: Hydrocarbons TR: Trap OT: Other		Name: <i>Dale Williams</i>		Name: <i>Lauren Wolfe</i>		Name:		
Cooler Temp: <i>2.1°C</i>						Organization: <i>MUB</i>		Organization: <i>EFGS</i>		Organization:		
Carrier: <i>UPS</i>						Date & Time: <i>3-30-15 10:00 AM</i>		Date & Time: <i>3/31/15 9:50</i>		Date & Time:		
VTSR: <i>950</i>						Tracking number: <i>123396870164327508</i>						
# of Coolers:												
Sample Disposal:						By signing, you declare that you agree with EFGS' terms and conditions, and that you authorize EFGS to perform the specified analyses.						
<input type="checkbox"/> Return (shipping fees may apply)						Customer Approval: <i>Dale Williams</i>						
<input type="checkbox"/> Standard Disposal - 30 Days after report						Date: <i>3-30-15</i>						
<input type="checkbox"/> Retain for _____ weeks after report (storage fees may apply)												



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425.686.3096 Fax

Municipal Utilities Board of Albertville 210 W Main St Albertville AL, 35950	Project: NPDES Project Number: NPDES Project Manager: Dale Williams	Reported: 14-May-15 13:02
--	---	------------------------------

**B150875 AS(III)in water EPA 1632**  
**1503761-01**

Analyte	Result	Detection Limit	Reporting Limit	Units	Dilution	Batch	Prepared	Sequence	Analyzed	Method	Notes
---------	--------	-----------------	-----------------	-------	----------	-------	----------	----------	----------	--------	-------

**Sample Preparation: No Preparation**

Arsenite (as Arsenic)	ND	-	0.010	µg/L	1	F504030	02-Apr-15	5D02009	02-Apr-15	EPA 1632	U
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Eurofins Frontier Global Sciences, Inc.

Amy Goodall, Project Manager

*The results in this report only apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.*



Frontier Global Sciences

11720 Northcreek Pkwy N, Suite 400  
Bothell, WA 98011  
425.686.1996 Phone  
425.686.3096 Fax

Municipal Utilities Board of Albertville 210 W Main St Albertville AL, 35950	Project: NPDES Project Number: NPDES Project Manager: Dale Williams	Reported: 14-May-15 13:02
--	---	------------------------------

**B151198 Total Hg in water EPA 1631 E**  
**1503761-02**

Analyte	Result	Detection Limit	Reporting Limit	Units	Dilution	Batch	Prepared	Sequence	Analyzed	Method	Notes
<b>Sample Preparation: EPA 1631E BrCl Oxidation</b>											
Mercury	0.54	-	0.50	ng/L	1	F504027	02-Apr-15	5D03016	03-Apr-15	EPA 1631E	

Eurofins Frontier Global Sciences, Inc.

Amy Goodall, Project Manager

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**SUPPLEMENTARY INFORMATION**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**  
**PERMIT APPLICATION FORM 188- Municipal, Semi-Public & Private Facilities**

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
WATER DIVISION – MUNICIPAL PERMIT SECTION  
POST OFFICE BOX 301463  
MONTGOMERY, ALABAMA 36130-1463

**INSTRUCTIONS:** APPLICATIONS SHOULD BE TYPED OR PRINTED IN INK AND SUBMITTED TO THE DEPARTMENT. PLEASE CONTINUE ON AN ATTACHED SHEET OF PAPER IF INSUFFICIENT SPACE IS AVAILABLE TO ADDRESS ANY ITEM BELOW. PLEASE MARK N/A IN THE APPROPRIATE BOX WHEN AN ITEM IS NON-APPLICABLE TO THE APPLICANT.

**PURPOSE OF THIS APPLICATION**

- |  |   |
|--|---|
| <input type="checkbox"/> INITIAL PERMIT APPLICATION FOR NEW FACILITY | <input type="checkbox"/> INITIAL PERMIT APPLICATION FOR EXISTING FACILITY |
| <input type="checkbox"/> MODIFICATION OF EXISTING PERMIT             | <input checked="" type="checkbox"/> REISSUANCE OF EXISTING PERMIT         |
| <input type="checkbox"/> REVOCATION & REISSUANCE OF EXISTING PERMIT  |   |

**SECTION A – GENERAL INFORMATION**

1. Facility Name: MUB Wastewater Treatment Plant
- a. Operator Name: Municipal Utilities Board of Albertville
- b. Is the operator identified in 1.a, the owner of the facility?      Yes       No   
If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.
- c. Name of Permittee\* if different than Operator: \_\_\_\_\_  
*\*Permittee will be responsible for compliance with the conditions of the permit*
2. NPDES Permit Number AL 0020192 (Not applicable if initial permit application)
3. Facility Location: (**Attach a map with location marked; street, route no. or other specific identifier**)  
Street: 901 East McKinney Avenue  
City: Albertville County: Marshall State: AL Zip: 35951  
Facility (Front Gate) Location: Latitude (Deg Min Sec): N34°16'30" Longitude (Deg. Min Sec): W86°11'30"
4. Facility Mailing Address (Street or Post Office Box): P.O. Box 130  
City: Albertville County: Marshall State: AL Zip: 35950
5. Responsible Official (as described on page 7 of this application):  
Name and Title: Mr. Elden Chumley - General Manager  
Address: 210 West Main Street / P.O. Box 130  
City: Albertville State: AL Zip: 35950  
Phone Number: (256) 878-3761  
Email Address: (Optional): echumley@mub-albertville.com

6. Designated Facility/DMR Contact:

Name and Title: Mr. John Wright - Wastewater Superintendent

Phone Number: (256) 878-3761

DMR Email Address (Optional – for receipt of blank DMR Forms): \_\_\_\_\_

7. Please complete this section if the Applicant's business entity is a Proprietorship or limited liability Corporation with a responsible official not listed in Item 5.

a) Proprietor:

Name: N/A

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State Environmental Permits presently held by the Applicant within the State of Alabama:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
<u>Albertville Eastside WWTP</u>	<u>AL0020192</u>	<u>Municipal Utilities Board of Albertville</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION B – WASTEWATER DISCHARGE INFORMATION**

1. List the following historical monthly flow rates recorded for the past five years for each outfall:

<u>Outfall Number</u>	<u>Highest in Last 12 Months MGD</u>	<u>Highest Daily Flow MGD</u>	<u>Average Flow MGD</u>
<u>001-2</u>	<u>25.46</u>	<u>25.46</u>	<u>6.88</u>
_____	_____	_____	_____
_____	_____	_____	_____



**SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS**

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

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit? Y/N
	See Attached			

2. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance  Y/ N? If so, please attach a copy of the ordinance.

**SECTION E – COASTAL ZONE INFORMATION**

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County?  
 Yes  No  If yes, then complete items A through M below:

	YES	NO
A. Does the project require new construction?	<input type="checkbox"/>	<input type="checkbox"/>
B. Will the project be a source of new air emissions?	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the project involve dredging and/or filling of a wetland area or water way?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Corps of Engineers (COE) permit been issued?	<input type="checkbox"/>	<input type="checkbox"/>
Corps Project Number _____		
D. Does the project involve wetlands and/or submersed grassbeds?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are oyster reefs located near the project site? (Include a map showing project and discharge location with respect to oyster reefs)	<input type="checkbox"/>	<input type="checkbox"/>
F. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code R. 335-8-1-.02(bb)?	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the project involve mitigation of shoreline or coastal area erosion?	<input type="checkbox"/>	<input type="checkbox"/>
H. Does the project involve construction on beaches or dunes areas?	<input type="checkbox"/>	<input type="checkbox"/>
I. Will the project interfere with public access to coastal waters?	<input type="checkbox"/>	<input type="checkbox"/>
J. Does the project lie within the 100-year floodplain?	<input type="checkbox"/>	<input type="checkbox"/>
K. Does the project involve the registration, sale, use, or application of pesticides?	<input type="checkbox"/>	<input type="checkbox"/>
L. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)?	<input type="checkbox"/>	<input type="checkbox"/>
M. Has the applicable permit for groundwater recovery or for groundwater well installation been obtained?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION F – ANTI-DEGRADATION EVALUATION**

It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity, if subject to antidegradation requirements. In accordance with 40 CFR 131.12 and Section 335-6-10-.04 of the Alabama Department of Environmental Management Administrative Code, the following information must be provided, if applicable. If further information is required to make this demonstration, attach additional sheets to the application.

1. Is this a new or increased discharge that began after April 3, 1991? Yes  No .  
If "yes", complete question 2 below. If "no", do not complete this section.

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

If "no" and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete questions A through F below and also ADEM forms 311 and 312 or 313, whichever is applicable, (attached). Form 312 or 313, whichever is applicable, must be provided for each treatment discharge alternative considered technically viable. If "yes", do not complete this section.

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

- A. What environmental or public health problem will the discharger be correcting?
- B. Explain if and to what degree the discharger will be increasing employment as a result of the proposed discharge, either at its existing facility or as the result of the start-up of a related new facility or industry.
- C. Explain if and to what degree the discharge will prevent employment reductions?
- D. Describe any additional state or local taxes that the prospective discharger will be paying.
- E. Describe any public service the discharger will be providing to the community.
- F. Describe the economic or social benefit the discharger will be providing to the community.

**SECTION G – EPA Application Forms**

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a municipal facility depending on the number and types of discharges or outfalls. The EPA application forms are found on the Department's website at <http://www.adem.state.al.us/> and are also listed in Attachment 4.

**SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS**

Any Engineering Report or Best Management Practice (BMP) Plans required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-6-.08(i) & (j).

**SECTION I– RECEIVING WATERS**

Receiving Water(s)	303(d) Segment? (Y / N)	Included in TMDL?*
		(Y / N)
Turkev Creek	N	N

\*If a TMDL Compliance Schedule is requested the following should be attached as supporting documentation: (1) Justification for the proposed Compliance Schedule (e.g. time for design and installation of control equipment, etc.); (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be reported 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.

**SECTION J – APPLICATION CERTIFICATION**

THE INFORMATION CONTAINED IN THIS FORM MUST BE CERTIFIED BY A RESPONSIBLE OFFICIAL AS DEFINED IN ADEM ADMINISTRATIVE RULE 335-6-6-.09 "SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS" (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."

"I FURTHER CERTIFY UNDER PENALTY OF LAW THAT THE RESULTS OF ANY ANALYSES REPORTED AS LESS THAN DETECTABLE IN THIS APPLICATION OR IN ATTACHMENTS THERETO WERE PERFORMED USING THE EPA APPROVED TEST METHOD HAVING THE LOWEST DETECTION LIMIT READILY ACHIEVABLE FOR THE SUBSTANCE TESTED."

SIGNATURE OF RESPONSIBLE OFFICIAL: Elden Chumley DATE SIGNED: 12-16-2014

(TYPE OR PRINT) Mr. Elden Chumley

NAME OF RESPONSIBLE OFFICIAL: \_\_\_\_\_

OFFICIAL TITLE OF RESPONSIBLE OFFICIAL: General Manager

MAILING ADDRESS: 210 West Main Street - Albertville, AL 35950

AREA CODE & PHONE NUMBER: (256) 878-3761

**SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS**

**Responsible official** is defined as follows:

1. 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
2. In the case of a partnership, by a general partner
3. In the case of a sole proprietorship, by the proprietor, or
4. In the case of a municipal, state, federal, or other public facility, by either a principal executive officer, or a ranking elected official.
5. In the case of a private or semi-public facility, the responsible official is either a principal executive officer or the owner of the corporation or other entity.



# Attachment 2 to Supplementary Form

## Calculation of Total Annualized Project Costs for Public-Sector Projects

### A. Capital Costs

Capital Cost of Project \$ \_\_\_\_\_

Other One-Time Costs of Project (Please List, if any):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Capital Costs (Sum column)** \$ \_\_\_\_\_ (1)

Portion of Capital Costs to be Paid for with Grant Monies \$ \_\_\_\_\_ (2)

Capital Costs to be Financed [Calculate: (1) – (2)] \$ \_\_\_\_\_ (3)

Type of Financing (e.g., G.O. bond, revenue bond, bank loan) \_\_\_\_\_

Interest Rate for Financing (expressed as decimal) \_\_\_\_\_ (i)

Time Period of Financing (in years) \_\_\_\_\_ (n)

Annualization Factor =  $\frac{i}{(1+i)^n - 1} + i$  \_\_\_\_\_ (4)

**Annualized Capital Cost** [Calculate: (3) x (4)] \_\_\_\_\_ (5)

### B. Operating and Maintenance Costs

Annual Costs of Operation and Maintenance (including but not limited to: monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement.) (Please list below.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Annual O & M Costs (Sum column)** \$ \_\_\_\_\_ (6)

### C. Total Annual Cost of Pollution Control Project

Total Annual Cost of Pollution Control Project [(5) + (6)] \$ \_\_\_\_\_ (7)

## Attachment 3 to Supplementary Form ADEM Form 313

### Calculation of Total Annualized Project Costs for Private-Sector Projects

Capital Costs to be Financed (Supplied by applicant)	\$	_____ (1)
Interest rate for Financing (Expressed as a decimal)		_____ (i)
Time Period of Financing (Assume 10 years*)		_____ 10 years (n)
Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$		_____ (2)
Annualized Capital Cost [Calculate: (1) x (2) ]	\$	_____ (3)
Annual Cost of Operation and Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement)**	\$	_____ (4)
<b>Total Annual Cost of Pollution Control Project [ (3) + (4) ]</b>	\$	_____ (5)

- \* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.
- \*\* For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

## Attachment 4 to Supplementary Form

**NPDES PROGRAM  
PERMIT APPLICATION FORMS  
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

<b>TYPE DISCHARGE</b>	<b>ADEM FORMS</b>	<b>EPA FORMS</b>
New or existing once through non-contact cooling water and/or cooling tower blowdown, and/or sanitary wastewater (non-process wastewater only). Note: POTWs and privately owned domestic treatment works should use Form 2A.	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2E
Existing discharges of process wastewater	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2C
New discharges of process wastewater	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2D
New or existing discharges composed entirely of stormwater meeting the EPA definition of stormwater associated with industrial activity	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2F
New or existing discharges composed of stormwater meeting the EPA definition of stormwater associated with industrial activity, and any other non-stormwater discharges.	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2F and, as appropriate, Forms 2E, 2C, and/or 2D
New or existing Publicly-Owned Treatment Works (POTWs) and Privately-Owned Treatment Works composed of sanitary wastewater	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2A
New or existing land application of process wastewater. Form 2F is required for stormwater runoff from the land application site, if the site is not completely bermed to prevent runoff.	Supplemental Information Form 187 – (Industrial)	Forms 1, 2F, and 2C or 2D, as appropriate
New or existing land application of sanitary wastewater. Form 2F is required for stormwater runoff from the land application site, if the site is not completely bermed to prevent runoff.	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1, 2A, and 2F

---

Testing requirements: Test procedures for all analyses shall conform to 40 CFR Part 136 or an alternate method specifically approved by the Department. If more than one method of analysis is approved, then the method having the lowest detection level shall be used.

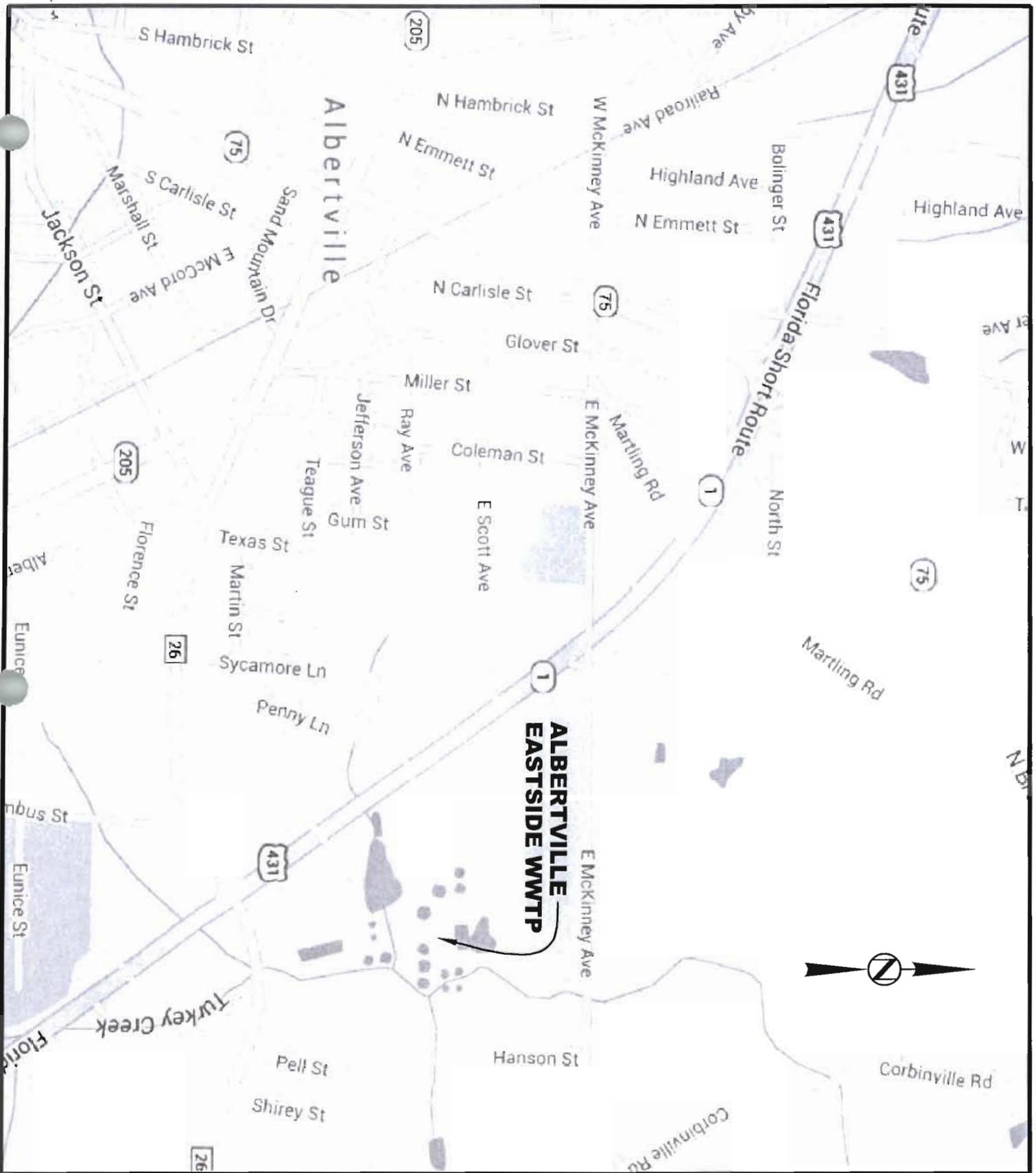
## Form 188 Additional Information

### Section C - Waste Storage and Disposal Information

Albertville recently installed a biosolids dryer and is now producing Class A EQ biosolids. Generally, the biosolids are being sold and/or given away to farmers for land application. Estimated solids production at this time is approximately 1,500 dry metric tons per year.

### Section D - Industrial Indirect Discharge Contributors

Company Name	Description of Industrial Waste	Existing or Proposed	Flow (MGD)	Subject to SID Permit? Y/N
Huhtamaki Company	Pulp and Paper Mill	Existing	0.6	Y
Alatrade Foods	Poultry Processing	Existing	0.3	Y
Waynes Farms	Poultry Processing	Existing	0.7	Y
Parker Hannifin Corp.	Machine Shop	Existing	0.008	Y
Tyson Foods	Poultry Processing	Existing	0.7	Y
Diamond Foods	Poultry Processing	Existing	0.01	Y
Sunrise Foods	Poultry Processing	Existing	.045	Y
Albertville Quality Foods	Poultry Processing	Existing	0.15	Y



© 2014 KREBS ENGINEERING, INC.

SHEET TITLE	
LOCATION MAP	
SHEET NO.	PROJECT NO 14001
LOCATION	SCALE NO SCALE
	DATE NOVEMBER, 2014

ALBERTVILLE  
 MUNICIPAL UTILITIES BOARD  
 NPDES PERMIT  
 ALBERTVILLE, ALABAMA



# **SEWER ORDINANCE**

whether the purpose of this article is being met and all requirements are being complied with. Persons or occupants of premises where waste water is created or discharged shall allow the city of their representative ready access at all reasonable times to all parts of the premises for the purposes of inspection, sampling, records examination or in the performance of any of their duties. The city, ADEM and EPA shall have the right to set up on the user's property such devices as are necessary to conduct sampling inspection, compliance monitoring and/or metering operations. Where a user has security measures in force which would require proper identification and clearance before entry into their premises, the user shall make necessary arrangements with their guards so that upon presentation of suitable identification, personnel from the city, ADEM and EPA will be permitted to enter, without delay, for the purposes of performing their specific responsibilities. (Ord. No. 1109, § 1, 2-14-83)

**Sec. 28-27. Pretreatment.**

(a) Users shall provide necessary waste water treatment as required to comply with this article and shall achieve compliance with all federal categorical pretreatment standards within the time limitations as specified by the federal pretreatment regulations. Any facilities required to pretreat waste water to a level acceptable to the city and ADEM shall be provided, operated, and maintained at the user's expense. Detailed plans showing the pretreatment facilities and operating procedures shall be submitted to the city and ADEM for review, and shall be acceptable to the city ADEM before construction of the facility. The review of such plans and operating procedures will in no way relieve the user from the responsibility of modifying the facility as necessary to produce an effluent acceptable to the city and ADEM under the provisions of this article. Any subsequent changes in the pretreatment facilities or method of operation shall be reported to and be acceptable to the city and ADEM prior to the user's initiation of the changes.

(b) The city shall annually publish in the "Sand Mountain Reporter" a list of the users which were not in compliance with any pretreatment requirements or standards at least once during the twelve (12) previous months. The notification shall also sum-

marize any enforcement actions taken against the user(s) during the same twelve (12) months.

(c) All user records relating to compliance with pretreatment standards shall be made available to officials of the city, ADEM or EPA upon request. (Ord. No. 1109, § 1, 2-14-83)

**Sec. 28-28. Confidential information.**

(a) Information and data on a user obtained from reports, questionnaires, permit applications, permits and monitoring programs and from inspections shall be available to the public or other governmental agency without restriction unless the user specifically requests and is able to demonstrate to the satisfaction of the city that the release of such information would divulge information, processes or methods of production entitled to protection as trade secrets of the user.

(b) When requested by the person furnishing a report, the portions of a report which might disclose trade secrets or secret processes shall not be made available for inspection by the public, but shall be made available upon written request to governmental agencies for uses related to this article, ADEM state indirect permit, and/or the pretreatment programs; provided, however, that such portions of a report shall be available for use by the state or any state agency in judicial review or enforcement proceedings involving the person furnishing the report. Waste water constituents and characteristics will not be recognized as confidential information.

(c) Information accepted by the city as confidential shall not be transmitted to any governmental agency or to the general public by the city until and unless a ten-day notification is given to the user. (Ord. No. 1109, § 1, 2-14-83)

**Sec. 28-29. Enforcement.**

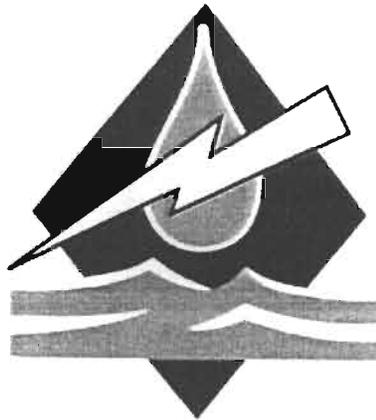
(a) *Harmful contributions:*

- (1) The city may suspend the waste water treatment service for any user when such suspension of service is necessary, in the opinion of the city, in order to stop an actual or

ALBERTVILLE EAST SIDE  
WWTP  
901 EAST MCKINNEY AVE.  
ALBERTVILLE, AL 35951

NPDES PERMIT NO. AL0020192

Best Management Practices  
(BMP)



**MUB**

MUNICIPAL UTILITIES BOARD  
ALBERTVILLE, ALABAMA

**Best Management Practices**

Municipal Utilities Board of the City of Albertville

Eastside Wastewater Treatment Plant

901 East McKinney Avenue

Albertville, AL 35950

Albertville Eastside Wastewater Treatment Plant is a publically owned and operated facility that along with the treatment and handling of municipal wastewater also uses chemicals in the treatment process. The purpose of this BMP is to evaluate, implement and maintain practices to insure that no significant amount of toxic pollutants or hazardous substances would be discharged into receiving waters.

BMP Committee:

John Wright: Wastewater Superintendent

Dale Williams: Wastewater Treatment Plant Manager

David Gilbert: Wastewater Treatment Plant Assistant Manager

The chemicals used and stored on the property are Sodium Hypochlorite, Sodium Hydroxide, Chlorine, Sulfur Dioxide and Bioxide AQ.

The municipal wastewater in the treatment process is contained in treatment channels, tanks and transfer stations.

Sodium Hypochlorite, Sodium Hydroxide and Bioxide are stored in bulk tanks located in concrete containment areas. The containment areas have drains which are plumbed to the head of the plant. The chemical will then be introduced and processed along with the raw wastewater as it passes through the plant.

Chlorine and Sulfur Dioxide are stored in Ton cylinders located in an enclosed building. The feed system for the tanks have automatic shut off systems in case of vacuum loss due to leaks. Each room has leak detectors with audible and visual alarms on the building and in the plant operations building.

The Eastside Wastewater Treatment Plant has at least two of all essential pumps and equipment needed. Electricity is fed to the plant from two different sub-stations which allows the equipment to be powered independently from each other. Only a total loss of power from the Tennessee Valley Authority (TVA) would result in a loss of the equipment needed to insure no overflows occur.

The Eastside Wastewater Treatment Plant has two diesel fueled generators on site and in standby if a total loss of power occurred.

The Eastside Wastewater Treatment Plant has had no chemical spills. Any overflow of wastewater is reported with EPA, state and local agencies.

The plant and equipment is inspected daily to identify any problems that could cause spills or overflows.

The facility is staffed 7 days a week, 24 hours a day. The perimeter of the facility has 6 foot chain-link fencing with gates that remain closed and locked at all times.

Emergency Plans are as follows.

In case of power failure: Notify supervisor.

1<sup>st</sup>-Dale Williams 256-264-5500

2<sup>nd</sup>- David Gilbert 256-264-5512

3<sup>rd</sup>- John Wright 256-264-5292

In case of spills:

1<sup>st</sup> Notify supervisor.

1: Dale Williams 256-264-5500

2: David Gilbert 256-264-5512

3: John Wright 256-264-5292

2<sup>nd</sup> Notify Appropriate Emergency Agency.

Albertville Fire Department 256-891-8230

Albertville Police Department 256-878-1212

PB&S Chemical 1-800-289-4020

Chemtrec 1-800-424-9300

The Best Management Practices policy has been reviewed 8/29/14.

Date

Reviewed by Dale Williams Wastewater Treatment Plant Manager.



December 8, 2014

Alabama Department of Environmental Management  
P.O. Box 301463  
Montgomery, AL 36130-1463

Re: Albertville Eastside Wastewater Treatment Plant Permitted Stormwater Discharges  
Contract No. 14001

To whom it may concern:

During the recent NPDES Permit renewal for the Eastside WWTP, it was noted that some efficiencies could be gained by eliminating/consolidating two (2) permitted stormwater (Discharge 002 and 005). Discharge 002 is located in an area that no longer processes wastewater and only serves a small area of the site where there is no risk of a spill. Discharge 005 will be removed and the stormwater that currently flows to this discharge will flow to Discharge 006. On behalf of Albertville Municipal Utilities Board, we respectfully request this modification to the new Stormwater Discharge Permit to permit Discharges 003, 004, 006 and 007 as reflected in the attached EPA Form 2F. Please let us know if you need any additional information or have any questions.

Sincerely yours,

Krebs Engineering, Inc.

By

Caleb L. Leach, PE  
Project Engineer

cc:

Krebs File





Continued from the Front

**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002					

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff, materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

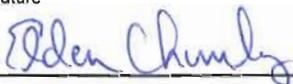
Wastewater is currently treated at the site. In the event of a spill, WWTP personnel will contain the spill using earthen berms, sand bags, etc. to prevent the spill from entering the storm drainage system.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff, and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Mr. Elden Chumley, General Manager		11/21/2015

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

Continued from Page 2

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?  
 Yes (list all such pollutants below)  No (go to Section IX)

N/A

**VIII. Biological Toxicity Testing Data**

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 3 years?  
 Yes (list all such pollutants below)  No (go to Section IX)

**IX. Contract Analysis Information**

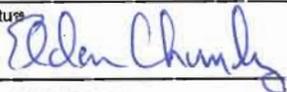
Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)  No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Enersolv	2220 Beltline Rd. SW Decatur, AL 35601	256-351-7900	Varied. Samples were tested by permittee and Enersolv.

**X. 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 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.

A. Name & Official Title (Type Or Print) Mr. Elden Chumley, General Manager	B. Area Code and Phone No. 256-878-3761
C. Signature 	D. Date Signed 11/21/2015





Continued from the Front

**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
003					

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Wastewater is currently treated at the site. In the event of a spill, WWTP personnel will contain the spill using earthen berms, sand bags, etc. to prevent the spill from entering the storm drainage system.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

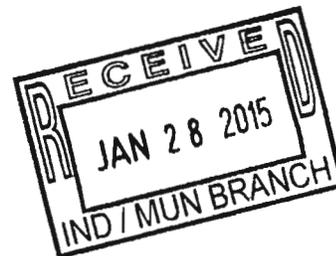
Name and Official Title (type or print)	Signature	Date Signed
Mr. Elden Chumley, General Manager	<i>Elden Chumley</i>	1/21/12

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A



Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?  
 Yes (list all such pollutants below)  No (go to Section IX)

N/A

**VIII. Biological Toxicity Testing Data**

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 3 years?  
 Yes (list all such pollutants below)  No (go to Section IX)

**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)  No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Enersolv	2220 Beltline Rd. SW Decatur, AL 35601	256-351-7900	Varied. Samples were tested by permittee and Enersolv.

**X. 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 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.

A. Name & Official Title (Type Or Print) Mr. Elden Chumley, General Manager	B. Area Code and Phone No. 256-878-3761
C. Signature 	D. Date Signed 1/21/2015





Continued from the Front

**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
004					

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Wastewater is currently treated at the site. In the event of a spill, WWTP personnel will contain the spill using earthen berms, sand bags, etc. to prevent the spill from entering the storm drainage system.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Mr. Elden Chumley, General Manager		1/21/2012

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

Continued from Page 2

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)

No (go to Section IX)

N/A

**VIII. Biological Toxicity Testing Data**

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 3 years?

Yes (list all such pollutants below)

No (go to Section IX)

**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

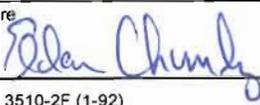
Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Enersolv	2220 Beltline Rd. SW Decatur, AL 35601	256-351-7900	Varied. Samples were tested by permittee and Enersolv.

**X. 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 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.

A. Name & Official Title (Type Or Print) Mr. Elden Chumley, General Manager	B. Area Code and Phone No. 256-878-3761
C. Signature 	D. Date Signed 1/21/2015





Continued from the Front

**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
006					

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Wastewater is currently treated at the site. In the event of a spill, WWTP personnel will contain the spill using earthen berms, sand bags, etc. to prevent the spill from entering the storm drainage system.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

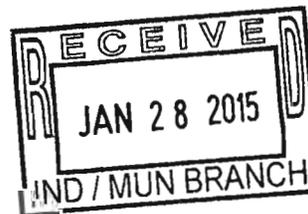
Name and Official Title (type or print)	Signature	Date Signed
Mr. Elden Chumley, General Manager	<i>Elden Chumley</i>	1/28/2015

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A



Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis -- is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)  No (go to Section IX)

N/A

**VIII. Biological Toxicity Testing Data**

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 3 years?

Yes (list all such pollutants below)  No (go to Section IX)

**IX. Contract Analysis Information**

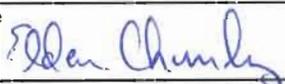
Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)  No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Enersolv	2220 Beltline Rd. SW Decatur, AL 35601	256-351-7900	Varied. Samples were tested by permittee and Enersolv.

**X. 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 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.

A. Name & Official Title (Type Or Print) Mr. Elden Chumley, General Manager	B. Area Code and Phone No. 256-878-3761
C. Signature 	D. Date Signed 11/21/2015





Continued from the Front

**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
007					

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Wastewater is currently treated at the site. In the event of a spill, WWTP personnel will contain the spill using earthen berms, sand bags, etc. to prevent the spill from entering the storm drainage system.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

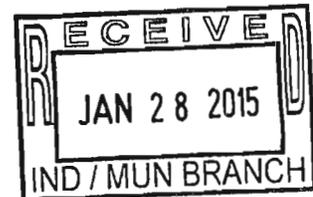
Name and Official Title (type or print)	Signature	Date Signed
Mr. Elden Chumley, General Manager		1/21/2015

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A



Continued from Page 2

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?  
 Yes (list all such pollutants below)  No (go to Section IX)

N/A

**VIII. Biological Toxicity Testing Data**

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 3 years?  
 Yes (list all such pollutants below)  No (go to Section IX)

**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?  
 Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)  No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Enersolv	2220 Beltline Rd. SW Decatur, AL 35601	256-351-7900	Varied. Samples were tested by permittee and Enersolv.

**X. 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 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.

A. Name & Official Title (Type Or Print) Mr. Elden Chumley, General Manager	B. Area Code and Phone No. 256-878-3761
C. Signature 	D. Date Signed 1/21/2015





## **Instructions – Form 2F**

### **Application for Permit to Discharge Storm Water Associated with Industrial Activity**

#### **Who Must File Form 2F**

Form 2F must be completed by operators of facilities which discharge storm water associated with industrial activity or by operators of storm water discharges that EPA is evaluating for designation as a significant contributor of pollutants to waters of the United States, or as contributing to a violation of a water quality standard.

Operators of discharges which are composed entirely of storm water must complete Form 2F (EPA Form 3510-2F) in conjunction with Form 1 (EPA Form 3510-1).

Operators of discharges of storm water which are combined with process wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) must complete and submit Form 2F, Form 1, and Form 2C (EPA Form 3510-2C).

Operators of discharges of storm water which are combined with nonprocess wastewater (nonprocess wastewater includes noncontact cooling water and sanitary wastes which are not regulated by effluent guidelines or a new source performance standard, except discharges by educational, medical, or commercial chemical laboratories) must complete Form 1, Form 2F, and Form 2E (EPA Form 3510 2E).

Operators of new sources or new discharges of storm water associated with industrial activity which will be combined with other nonstormwater new sources or new discharges must submit Form 1, Form 2F, and Form 2D (EPA Form 3510-2D).

#### **Where to File Applications**

The application forms should be sent to the EPA Regional Office which covers the State in which the facility is located. Form 2F must be used only when applying for permits in States where the NPDES permits program is administered by EPA. For facilities located in States which are approved to administer the NPDES permits program, the State environmental agency should be contacted for proper permit application forms and instructions.

Information on whether a particular program is administered by EPA or by a State agency can be obtained from your EPA Regional Office. Form 1, Table 1 of the "General Instructions" lists the addresses of EPA Regional Offices and the States within the jurisdiction of each Office.

#### **Completeness**

Your application will not be considered complete unless you answer every question on this form and on Form 1. If an item does not apply to you, enter "NA" (for not applicable) to show that you considered the question.

#### **Public Availability of Submitted Information**

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment. Section 402(j) of the Clean Water Act requires that all permit applications will be available to the public. This information will be made available to the public upon request.

Any information you submit to EPA which goes beyond that required by this form, Form 1, or Form 2C you may claim as confidential, but claims for information which are effluent data will be denied.

If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice to you. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations at 40 CFR Part 2.

#### **Definitions**

All significant terms used in these instructions and in the form are defined in the glossary found in the General Instructions which accompany Form 1.

#### **EPA ID Number**

Fill in your EPA Identification Number at the top of each odd numbered page of Form 2F. You may copy this number directly from item I of Form 1.

**Item I**

You may use the map you provided for item XI of Form 1 to determine the latitude and longitude of each of your outfalls and the name of the receiving water.

**Item 11-A**

If you check "yes" to this question, complete all parts of the chart, or attach a copy of any previous submission you have made to EPA containing the same information.

**Item 11-B**

You are not required to submit a description of future pollution control projects if you do not wish to or if none is planned.

**Item III**

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including:

each of its drainage and discharge structures;

the drainage area of each storm water outfall;

paved areas and building within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied;

each of its hazardous waste treatment, storage or disposal facilities (including each area not required to have a RCRA permit which is used for accumulating hazardous waste for less than 90 days under 40 CFR 262.34);

each well where fluids from the facility are injected underground; and

springs, and other surface water bodies which receive storm water discharges from the facility;

**Item IV-A**

For each outfall, provide an estimate of the area drained by the outfall which is covered by impervious surfaces. For the purpose of this application, impervious surfaces are surfaces where storm water runs off at rates that are significantly higher than background rates (e.g., predevelopment levels) and include paved areas, building roofs, parking lots, and roadways. Include an estimate of the total area (including all impervious and pervious areas) drained by each outfall. The site map required under item III can be used to estimate the total area drained by each outfall.

**Item IV-B**

Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored, or disposed in a manner to allow exposure to storm water; method of treatment, storage or disposal of these materials; past and present materials management practices employed, in the last three years, to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied. Significant materials should be identified by chemical name, form (e.g., powder, liquid, etc.), and type of container or treatment unit. Indicate any materials treated, stored, or disposed of together. "Significant materials" includes, but is not limited to: raw materials; fuels; materials such as solvents, detergents, and plastic pellets; finished materials such as metallic products; raw materials used in food processing or production; hazardous substances designated under Section 101 (14) of CERCLA; any chemical the facility is required to report pursuant to Section 313 of Title III of SARA; fertilizers; pesticides; and waste products such as ashes, slag and sludge that have the potential to be released with storm water discharges.

**Item IV-C**

For each outfall, structural controls include structures which enclose material handling or storage areas, covering materials, berms, dikes, or diversion ditches around manufacturing, production, storage or treatment units, retention ponds, etc. Nonstructural controls include practices such as spill prevention plans, employee training, visual inspections, preventive maintenance, and housekeeping measures that are used to prevent or minimize the potential for releases of pollutants.

#### **Item V**

Provide a certification that all outfalls that should contain storm water discharges associated with industrial activity have been tested or evaluated for the presence of non-storm water discharges which are not covered by an NPDES permit. Tests for such non-storm water discharges may include smoke tests, fluorometric dye tests, analysis of accurate schematics, as well as other appropriate tests. Part B must include a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test. All non-storm water discharges must be identified in a Form 2C or Form 2E which must accompany this application (see beginning of instructions under section titled "Who Must File Form 2F" for a description of when Form 2C and Form 2E must be submitted).

#### **Item VI**

Provide a description of existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years.

#### **Item VII-A, B, and C**

These items require you to collect and report data on the pollutants discharged for each of your outfalls. Each part of this item addresses a different set of pollutants and must be completed in accordance with the specific instructions for that part. The following general instructions apply to the entire item.

#### **General Instructions**

Part A requires you to report at least one analysis for each pollutant listed. Parts B and C require you to report analytical data in two ways. For some pollutants addressed in Parts B and C, if you know or have reason to know that the pollutant is present in your discharge, you may be required to list the pollutant and test (sample and analyze) and report the levels of the pollutants in your discharge. For all other pollutants addressed in Parts B and C, you must list the pollutant if you know or have reason to know that the pollutant is present in the discharge, and either report quantitative data for the pollutant or briefly describe the reasons the pollutant is expected to be discharged. (See specific instructions on the form and below for Parts A through C.) Base your determination that a pollutant is present in or absent from your discharge on your knowledge of your raw materials, material management practices, maintenance chemicals, history of spills and releases, intermediate and final products and byproducts, and any previous analyses known to you of your effluent or similar effluent.

**A. Sampling:** The collection of the samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater or storm water discharges. You may contact EPA or your State permitting authority for detailed guidance on sampling techniques and for answers to specific questions. Any specific requirements contained in the applicable analytical methods should be followed for sample containers, sample preservation, holding times, the collection of duplicate samples, etc. The time when you sample should be representative, to the extent feasible, of your treatment system operating properly with no system upsets. Samples should be collected from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present permit, or at any site adequate for the collection of a representative sample.

For pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, and fecal coliform, grab samples taken during the first 30 minutes (or as soon thereafter as practicable) of the discharge must be used (you are not required to analyze a flow-weighted composite for these parameters). For all other pollutants both a grab sample collected during the first 30 minutes (or as soon thereafter as practicable) of the discharge and a flow-weighted composite sample must be analyzed. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period of greater than 24 hours.

All samples shall be collected from the discharge resulting from a storm event that is greater than 0.1 inches and at least 72 hours from the previously measurable (greater than 0.1 inch rainfall) storm event. Where feasible, the variance in the duration of the event and the total rainfall of the event should not exceed 50 percent from the average or median rainfall event in that area.

A grab sample shall be taken during the first thirty minutes of the discharge (or as soon thereafter as practicable), and a flow-weighted composite shall be taken for the entire event or for the first three hours of the event.

Grab and composite samples are defined as follows:

**Grab sample:** An individual sample of at least 100 milliliters collected during the first thirty minutes (or as soon thereafter as practicable) of the discharge. This sample is to be analyzed separately from the composite sample.

**Flow-weighted Composite sample:** A flow-weighted composite sample may be taken with a continuous sampler that proportions the amount of sample collected with the flow rate or as a combination of a minimum of three sample aliquots taken in each hour of discharge for the entire event or for the first three hours of the event, with each aliquot being at least 100 milliliters and collected with a minimum period of fifteen minutes between aliquot collections. The composite must be flow proportional; either the time interval between each aliquot or the volume of each aliquot must be proportional to either the stream flow at the time of sampling or the total stream flow since the collection of the previous aliquot. Aliquots may be collected manually or automatically. Where GC/MS Volatile Organic Analysis (VOA) is required, aliquots must be combined in the laboratory immediately before analysis. Only one analysis for the composite sample is required.

Data from samples taken in the past may be used, provided that:

All data requirements are met;

Sampling was done no more than three years before submission; and

All data are representative of the present discharge.

Among the factors which would cause the data to be unrepresentative are significant changes in production level, changes in raw materials, processes, or final products, and changes in storm water treatment. When the Agency promulgates new analytical methods in 40 CFR Part 136, EPA will provide information as to when you should use the new methods to generate data on your discharges. Of course, the Director may request additional information, including current quantitative data, if they determine it to be necessary to assess your discharges. The Director may allow or establish appropriate site-specific sampling procedures or requirements including sampling locations, the season in which the sampling takes place, the minimum duration between the previous measurable storm event and the storm event sampled, the minimum or maximum level of precipitation required for an appropriate storm event, the form of precipitation sampled (snow melt or rainfall), protocols for collecting samples under 40 CFR Part 136, and additional time for submitting data on a case-by-case basis.

**B. Reporting:** All levels must be reported as concentration and mass (note: grab samples are reported in terms of concentration). You may report some or all of the required data by attaching separate sheets of paper instead of filling out pages VII-1 and VII-2 if the separate sheets contain all the required information in a format which is constant with pages VII-1 and VII-2 in spacing and identification of pollutants and columns. Use the following abbreviations in the columns headed "Units."

Concentration		Mass	
ppm	parts per million	lbs	pounds
mg/l	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	milligrams
ug/l	micrograms per liter	g	grams
kg	kilograms	T	tonnes (metric tons)

All reporting of values for metals must be in terms of "total recoverable metal," unless:

(1) An applicable, promulgated effluent limitation or standard specifies the limitation for the metal in dissolved, valent, or total form; or

(2) All approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium); or

(3) The permitting authority has determined that in establishing case-by-case limitations it is necessary to express the limitations on the metal in dissolved, valent, or total form to carry out the provisions of the CWA. If you measure only one grab sample and one flow-weighted composite

sample for a given outfall, complete only the "Maximum Values" columns and insert "1" into the "Number of Storm Events Sampled" column. The permitting authority may require you to conduct additional analyses to further characterize your discharges.

If you measure more than one value for a grab sample or a flow-weighted composite sample for a given outfall and those values are representative of your discharge, you must report them. You must describe your method of testing and data analysis. You also must determine the average of all values within the last year and report the concentration and mass under the "Average Values" columns, and the total number of storm events sampled under the "Number of Storm Events Sampled" columns.

- C. Analysis:** You must use test methods promulgated in 40 CFR Part 136; however, if none has been promulgated for a particular pollutant, you may use any suitable method for measuring the level of the pollutant in your discharge provided that you submit a description of the method or a reference to a published method. Your description should include the sample holding time, preservation techniques, and the quality control measures which you used. If you have two or more substantially identical outfalls, you may request permission from your permitting authority to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfalls. If your request is granted by the permitting authority, on a separate sheet attached to the application form, identify which outfall you did test, and describe why the outfalls which you did not test are substantially identical to the outfall which you did test.

#### **Part VII-A**

Part VII-A must be completed by all applicants for all outfalls who must complete Form 2F.

Analyze a grab sample collected during the first thirty minutes (or as soon thereafter as practicable) of the discharge and flow-weighted composite samples for all pollutants in this Part, and report the results except use only grab samples for pH and oil and grease. See discussion in General Instructions to Item VII for definitions of grab sample collected during the first thirty minutes of discharge and flow-weighted composite sample. The "Average Values" column is not compulsory but should be filled out if data are available.

#### **Part VII B**

List all pollutants that are limited in an effluent guideline which the facility is subject to (see 40 CFR Subchapter N to determine which pollutants are limited in effluent guidelines) 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 discussion in General instructions to item VII for definitions of grab sample collected during the first thirty minutes (or as soon thereafter as practicable) of discharge and flow-weighted composite sample. The "Average Values" column is not compulsory but should be filled out if data are available.

Analyze a grab sample collected during the first thirty minutes of the discharge and flow-weighted composite samples for all pollutants in this Part, and report the results, except as provided in the General Instructions.

#### **Part VII-C**

Part VII-C must be completed by all applicants for all outfalls which discharge storm water associated with industrial activity, or that EPA is evaluating for designation as a significant contributor of pollutants to waters of the United States, or as contributing to a violation of a water quality standard. Use both a grab sample and a composite sample for all pollutants you analyze for in this part except use grab samples for residual chlorine and fecal coliform. The "Average Values" column is not compulsory but should be filled out if data are available. Part C requires you to address the pollutants in Table 2F-2, 2F-3, and 2F-4 for each outfall. Pollutants in each of these Tables are addressed differently.

**Table 2F-2:** For each outfall, list all pollutants in Table 2F-2 that you know or have reason to believe are discharged (except pollutants previously listed in Part VII-B). If a pollutant is limited in an effluent guideline limitation which the facility is subject to, the pollutant must be analyzed and reported in Part VII-B. If a pollutant in Table 2F-2 is indirectly limited by an effluent guideline limitation through an indicator (e.g., use of TSS as an indicator to control the discharge of iron and aluminum), you must analyze for it and report the data in Part VII-B. For other pollutants listed in Table 2F-2 (those not limited directly or indirectly by an effluent limitation guideline), that you know or have reason to believe are discharged, you must either report quantitative data or briefly describe the reasons the pollutant is expected to be discharged.

**Table 2F-3:** For each outfall, list all pollutants in Table 2F-3 that you know or have reason to believe are discharged. For every pollutant in Table 2F-3 expected to be discharged in concentrations of 10 ppb or greater, you must submit quantitative data. For acrolein, acrylonitrile, 2,4 dinitrophenol, and 2-methyl-4,6 dinitrophenol, you must submit quantitative data if any of these four pollutants is expected to be discharged in concentrations of 100 ppb or greater. For every pollutant expected to be discharged in concentrations less than 10 ppb (or 100 ppb for the four pollutants listed above), then you must either submit quantitative data or briefly describe the reasons the pollutant is expected to be discharged.

**Small Business Exemption** - If you are a "small business," you are exempt from the reporting requirements for the organic toxic pollutants listed in Table 2F-3. There are two ways in which you can qualify as a small business". If your facility is a coal mine, and if your probable total annual production is less than 100,000 tons per year, you may submit past production data or estimated future production (such as a schedule of estimated total production under 30 CFR 795.14(c)) instead of conducting analyses for the organic toxic pollutants. If your facility is not a coal mine, and if your gross total annual sales for the most recent three years average less than \$100,000 per year (in second quarter 1980 dollars), you may submit sales data for those years instead of conducting analyses for the organic toxic pollutants. The production or sales data must be for the facility which is the source of the discharge. The data should not be limited to production or sales for the process or processes which contribute to the discharge, unless those are the only processes at your facility. For sales data, in situations involving intracorporate transfer of goods and services, the transfer price per unit should approximate market prices for those goods and services as closely as possible. Sales figures for years after 1980 should be indexed to the second quarter of 1980 by using the gross national product price deflator (second quarter of 1980=100). This index is available in National Income and Product Accounts of the United States (Department of Commerce, Bureau of Economic Analysis).

**Table 2F-4:** For each outfall, list any pollutant in Table 2F-4 that you know or believe to be present in the discharge and explain why you believe it to be present. No analysis is required, but if you have analytical data, you must report them. Note: Under 40 CFR 117.12(a)(2), certain discharges of hazardous substances (listed at 40 CFR 177.21 or 40 CFR 302.4) may be exempted from the requirements of section 311 of CWA, which establishes reporting requirements, civil penalties, and liability for cleanup costs for spills of oil and hazardous substances. A discharge of a particular substance may be exempted if the origin, source, and amount of the discharged substances are identified in the NPDES permit application or in the permit, if the permit contains a requirement for treatment of the discharge, and if the treatment is in place. To apply for an exclusion of the discharge of any hazardous substance from the requirements of section 311, attach additional sheets of paper to your form, setting forth the following information:

1. The substance and the amount of each substance which may be discharged.
2. The origin and source of the discharge of the substance.
3. The treatment which is to be provided for the discharge by;
  - a. An onsite treatment system separate from any treatment system treating your normal discharge;
  - b. A treatment system designed to treat your normal discharge and which is additionally capable of treating the amount of the substance identified under paragraph 1 above; or
  - c. Any combination of the above.

See 40 CFR 117.12(a)(2) and (c), published on August 29, 1979, in 44 FR 50766, or contact your Regional Office (Table I on Form 1, Instructions), for further information on exclusions from section 311.

#### **Part VII-D**

If sampling is conducted during more than one storm event, you only need to report the information requested in Part VII-D for the storm event(s) which resulted in any maximum pollutant concentration reported in Part VII-A, VII-B, or VII-C.

Provide flow measurements or estimates of the flow rate, and the total amount of discharge for the storm event(s) sampled, the method of flow measurement, or estimation. Provide the data and duration of the storm event(s) sampled, rainfall measurements, or estimates of the storm event which generated the sampled runoff and the duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event.

### Part VII-E

List any toxic pollutant listed in Tables 2F-2, 2F-3, or 2F-4 which you currently use or manufacture as an intermediate or final product or byproduct. In addition, if you know or have reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) is discharged or if you use or manufacture 2,4,5-trichlorophenoxy acetic acid (2,4,5,-T); 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5,-TP); 2-(2,4,5-trichlorophenoxy) ethyl, 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophene (HCP); then list TCDD. The Director may waive or modify the requirement if you demonstrate that it would be unduly burdensome to identify each toxic pollutant and the Director has adequate information to issue your permit. You may not claim this information as confidential; however, you do not have to distinguish between use or production of the pollutants or list the amounts.

### Item VIII

Self explanatory. The permitting authority may ask you to provide additional details after your application is received.

### Item X

The Clean Water Act provides for severe penalties for submitting false information on this application form.

Section 309(c)(4) of the Clean Water Act provides that "Any person who knowingly makes any false material statement, representation, or certification in any application, . . . shall upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment for not more than 2 years, or by both. If a conviction of such person is for a violation committed after a first conviction of such person under this paragraph, punishment shall be by a fine of not more than \$20,000 per day of violation, or by imprisonment of not more than 4 years, or by both." 40 CFR Part 122.22 requires the certification to be signed as follows:

**(A) For a corporation:** by a responsible corporate official. For purposes of this section, a responsible corporate official means (i) a president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

**Note:** EPA does not require specific assignments or delegation of authority to responsible corporate officers identified in 122.22(a)(1)(i) The Agency will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation has notified the Director to the contrary. Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate position under 122.22(a)(1)(ii) rather than to specific individuals.

**(B) For a partnership or sole proprietorship:** by a general partner or the proprietor, respectively; or

**(C) For a municipality, State, Federal, or other public agency:** by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

**Table 2F-1  
Codes for Treatment Units**

**Physical Treatment Processes**

1-A	Ammonia Stripping	1-M	Grit Removal
1-B	Dialysis	1-N	Microstraining
1-C	Diatomaceous Earth Filtration	1-O	Mixing
1-D	Distillation	1-P	Moving Bed Filters
1-E	Electrodialysis	1-Q	Multimedia Filtration
1-F	Evaporation	1-R	Rapid Sand Filtration
1-G	Flocculation	1-S	Reverse Osmosis (Hyperfiltration)
1-H	Flotation	1-T	Screening
1-1	Foam Fractionation	1-U	Sedimentation (Setting)
1-J	Freezing	1-V	Slow Sand Filtration
1-K	Gas-Phase Separation	1-W	Solvent Extraction
1-L	Grinding (Comminutors)	1-X	Sorption

**Chemical Treatment Processes**

2-A	Carbon Adsorption	2-G	Disinfection (Ozone)
2-B	Chemical Oxidation	2-H	Disinfection (Other)
2-C	Chemical Precipitation	2-I	Electrochemical Treatment
2-D	Coagulation	2-J	Ion Exchange
2-E	Dechlorination	2-K	Neutralization
2-F	Disinfection (Chlorine)	2-L	Reduction

**Biological Treatment Processes**

3-A	Activated Sludge	3-E	Pre-Aeration
3-B	Aerated Lagoons	3-F	Spray Irrigation/Land Application
3-C	Anaerobic Treatment	3-G	Stabilization Ponds
3-D	Nitrification-Denitrification	3-H	Trickling Filtration

**Other Processes**

4-A	Discharge to Surface Water	4-C	Reuse/Recycle of Treated Effluent
4-B	Ocean Discharge Through Outfall	4-D	Underground Injection

**Sludge Treatment and Disposal Processes**

5-A	Aerobic Digestion	5-M	Heat Drying
5-B	Anaerobic Digestion	5-N	Heat Treatment
5-C	Belt Filtration	5-O	Incineration
5-D	Centrifugation	5-P	Land Application
5-E	Chemical Conditioning	5-Q	Landfill
5-F	Chlorine Treatment	5-R	Pressure Filtration
5-G	Composting	5-S	Pyrolysis
5-H	Drying Beds	5-T	Sludge Lagoons
5-I	Elutriation	5-U	Vacuum Filtration
5-J	Flotation Thickening	5-V	Vibration
5-K	Freezing	5-W	Wet Oxidation
5-L	Gravity Thickening		

Table 2F-2

**Conventional and Nonconventional Pollutants**

Bromide  
Chlorine, Total Residual  
Color  
Fecal Coliform  
Fluoride  
Nitrate-Nitrite  
Nitrogen, Total Organic  
Oil and Grease  
Phosphorus, Total  
Radioactivity  
Sulfate  
Sulfite  
Surfactants  
Aluminum, Total  
Barium, Total  
Boron, Total  
Cobalt Total  
Iron, Total  
Magnesium, Total  
Molybdenum, Total  
Manganese, Total  
Tin, Total  
Titanium, Total

Table 2F-3

Toxic Pollutants

Toxic Pollutants and Total Phenol

Antimony, Total  
 Arsenic, Total  
 Beryllium, Total  
 Cadmium, Total  
 Chromium, Total

Copper, Total  
 Lead, Total  
 Mercury, Total  
 Nickel, Total  
 Selenium, Total

Silver, Total  
 Thallium, Total  
 Zinc, Total  
 Cyanide, Total  
 Phenols, Total

GC/MS Fraction Volatiles Compounds

Acrolein  
 Acrylonitrile  
 Benzene  
 Bromoform  
 Carbon Tetrachloride  
 Chlorobenzene  
 Chlorodibromomethane  
 Chloroethane  
 2-Chloroethylvinyl Ether  
 Chloroform

Dichlorobromomethane  
 1,1-Dichloroethane  
 1,2-Dichloroethane  
 1,1-Dichloroethylene  
 1,2-Dichloropropane  
 1,3-Dichloropropylene  
 Ethylbenzene  
 Methyl Bromide  
 Methyl Chloride  
 Methylene Chloride

1,1,2,2-Tetrachloroethane  
 Tetrachloroethylene  
 Toluene  
 1,2-Trans-Dichloroethylene  
 1,1,1-Trichloroethane  
 1,1,2-Trichloroethane  
 Trichloroethylene  
 Vinyl Chloride

Acid Compounds

2-Chlorophenol  
 2,4-Dichlorophenol  
 2,4-Dimethylphenol  
 4,6-Dinitro-O-Cresol

2,4-Dinitrophenol  
 2-Nitrophenol  
 4-Nitrophenol  
 p-Chloro-M-Cresol

Pentachlorophenol  
 Phenol  
 2,4,6-Trichlorophenol  
 2-methyl-4,6 dinitrophenol

Base/Neutral

Acenaphthene  
 Acenaphthylene  
 Anthracene  
 Benzidine  
 Benzo(a)anthracene  
 Benzo(a)pyrene  
 3,4-Benzofluoranthene  
 Benzo(ghi)perylene  
 Benzo(k)fluoranthene  
 Bis(2-chloroethoxy)methane  
 Bis(2-chloroethyl)ether  
 Bis(2-chloroisopropyl)ether  
 Bis(2-ethylhexyl)phthalate  
 4-Bromophenyl Phenyl Ether  
 Butylbenzyl Phthalate

2-Chloronaphthalene  
 4-Chlorophenyl Phenyl Ether  
 Chrysene  
 Dibenzo(a,h)anthracene  
 1,2-Dichlorobenzene  
 1,3-Dichlorobenzene  
 1,4-Dichlorobenzene  
 3,3'-Dichlorobenzidine  
 Diethyl Phthalate  
 Dimethyl Phthalate  
 Di-N-Butyl Phthalate  
 2,4-Dinitrotoluene  
 2,6-Dinitrotoluene  
 Di-N-Octylphthalate  
 1,2-Diphenylhydrazine (as Azobenzene)

Fluoranthene  
 Fluorene  
 Hexachlorobenzene  
 Hexachlorobutadiene  
 Hexachloroethane  
 Indeno(1,2,3-cd)pyrene  
 Isophorone  
 Naphthalene  
 Nitrobenzene  
 N-Nitrosodimethylamine  
 N-Nitrosodi-N-Propylamine  
 N-Nitrosodiphenylamine  
 Phenanthrene  
 Pyrene  
 1,2,4-Trichlorobenzene

Pesticides

Aldrin  
 Alpha-BHC  
 Beta-BHC  
 Gamma-BHC  
 Delta-BHC  
 Chlordane  
 4,4'-DDT  
 4,4'-DDE  
 4,4'-DDD

Dieldrin  
 Alpha-Endosulfan  
 Beta-Endosulfan  
 Endosulfan Sulfate  
 Endrin  
 Endrin Aldehyde  
 Heptachlor  
 Heptachlor Epoxide  
 PCB-1242

PCB-1254  
 PCB-1221  
 PCB-1232  
 PCB-1248  
 PGB-1260  
 PCB-1016  
 Toxaphene

Table 2F-4

Hazardous Substances

Toxic Pollutant

Asbestos

Hazardous Substances

Acetaldehyde  
 Allyl alcohol  
 Allyl chloride  
 Amyl acetate  
 Aniline  
 Benzonitrile  
 Benzyl chloride  
 Butyl acetate  
 Butylamine  
 Carbaryl  
 Carbofuran  
 Carbon disulfide  
 Chlorpyrifos  
 Coumaphos

Cresol  
 Crotonaldehyde

Cyclohexane  
 2,4-D (2,4-Dichlorophenoxyacetic acid)  
 Diazinon  
 Dicamba  
 Dichlobenil  
 Dichlone  
 2,2-Dichloropropionic acid  
 Dichlorvos  
 Diethyl amine  
 Dimethyl amine

Dinitrobenzene  
 Diquat  
 Disulfoton  
 Diuron  
 Epichlorohydrin  
 Ethion  
 Ethylene diamine  
 Ethylene dibromide  
 Formaldehyde  
 Furfural  
 Guthion  
 Isoprene  
 Isopropanolamine  
 Kelthane

Kepone  
 Malathion

Mercaptodimethur  
 Methoxychlor

Methyl mercaptan  
 Methyl methacrylate  
 Methyl parathion  
 Mevinphos  
 Mexacarbate  
 Monoethyl amine  
 Monomethyl amine  
 Naled

Napthenic acid  
 Nitrotoluene  
 Parathion  
 Phenolsulfonate  
 Phosgene  
 Propargite  
 Propylene oxide  
 Pyrethrins  
 Quinoline  
 Resorcinol  
 Stronhium  
 Strychnine  
 Styrene  
 2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)  
 TDE (Tetrachlorodiphenyl ethane)  
 2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanoic acid]  
 Trichlorofan  
 Triethylamine  
 Trimethylamine  
 Uranium  
 Vanadium  
 Vinyl acetate  
 Xylene  
 Xylenol  
 Zirconium

# **STORMWATER TESTING**

Storm Water Permit

Reporting Year 2012

Outfall #002S

PH 7.56

TSS 25 mg/l

AMONIA-NITROGEN 0.361 mg/l

TKN <1.50 mg/l

NITRATE plus NITRITE <0.65 mg/l

    NITRITE-NITROGEN <0.15 mg/l

    NITRATE-NITROGEN 0.542 mg/l

TOTAL PHOSPHORUS 1.20 mg/l

OIL & GREASE <5.00 mg/l

FLOW 0.053856 MGD

E. COLI 14300 col/100mL

CBOD 5.2 mg/l

DATE OF EVENT 12/5/12 RAINFALL AMOUNT 0.3

TIME SAMPLE COLLECTED 5:00 AM LENGTH OF EVENT 2 hrs

DATE OF LAST EVENT 11/12/12

HOURS SINCE LAST EVENT 533

Storm Water Permit

Reporting Year 2012

Outfall #003S

PH	<u>7.36</u>
TSS	<u>21.7</u> mg/l
AMONIA-NITROGEN	<u>0.111</u> mg/l
TKN	<u>&lt;1.50</u> mg/l
NITRATE plus NITRITE	<u>&lt;0.65</u> mg/l
NITRITE-NITROGEN	<u>&lt;0.15</u> mg/l
NITRATE-NITROGEN	<u>&lt;0.500</u> mg/l
TOTAL PHOSPHORUS	<u>&lt;1.00</u> mg/l
OIL & GREASE	<u>&lt;5.00</u> mg/l
FLOW	<u>0.067320</u> MGD
E. COLI	<u>16200</u> col/100mL
CBOD	<u>8.5</u> mg/l

DATE OF EVENT	<u>12/5/12</u>	RAINFALL AMOUNT	<u>0.3</u>
TIME SAMPLE COLLECTED	<u>5:10 AM</u>	LENGTH OF EVENT	<u>2 hrs</u>
DATE OF LAST EVENT	<u>11/12/12</u>		
HOURS SINCE LAST EVENT	<u>533</u>		

Storm Water Permit

Reporting Year 2012

Outfall #004S

PH 7.61

TSS 128 mg/l

AMONIA-NITROGEN 0.559 mg/l

TKN 2.92 mg/l

NITRATE plus NITRITE 1.36 mg/l

NITRITE-NITROGEN <0.15 mg/l

NITRATE-NITROGEN 1.36 mg/l

TOTAL PHOSPHORUS 1.20 mg/l

OIL & GREASE <5.00 mg/l

FLOW 0.134640 MGD

E. COLI 10800 col/100mL

CBOD 14.0 mg/l

DATE OF EVENT 12/5/12 RAINFALL AMOUNT 0.3

TIME SAMPLE COLLECTED 5:13 AM LENGTH OF EVENT 2 hrs

DATE OF LAST EVENT 11/12/12

HOURS SINCE LAST EVENT 533

Storm Water Permit

Reporting Year 2012

Outfall #005S

PH	<u>7.18</u>
TSS	<u>8.33</u> mg/l
AMONIA-NITROGEN	<u>0.105</u> mg/l
TKN	<u>&lt;1.50</u> mg/l
NITRATE plus NITRITE	<u>&lt;0.65</u> mg/l
NITRITE-NITROGEN	<u>&lt;0.15</u> mg/l
NITRATE-NITROGEN	<u>&lt;0.500</u> mg/l
TOTAL PHOSPHORUS	<u>&lt;1.00</u> mg/l
OIL & GREASE	<u>&lt;5.00</u> mg/l
FLOW	<u>0.000842</u> MGD
E. COLI	<u>1.3</u> col/100mL
CBOD	<u>&lt;3.00</u> mg/l

DATE OF EVENT	<u>12/5/12</u>	RAINFALL AMOUNT	<u>0.3</u>
TIME SAMPLE COLLECTED	<u>5:15 AM</u>	LENGTH OF EVENT	<u>2 hrs</u>
DATE OF LAST EVENT	<u>11/12/12</u>		
HOURS SINCE LAST EVENT	<u>533</u>		

Storm Water Permit

Reporting Year 2012

Outfall #006S

PH 7.02

TSS 10.5 mg/l

AMONIA-NITROGEN <0.100 mg/l

TKN <1.50 mg/l

NITRATE plus NITRITE <0.65 mg/l

    NITRITE-NITROGEN <0.15 mg/l

    NITRATE-NITROGEN <0.500 mg/l

TOTAL PHOSPHORUS <1.00 mg/l

OIL & GREASE <5.00 mg/l

FLOW 0.001122 MGD

E. COLI 300 col/100mL

CBOD <3.0 mg/l

DATE OF EVENT 12/5/12 RAINFALL AMOUNT 0.3

TIME SAMPLE COLLECTED 5:20 AM LENGTH OF EVENT 2 hrs

DATE OF LAST EVENT 11/12/12

HOURS SINCE LAST EVENT 533

Storm Water Permit

Reporting Year 2012

Outfall #007S

PH 7.23

TSS 6.83 mg/l

AMONIA-NITROGEN <0.100 mg/l

TKN <1.50 mg/l

NITRATE plus NITRITE <0.65 mg/l

    NITRITE-NITROGEN <0.15 mg/l

    NITRATE-NITROGEN <0.500 mg/l

TOTAL PHOSPHORUS <1.00 mg/l

OIL & GREASE <5.00 mg/l

FLOW 0.002244 MGD

E. COLI 106.3 col/100mL

CBOD <3.00 mg/l

DATE OF EVENT 12/5/12      RAINFALL AMOUNT 0.3

TIME SAMPLE COLLECTED 5:25 AM      LENGTH OF EVENT 2 hrs

DATE OF LAST EVENT 11/12/12

HOURS SINCE LAST EVENT 533

**Storm Water Permit**

**Reporting Year 2013**

**Effluent #002S**

<b>PH</b>	<u>7.45</u>
<b>TSS</b>	<u>22.0</u> mg/l
<b>AMONIA-NITROGEN</b>	<u>0.122</u> mg/l
<b>TKN</b>	<u>2.62</u> mg/l
<b>NITRATE plus NITRITE</b>	<u>0.652</u> mg/l
NITRITE-NITROGEN	<u>&lt;0.15</u> mg/l
NITRATE-NITROGEN	<u>0.652</u> mg/l
<b>TOTAL PHOSPHORUS</b>	<u>&lt;1.00</u> mg/l
<b>OIL &amp; GREASE</b>	<u>&lt;5.00</u> mg/l
<b>FLOW</b>	<u>0.000496</u> MGD
<b>E. COLI</b>	<u>687.7</u> col/100mL
<b>CBOD</b>	<u>16.0</u> mg/l

<b>DATE OF EVENT</b>	<u>3/5/13</u>	<b>RAINFALL AMOUNT</b>	<u>0.4"</u>
<b>TIME SAMPLE COLLECTED</b>	<u>1:38pm</u>	<b>LENGTH OF EVENT</b>	<u>62 min</u>
<b>DATE OF LAST EVENT</b>	<u>2/25/13</u>	<b>FLOW</b>	<u>0.000496</u>
<b>HOURS SINCE LAST EVENT</b>	<u>192</u>		

Storm Water Permit

Reporting Year 2013

Effluent #003S

PH	<u>7.34</u>
TSS	<u>24.7</u> mg/l
AMONIA-NITROGEN	<u>0.215</u> mg/l
TKN	<u>&lt;1.50</u> mg/l
NITRATE plus NITRITE	<u>0.764</u> mg/l
NITRITE-NITROGEN	<u>&lt;0.15</u> mg/l
NITRATE-NITROGEN	<u>0.764</u> mg/l
TOTAL PHOSPHORUS	<u>&lt;1.00</u> mg/l
OIL & GREASE	<u>&lt;5.00</u> mg/l
FLOW	<u>0.0835</u> MGD
E. COLI	<u>1057</u> col/100mL
CBOD	<u>26.0</u> mg/l

DATE OF EVENT	<u>3/5/13</u>	RAINFALL AMOUNT	<u>0.4"</u>
TIME SAMPLE COLLECTED	<u>1:40pm</u>	LENGTH OF EVENT	<u>62 min</u>
DATE OF LAST EVENT	<u>2/25/13</u>	FLOW	<u>0.0835</u>
HOURS SINCE LAST EVENT	<u>192</u>		

Storm Water Permit

Reporting Year 2013

Effluent #004S

PH 7.91

TSS 128 mg/l

AMONIA-NITROGEN 0.297 mg/l

TKN 1.53 mg/l

NITRATE plus NITRITE 1.81 mg/l

    NITRITE-NITROGEN <0.15 mg/l

    NITRATE-NITROGEN 1.81 mg/l

TOTAL PHOSPHORUS <1.00 mg/l

OIL & GREASE <5.00 mg/l

FLOW 0.104 MGD

E. COLI 285.7 col/100mL

CBOD 16.0 mg/l

DATE OF EVENT 3/5/13 RAINFALL AMOUNT 0.4"

TIME SAMPLE COLLECTED 1:45pm LENGTH OF EVENT 62 min

DATE OF LAST EVENT 2/25/13 FLOW 0.104

HOURS SINCE LAST EVENT 192

Storm Water Permit

Reporting Year 2013

Effluent #005S

PH 7.70

TSS 116 mg/l

AMONIA-NITROGEN 0.320 mg/l

TKN 2.04 mg/l

NITRATE plus NITRITE 1.29 mg/l

    NITRITE-NITROGEN <0.15 mg/l

    NITRATE-NITROGEN 1.29 mg/l

TOTAL PHOSPHORUS <1.00 mg/l

OIL & GREASE <5.00 mg/l

FLOW 0.000083 MGD

E. COLI 257 col/100mL

CBOD 17.0 mg/l

DATE OF EVENT 3/5/13 RAINFALL AMOUNT 0.4"

TIME SAMPLE COLLECTED 1:35pm LENGTH OF EVENT 62 min

DATE OF LAST EVENT 2/25/13 FLOW 0.000083

HOURS SINCE LAST EVENT 192

Storm Water Permit

Reporting Year 2013

Effluent #006S

PH 7.61

TSS 43.3 mg/l

AMONIA-NITROGEN 0.192 mg/l

TKN <1.50 mg/l

NITRATE plus NITRITE <0.65 mg/l

    NITRITE-NITROGEN <0.15 mg/l

    NITRATE-NITROGEN <0.500 mg/l

TOTAL PHOSPHORUS <1.00 mg/l

OIL & GREASE <5.00 mg/l

FLOW 0.0000248 MGD

E. COLI 0 col/100mL

CBOD 8.70 mg/l

DATE OF EVENT 3/5/13 RAINFALL AMOUNT 0.4"

TIME SAMPLE COLLECTED 1:40pm LENGTH OF EVENT 62 min

DATE OF LAST EVENT 2/25/13 FLOW 0.0000248

HOURS SINCE LAST EVENT 192

Storm Water Permit

Reporting Year 2013

Effluent #007S

PH 7.62

TSS 49.3 mg/l

AMONIA-NITROGEN 0.227 mg/l

TKN <1.50 mg/l

NITRATE plus NITRITE <0.65 mg/l

    NITRITE-NITROGEN <0.15 mg/l

    NITRATE-NITROGEN <0.500 mg/l

TOTAL PHOSPHORUS <1.00 mg/l

OIL & GREASE <5.00 mg/l

FLOW 0.0139 MGD

E. COLI 314 col/100mL

CBOD 26.0 mg/l

DATE OF EVENT 3/5/13 RAINFALL AMOUNT 0.4"

TIME SAMPLE COLLECTED 1:35pm LENGTH OF EVENT 62 min

DATE OF LAST EVENT 2/25/13 FLOW 0.0139

HOURS SINCE LAST EVENT 192

Storm Water Permit

Reporting Year 2014

Effluent #002S

PH	<u>7.63</u>
TSS	<u>10.9</u> mg/l
AMONIA-NITROGEN	<u>0.09</u> mg/l
TKN	<u>2.24</u> mg/l
NITRATE plus NITRITE	<u>1.288</u> mg/l
NITRITE-NITROGEN	<u>1.27</u> mg/l
NITRATE-NITROGEN	<u>0.018</u> mg/l
TOTAL PHOSPHORUS	<u>0.828</u> mg/l
OIL & GREASE	<u>&lt;5.0</u> mg/l
FLOW	<u>0.0024</u> MGD
E. COLI	<u>175</u> col/100mL
CBOD	<u>2.5</u> mg/l

DATE OF EVENT	<u>11/16/14</u>	RAINFALL AMOUNT	<u>2"</u>
TIME SAMPLE COLLECTED	<u>10:45am</u>	LENGTH OF EVENT	<u>5 hours</u>
DATE OF LAST EVENT	<u>11/5/14</u>	FLOW	<u>0.0024</u>
HOURS SINCE LAST EVENT	<u>245</u>		

**Storm Water Permit**

**Reporting Year 2014**

**Effluent #003S**

<b>PH</b>	<u>7.81</u>
<b>TSS</b>	<u>4.4</u> mg/l
<b>AMONIA-NITROGEN</b>	<u>0.048</u> mg/l
<b>TKN</b>	<u>1.12</u> mg/l
<b>NITRATE plus NITRITE</b>	<u>1.435</u> mg/l
NITRITE-NITROGEN	<u>0.015</u> mg/l
NITRATE-NITROGEN	<u>1.42</u> mg/l
<b>TOTAL PHOSPHORUS</b>	<u>0.884</u> mg/l
<b>OIL &amp; GREASE</b>	<u>&lt;5.0</u> mg/l
<b>FLOW</b>	<u>0.40392</u> MGD
<b>E. COLI</b>	<u>340</u> col/100mL
<b>CBOD</b>	<u>&lt;2.0</u> mg/l

<b>DATE OF EVENT</b>	<u>11/16/14</u>	<b>RAINFALL AMOUNT</b>	<u>2"</u>
<b>TIME SAMPLE COLLECTED</b>	<u>10:17am</u>	<b>LENGTH OF EVENT</b>	<u>5 hours</u>
<b>DATE OF LAST EVENT</b>	<u>11/5/14</u>	<b>FLOW</b>	<u>0.40392</u>
<b>HOURS SINCE LAST EVENT</b>	<u>245</u>		

Storm Water Permit

Reporting Year 2014

Effluent #004S

PH 7.94

TSS 7.5 mg/l

AMONIA-NITROGEN 0.050 mg/l

TKN 2.24 mg/l

NITRATE plus NITRITE 1.157 mg/l

    NITRITE-NITROGEN 0.007 mg/l

    NITRATE-NITROGEN 1.15 mg/l

TOTAL PHOSPHORUS 0.427 mg/l

OIL & GREASE <5.0 mg/l

FLOW 0.5049 MGD

E. COLI 31.25 col/100mL

CBOD <2.0 mg/l

DATE OF EVENT 11/16/14      RAINFALL AMOUNT 2"

TIME SAMPLE COLLECTED 10:20am      LENGTH OF EVENT 5 hours

DATE OF LAST EVENT 11/5/14      FLOW 0.5049

HOURS SINCE LAST EVENT 245

Storm Water Permit

Reporting Year 2014

Effluent #005S

PH 7.31

TSS 9.1 mg/l

AMONIA-NITROGEN 0.120 mg/l

TKN 1.68 mg/l

NITRATE plus NITRITE 0.341 mg/l

    NITRITE-NITROGEN 0.014 mg/l

    NITRATE-NITROGEN 0.327 mg/l

TOTAL PHOSPHORUS 0.624 mg/l

OIL & GREASE <5.0 mg/l

FLOW 0.000399 MGD

E. COLI 25 col/100mL

CBOD 3.5 mg/l

DATE OF EVENT 11/16/14 RAINFALL AMOUNT 2"

TIME SAMPLE COLLECTED 10:35am LENGTH OF EVENT 5 hours

DATE OF LAST EVENT 11/5/14 FLOW 0.000399

HOURS SINCE LAST EVENT 245

Storm Water Permit

Reporting Year 2014

Effluent #006S

PH	<u>7.35</u>
TSS	<u>6.7</u> mg/l
AMONIA-NITROGEN	<u>0.067</u> mg/l
TKN	<u>2.80</u> mg/l
NITRATE plus NITRITE	<u>0.283</u> mg/l
NITRITE-NITROGEN	<u>0.010</u> mg/l
NITRATE-NITROGEN	<u>0.273</u> mg/l
TOTAL PHOSPHORUS	<u>0.280</u> mg/l
OIL & GREASE	<u>&lt;5.0</u> mg/l
FLOW	<u>0.00012</u> MGD
E. COLI	<u>15.63</u> col/100mL
CBOD	<u>10.0</u> mg/l

DATE OF EVENT	<u>11/16/14</u>	RAINFALL AMOUNT	<u>2"</u>
TIME SAMPLE COLLECTED	<u>10:37am</u>	LENGTH OF EVENT	<u>5 hours</u>
DATE OF LAST EVENT	<u>11/5/14</u>	FLOW	<u>0.00012</u>
HOURS SINCE LAST EVENT	<u>245</u>		

**Storm Water Permit**

**Reporting Year 2014**

**Effluent #007S**

**PH** 7.58

**TSS** 12.1 mg/l

**AMONIA-NITROGEN** 0.055 mg/l

**TKN** 2.24 mg/l

**NITRATE plus NITRITE** 0.474 mg/l

    NITRITE-NITROGEN 0.014 mg/l

    NITRATE-NITROGEN 0.460 mg/l

**TOTAL PHOSPHORUS** 0.340 mg/l

**OIL & GREASE** <5.0 mg/l

**FLOW** 0.06732 MGD

**E. COLI** 1550 col/100mL

**CBOD** 3.5 mg/l

**DATE OF EVENT** 11/16/14      **RAINFALL AMOUNT** 2"

**TIME SAMPLE COLLECTED** 10:30am      **LENGTH OF EVENT** 5 hours

**DATE OF LAST EVENT** 11/5/14      **FLOW** 0.06732

**HOURS SINCE LAST EVENT** 245



- 003 DRAINAGE AREA
- 004 DRAINAGE AREA
- 006 DRAINAGE AREA
- 007 DRAINAGE AREA

NOTE:  
 AREAS THAT ARE NOT WITHIN A DELINEATED  
 AREA SHEET FLOW OFF THE SITE