

# Huntsville, Alabama

308 Fountain Circle Huntsville, AL 35801

# Cover Memo

Meeting Type: City Council Regular Meeting Meeting Date	:: 6/22/2023	File ID: TMP-3058
Department: Water Pollution Control		
Subject:	Type of Action:	Approval/Action
Resolution authorizing the City Council to review the Annua Reports and report same to Alabama Department of Environment	l Municipal Water Ponental Management.	ollution Prevention (MWPP)
Resolution No.		
Finance Information: N/A		
Account Number: N/A		
City Cost Amount: \$ 0		
Total Cost: \$0		
Special Circumstances: N/A		
Grant Funded: N/A		
Grant Title - CFDA or granting Agency: N/A		
Resolution #: N/A		
Location: (list below) N/A		
Address:  District: District 1 □ District 2 □ District 3	etrict 4 District	5 🗆
Additional Comments:		

# RESOLUTION NO. 23-

WHEREAS, in order to maintain compliance with regulations promulgated by the Alabama Department of Environmental Management (ADEM), the Water Pollution Control Department for the City of Huntsville prepares a Municipal Water Pollution Prevention (MWPP) Annual Report for submission to ADEM by each of its six wastewater treatment plants; and

WHEREAS, ADEM requires City Council of Huntsville to review the MWPP Annual Reports and set forth any necessary actions to maintain effluent requirements contained in the City's National Pollutant Discharge Elimination System (NPDES) Permit and to prevent the bypass and overflow of raw sewage within the collection system or at the City's treatment plant; and

WHEREAS, the MWPP Annual Reports are scored, and the point total is used to determine if any remedial action is necessary for a sanitary sewer system facility; a score of seventy-one (71) is the threshold score requiring corrective action to be taken; the maximum points possible is 783; and

WHEREAS, Huntsville City Council has reviewed the MWPP Annual Reports for the City's six Waste Water Treatment Plants (WWTP), which are attached hereto as Exhibits A through F; and

WHEREAS, the reports reflect the following scores: Exhibit A – Western Area WWTP (11 points); Exhibit B – Aldridge Creek WWTP (6 points); Exhibit C – Big Cove WWTP (16 points), Exhibit D – Chase WWTP (2 points); Exhibit E – Magnolia Springs WWTP (34 points), and Exhibit F– Spring Branch WWTP (2 points); and

WHEREAS, the scores of the City's wastewater treatment plants all fall well below the threshold where ADEM would direct any remedial action.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Huntsville, Alabama, that having reviewed the 2022 MWPP Annual Reports, the City Council hereby informs ADEM that the City's six wastewater treatment plants are in compliance with ADEM's sanitary sewer system regulations.

**ADOPTED** this the <u>22nd</u> day of <u>June</u>, 2023.

President of the City Council City of Huntsville, Alabama

APPROVED this the 22nd day of June, 2023.

Mayor of the City of Huntsville, Alabama

# MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

# **ANNUAL REPORT**

SUBMITTED BY:

TREATMENT FACILITY	r: WEST	ERN AREA WWTP	NPDES #: AL0049531			
MUNICIPALITY:	IUNTSVILLE		COUNTY: MADISON			
CONTACT PERSON:	SHANE CO					
	Responsible Official					
	DIRECTOR	OF WATER POLLU	TION CONTROL			
	Title					
	Telephone #:	256-883-3719	<sub>Fax #:</sub> 56-883-3682			
		s:shane.cook@hun				
CHIEF OPERATOR:	KEVIN RICH	IARDSON				
	Name					
	Telephone #:	256-883-3719	Fax #:			
	Email Address	kevin.richardson@	huntsvilleal.gov			
	Date: MAY 20	), 2023				
REVIEWED BY:		1				
	Consulting Eng	gineer				
	Telephone #:		Fax #:			
	Date:	4				

# MWPP Annual Report Information Source List

The following information will be needed to complete the compliance maintenance report that covers the calendar year of 2022 (due **May 31**, 2023).

- Part 1 A. The average plant influent flow for each month (million gallons per day/MGD) during the year.
  - B. The average plant influent BOD (CBOD) for each month (mg/l and lb/day) in the year.
  - C. The plant's average design flow (MGD) and design BOD (CBOD) loading (lbs/day).
- Part 2 A. The monthly average permit and DMR effluent concentration for BOD (CBOD), TSS, NH3-N, and/or TKN in mg/l for the year
  - B. The monthly average effluent limits and DMR loading for BOD (CBOD), TSS, NH3-N, and/or TKN in lbs/day for the year
- Part 3 The age of the treatment plant defined as the number of years since the last major reconstruction to increase the organic or hydraulic capacity of the plant. The last calendar year minus the year the new construction was brought on-line.
- Part 4 Bypass and overflow information. This is the number of bypass or overflow events of untreated wastewater due to heavy rain or equipment failure whether intentional or inadvertent from all collection systems tributary to the treatment facility.
- Part 5 A. Describe the characteristics and quantity of sludge generated.
  - B. If sludge is landspread, how many months of sludge storage does the plant have? This should include on-site and off-site storage from the treatment plant. The digestor capacity may be used in the calculation.
- Part 6 A. Sludge Disposal Method
  - B. The number of approved land disposal sites for sludge available, and how many months or years these disposal sites will these be available for use.
- Part 7 The number of sewer extensions installed in the community last year, the design population, design flow, and design BOD (CBOD) for each sewer extension.
- Part 8 Operator Certification
- Part 9 Financial Status
- Part 10 Subjective Evaluation
- Part 11 Summary Sheet

State of Alabama MWPP Annual Report Department of Environmental Management

## Instructions to the Operator-in-Charge

- 1. Complete all sections of the MWPP Report to the best of your ability.
- Parts 1 through 8 contain questions for which points will be generated. These points are intended to communicate to the Department and the governing body or owner the actions necessary to prevent effluent violations. Enter the point totals from Parts 1 through 8 on Part 11: Summary Sheet.
- 3. Add the point totals on Part 11: Summary Sheet.
- 4. Submit the MWPP Report to the governing body and the consulting engineer and owner for review and approval.
- 5. The governing body should pass a resolution which contains the following points:
  - a. The resolution should acknowledge the governing body or owner has reviewed the MWPP Report.
  - The resolution should indicate what actions will be taken to prevent effluent violations.
  - c. The resolution should provide any other information the governing body or owner deems appropriate.
- 6. The MWPP Report and the resolution must be submitted by May 31<sup>st</sup> to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.

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Facility Name: WESTERN AREA WWTP

### Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD<sub>5</sub> (CBOD<sub>5</sub>) loadings received at your facility during the last calendar year.

<u>Month</u>	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD <sub>5</sub> (CBOD <sub>5</sub> ) Concentration (mg/l)	Column 3 Average Loading BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day**)
January	18.54	66	10260
ouridary .	10.34		10260
February	17.8	75	11264
March	20.22	66	11114
April	17.84	68	10064
May	14.4	90	10774
June	13.47	110	12417
July	12.02	93	9275
August	11.09	85	7898
September	9.91	82	6771
October	9.59	91	7264
November	9.57	108	8663
December	15.64	58	7578
Annual Avg.	14.17	83	9445

<sup>\*\*</sup> As reported on NPDES Discharge Monitoring Reports (DMRs) and as required by EPA's NPDES Self-Monitoring System, User Guide, March 1985.

B. List the average design flow and average design BOD<sub>5</sub> (CBOD<sub>5</sub>) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	Average Design Flow	Average Design BOD₅ (CBOD₅) Loading (lbs/day)		
Design Criteria	20	33380		
90% of the Design Criteria	18	30042		

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C.	How many tim	nes did the monthly flow ( (Check the appropri	•	exceed 90% of design flow?
	0 - 4 = 0 p	oints 5 or r	nore = 5 points	
D.	How many tim	nes did the monthly flow ((Check the appropri		exceed the design flow?
	☐ 0 = 0 point	is $\boxed{1-2} = 5$ points	3-4=10 points	5 or more =15 points
E.		nes did the monthly BOI f the design loading?(Check the appropria		/day) (Column 3) to the WWTP
	■ 0 -1 = 0 pc	oints 2 – 4 =5 poin	ts	points
F.	How many timexceed the de	sign loading?		/day) (Column 3) to the WWTP
		(Check the appropri	,	☐ 4 =40 points ☐ 5 or more =50 point
G.				m in the appropriate blank below.
	C points =	0		
	D points =	5		
	E points =	0		
	F points =	0		
	AL POINTS VALU this value on Pa	JE FOR PART 1 rt 11: Summary Sheet.	5	

\*To obtain equivalent  $BOD_5$  loading for comparison with design loading for those permittees using influent  $CBOD_5$ , divide annual average  $CBOD_5$ , loading in lbs/day from Part 1, A by 0.7.

Facility Name:

## Part 2: Effluent Quality/Plant Performance

A. List the monthly average permit limits for the facility in the blanks below and the average monthly effluent DMR BOD<sub>5</sub>, (CBOD<sub>5</sub>) TSS, NH<sub>3</sub>-N and/or TKN concentration produced by the facility during the last calendar year.

## (1) NPDES Permit Concentration

Permit Limit	<u>Months</u> 1-12	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (mg/l) 25	TSS (mg/l) 30	NH <sub>3</sub> -N (mg/l) 20	TKN (mg/l) N/A
(2) DMF	R Concentration				
<u>Qtr</u>	<u>Month</u>	$\begin{array}{c} BOD_5\\ (CBOD_5)\\ (mg/I) \end{array}$	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
1	January	4.1	3.3	0.3	4
	February	4.6	3	0.5	3.3
	March	4.9	2.9	0.7	2.3
2	April May	5.3	3.2	0.6	1.5
		5	3.5	0.9	4.3
	June	5.1	2.7	0.8	4.7
3	July	5	2.3	1.5	1.7
	August	5.4	3.4	0.7	4.7
	September	4.8	2.7	0.5	6.6
4	October	4.9	5.7	1	4.3
	November	5.7	5.5	1.1	4.9
	December	3.8	3.1	0.6	3.4
	Annual Avg.	4.9	3.4	0.8	3.8

- B. List the monthly average permit limit and DMR loadings below.
  - (1) NPDES Permit Loading

Permit Limit	Months 1-12	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day) 4170	TSS (lbs/day) 5004	NH <sub>3</sub> -N (lbs/day) 3336	TKN (lbs/day) N/A
(2) DMI	R Loading				
<u>Qtr</u>	<u>Month</u>	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day)	TSS (lbs/day)	NH <sub>3</sub> -N (lbs/day)	TKN (lbs/day)
1	January	632	503	48	611
	February	681	446	76	486
	March	821	484	122	381
2	April	782	472	83	225
	May	604	422	103	518
	June	570	305	90	527
3	July	501	234	149	168
	August	502	317	67	430
	September	401	223	39	543
4	October	394	454	76	347
	November	457	439	84	389
	December	492	401	83	441
	Annual Avg.	570	392	85	422

C. During the past year did the BOD<sub>5</sub> (CBOD<sub>5</sub>) concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any consecutive quarters? (Check the appropriate point total.)

No = 0 points

☐ Yes = 121 points

D.	During the past year did the $BOD_5$ (CBOD $_5$ ) concentration (mg/l) and/or loading (lbs/day), exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)					
	No = 0 points	☐ Yes = 12	1 points			
E.	product of 1.4 time	ear did the effluent TSS es the monthly average the appropriate point tot	concentration (mg/l) or loading (lbs/dapermit limit during two months of any to al.)	ay) exceed the wo consecutive		
	No = 0 points	☐ Yes = 12	1 points			
F.	During the past y monthly average pappropriate point to	permit limit during four r	entration (mg/l) and/or loading (lbs/da nonths of any two consecutive quarter	y) exceed the s? (Check the		
	No = 0 points	☐ Yes = 12°	1 points			
G.	During the past year did the NH <sub>3</sub> -N or TKN concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any two consecutive quarters? (Check the appropriate point total.)					
	No = 0 points	☐ Yes = 121	points			
H. *	During the past ye exceed the month! (Check the approp	ly average permit limit o	or TKN concentration (mg/l) and/or loa luring four months of any two consecu	ding (lbs/day), itive quarters?		
	No = 0 points	☐ Yes = 121	points			
l.	Enter each point va	alue checked for C throu	gh H in the blanks below.			
	C Points =	0				
	D Points =		=			
	E Points =		_			
	F Points =	^	-			
	G Points =	0	_			
	H Points =	Λ .	-			
	EST INDIVIDUAL PO	DINT VALUE FOR PART : Summary Sheet.	2 (C-H) 0 (HIGHEST PC	DINT = 121)		

Facility Name:	WESTERN AREA WWTP

## Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed? \_\_

Subtract the above answer from the report year to determine age:

Enter Age in Part C below.

B. Check the type of treatment facility employed.

	Factor
X Mechanical Treatment Plant	2.0
Aerated Lagoon	1.5
Stabilization Pond	1.0
Other (Specify:)	1.0

C. Multiply the factor listed next to the type of the facility your community employs by the age of your facility to determine the total point value for Part 3:

$$\frac{2}{\text{(Factor)}} \times \frac{3}{\text{(Age)}} = \frac{6}{\text{TOTAL POINT VALUE FOR PART 3}}$$

Enter the above value on Part 11: Summary Sheet. If the total point value exceeds 40, enter 40 on Part 11: Summary Sheet.

2019

Facili	ty Name: WE	STERN AREA WWTP						
Part 4	4: Bypassing an	d Overflows						
A.	How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to heavy rain?							
B.		pass or overflow events s of the WWTP due to he		ater occurred in the last year prior to				
C.	How many of that future by anticipated?	ypass or overflow ever	events listed in Parts nts at the same loo	A and B have been corrected such cation due to heavy rain are not				
D.	Add together	Answers A and B and sub	otract Answer C from	that total.				
	A + B - C =	0(C	check the appropriate	point total.)				
	■ 0 = 0 point	ts	☐ 2 =10 points	☐ 3 =15 points				
	☐ 4 =20 poin	nts	☐ 6 = 30 points	☐ 7 = 35 points				
	☐ 8 =40 poin	nts	☐ 10 =50 points	☐ 11 or more =100 points				
E.	How many by WWTP due to	pass or overflow events equipment failure? (This	of untreated wastewa includes clogged/bro	ater occurred in the last year at the oken lines or manholes.)0				
F.	How many by equipment fail manholes.)	lure prior to the headworl	of untreated wastewaks of the WWTP? (TI	ater occurred in the last year due to his includes clogged/broken lines or				
G.	that future byp	the bypass or overflow epass or overflow events atted?	events listed in Parts at the same location	E and F have been corrected such due to the same equipment failure				
H.	Add together A	Answers E and F and sub	tract Answer G from	that total.				
	E + F - G = ,	(C	heck the appropriate	point total.)				
	0 = 0 points	s	☐ 2 =10 points	☐ 3 =15 points				
	4 =20 point	ts	☐ 6 = 30 points	☐ 7 = 35 points				
	☐ 8 =40 point	ts	☐ 10 =50 points	☐ 11 or more =100 points				
1.	Add point value	es checked in D and H ar	nd enter the total in th	e blank below.				
	_ POINT VALUE his value on Pa	E FOR PART 4 art 11: Summary Sheet.	0					
	All bypass or overflow events that have occurred in the last year (for any reason) must be individually reported with this MWPP report.							

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Facili	ity Name:	WESTERN	AREA WWTP				
Part :	5: Sludge C	Quantity and	Storage				
A.	Please p	orovide inform navailable da	nation concernir ata as requested	ng sludge qua on the <i>MWPI</i>	antity, charact Sewage Slu	teristi dge S	cs, and storage practices Survey, ADEM Form 419.
B.	available,	, either on-si	of sludge storag te or off-site? (i. g of sludge?)	e capacity d e., How many	oes the wast months can	ewate	er treatment facility have acility operate without land
	(Check th	ne appropriat	e point total.)				
	Greater ti	han or equal	to 4 months			х	= 0 points
	Less than	ı 4 months, t	out greater than o	or equal to 3 r	nonths		= 10 points
	Less than	n 3 months, b	out greater than o	or equal to 2 r	nonths		= 20 points
	Less than	2 months, b	out greater than o	or equal to 1 n	nonth		= 30 points
	Less than	one month					= 50 points
_			ummary Sheet.				
A.	Please pro	ovide the slu	udge disposal pr PP Sewage Slud	actices and s ge Survey, Al	site informatio DEM Form 419	n bas 9.	sed on available data as
B.	How many disposal si	y months or ites to provid	years does the le proper land dis	facility have sposal? (Ched	access to ar	nd ap riate p	proval for sufficient land point total.)
	36 or more	e months	= 0 points				
	24 - 35 mc	onths	= 10 points				
	12 - 23 mg	onths	☐ = 20 points				
	6 - 11 mon	nths	= 30 points				
	Less than	6 months	☐ = 50 points				
		ALUE FOR P n Part 11: Su		0			

Facility Name: WESTERN AREA WWTP
Part 7: New Development
Are there any major new developments (industrial, commercial, or residential) in the last calendar year or anticipated in the next 2-3 years such that either flow or $BOD_5$ (CBOD) loadings to the sewage system could significantly increase? Estimate additional loadings below
Design Design Design Design Population: $0.000$ Flow: $0.000$ MGD BOD $_5$ (CBOD $_5$ ): $0.000$ Design Population: $0.000$ Plow: $0.000$ Plow: $0.000$ Design Design Design Design Population: $0.000$ Plow: $0.000$
List industrial and/or residential developments.
NEW SUBDIVISION APPROXIMATELY 2300
LOTS. INDUSTRIAL USAGE WILL RISE DUE
TO GROWTH. WWTP HAS 35%
REMAINING CAPACITY AND LOADING.
Will the additional loading overload the plant? (Check the appropriate point total.)  No = 0 points
Part 8: Operator Certification  Complete the Plant and Collection System Personnel Inventory, ADEM Form 441.
Do both the plant operator and collection system staffing comply with ADEM Administrative Code; Division 10, Operator Certification Program? (Check the appropriate point total.)
■ Yes = 0 points □ No = 121 points
TOTAL POINT VALUE FOR PART 8(highest point total = 121) Enter this value on Part 11: Summary Sheet.

Facility Name:		WESETRN	AREA WWTP							
Part	9: Financia	Status								
A.	Are User are O&M YES	-Charge Revel costs being fir	nues sufficient to co nanced? <u>Include us</u>	ver operation and ser charge rates	d maintenar	ace expenses? If no, how				
	Resident	al Minimum _	0	Plus rate _	4.83					
	Industrial	Minimum _	0	Plus rate	4.83	/1,000 gal.				
	Monthly r	Monthly residential rate based on 6,000 gallons usage \$				28.98				
В.	reconstru	What financial resources are available to pay for the wastewater improvements and/or reconstruction needs?  ADEQUATE USER CHARGE SYSTEM WITH A+ BOND RATING FROM STANDARD								
	& POORS.									
C.	Please att	ach a rate she	et and the most rec	ent audit, if availa	able.					
Part 1	0: Subjectiv	e Evaluation								
A.			cal and structural co			eatment facility.  NDITION. THERE				
	CURREN	CURRENTLY EXISTS NO PROBLEMS WITH PREMATURE FAILURE DUE TO								
	CORROS	CORROSION OR DIFFERENTIAL SETTLING. WWTP UPGRADES CONTINUE.								
В.			dition of the sewer			es, lift stations). AT 25%. INFLOW				
	AND INFI	LTRATION P	ROJECTS CONT	INUE FOR SER	VICE ARE	Α.				

	What sewage system improvements does the community have planned for construction in the next 5 years?								
	CONSTRUCT NEW PROCESS TRAIN, NEW BLOWERS FOR AERATION BASINS,								
	NEW RAS/WAS PUMP STATION AND ELECTRICAL BUILDING								
10 14	FULL HEADWORKS UPGRADE INCLUDING ALL NEW MECHANICAL EQUIPMENT								
\ t	What is the theoretical design life of the plant, and what is the estimated remaining useful life of he wastewater treatment facility?								
<u>.</u>	DESIGN LIFE IS 50 YEARS. REMAINING LIFE IS 50 YEARS.								
S	Vhat problems, if any, over the last year have threatened treatment or conveyance within the ystem?								
-									
	the community presently involved in formal planning for treatment facility upgrading? 'ES. FUNDING IS IN PLACE TO ADEQUATELY PLAN FOR ANY GROWTH. ALL								
P	ROJECTS AND CONTRACTS ARE APPROVED IN PUBLIC FORUM.								
Ho	w many days in the last year were there residential backups at any point in the collection stem for any reason other than clogging of the lateral connection?								
Oo de:	es the plant have a written plan for preventive maintenance on major equipment items? If yes, scribe.								
Υ	ES. ELECTRICAL:MEG-OHM, AMP CHECK. MECHANICAL:LUBRICATION OF ALL								
В	EARINGS,SEALS,ETC. THESE TASKS ARE PREFORMED FROM PREVENTATIVE								
N	IAINTENANCE LOGS AND TRACKED THROUGH DEPARTMENT DATABASES.								
_	•								

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1.	Does this preventive maintenance program depict frequency of intervals, types of lubrication, and other preventive maintenance tasks necessary for each piece of equipment?
	(Check the appropriate response.)   Yes   No
J.	Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assessed properly?
	(Check the appropriate response.)   Yes   No
K.	Describe any major repairs or mechanical equipment replacement made in the last year and include the approximate cost for those repairs. Do not include major treatment plant construction or upgrading programs.
	\$150,000.00 SANITARY SEWER COLLECTION IMPROVEMENTS
	\$150,000.00 VARIOUS PROCESS TRAIN MECHANICAL IMPROVEMENTS
	\$70,000.00 VARIOUS ELECTRICAL/SCADA IMPROVEMENTS
	List any additional comments. (Attach additional sheets if necessary.)
	\$200,000 WAS BUDGETED FOR ROUTINE REPAIRS FOR THIS PLANT IN 2022.
	THESE FUNDS WERE ALLOCATED FOR VARIOUS REPAIRS INCLUDING PUMPS,
	PROCESS EQUIPMENT AND ANY OTHER MECHANICAL/ELECTRICAL REPAIRS
	REPAIRS. IN ADDITION, CAPITAL PROJECTS ARE BUDGETED AND NOT
	INCLUDED IN THESE NUMBERS. THIS AMOUNT DOES NOT INCLUDE WHAT IS
	ANNUALLY BUDGETED FOR THE COLLECTION SYSTEM.

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Facility Name:	WESETRN AREA WWTP
-	

#### Part 11: Summary Sheet

1. Enter in the values from Parts 1 through 8 in the left column below. Add the numbers in the left column to determine the MWPP Report point total the wastewater system generated for the previous calendar year.

Actual \	∕alue	<u>s</u>	Maximum Possible
Part 1_	5	_points	80 points
Part 2_	0	points	121 points
Part 3_	6	_points	40 points
Part 4_	0	_points	200 points
Part 5_	0	_points	50 points
Part 6_	0	_points	50 points
Part 7_	^	_points	121 points
Part 8_	0	_points	121 points
Total	11	_points	783 points

- 2. Check the facility type that best describes the plant's treatment and disposal of wastewater.
  - Mechanical plant with surface water discharge
  - Aerated Lagoon or stabilization pond with surface water discharge
  - Mechanical plant using land disposal of liquid wastes
  - Aerated Lagoon or stabilization pond using land disposal of liquid wastes
- 3. Check the range that describes the action needed to address problems identified in the report.
  - 0 70 points Actions as Appropriate\*
  - 71 120 points Departmental Recommendation Range\*
  - ☐ 121 783 points Municipality Action Range\*

4. Complete the Municipal Water Pollution Prevention Resolution Form, ADEM Form 418.

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<sup>\*</sup>Other actions may be required by NPDES outside the scope of this report.

5.	In Question 1, do any of the actual point values in the left column equal the maximum post points in the right column?								
	(Check the appropriate response.)								
	If yes, provide a written explanation for this situation in the space below.								

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						_			
FACILITY I	NAME:			Vestern A	rea WWT	Р	- PLAN	NT GRADE:	IV
PERMIT N	UMBER:	AL00495	31						
PLANT SU	PLANT SUPERINTENDENT: Kevin Richardson							TEL. #	256-883-3719
SYSTEM N	MANAGER:		Shane L.	Cook				TEL. #	256-883-3719
PLANT OP	ERATORS:				DE 0D				
	N/	AME			DE OR E STATUS		OPERATOR NO.	EXP.	DATE
1. Kevin Richa	ardson				IV		C008002	08/	31/25
2. Randall Col	2. Randall Colwell				IV		C004919		31/24
3. Jorge Estra	ıda				IV		C008853	01/3	31/26
4. Noah Perry					IV		C009543	03/3	31/24
5. Jeremy Lov					IV		C003116		31/26
6. Timothy Tar					IV		C002279	09/3	30/23
7. Devin Smith	h				IV		C007990	8/3	1/25
8.									
9.									
COLLECTIO	ON SYSTEM	/I OPERATO	RS:						<del></del>
				ľ		ľ		1	
1. Sam Rowan				IC		C009546		08/31/23	
2. Terrell Point	dexter			IC		C008173		07/31/25	
3. Jeffery Jeffe	erson			IC		C000981			
4. Dennis Holt						1000000		10/31/24	
				IC		C009619		10/31/24 09/30/23	
			MAN H	IC	NUMBER	1			
MANAGEME		RVISOR	MAN H		NUMBER	1			
MANAGEME OPERATOR	ENT/SUPEF		40	IC	1	1			
•	ENT/SUPEF	GRADE I-C	40 80	IC		1	AVERAGE NI IMBE	09/30/23	EEQ DED QUIET:
•	ENT/SUPEF	GRADE I-C GRADE I	40 80	IC	1	1	AVERAGE NUMBE	09/30/23	EES PER SHIFT:
-	ENT/SUPEF	GRADE I-C	40 80	IC	1	1	AVERAGE NUMBE	09/30/23	EES PER SHIFT:
·	ENT/SUPEF	GRADE I-C GRADE I GRADE II	40 80	IC	1	1		09/30/23	
OPERATOR	ENT/SUPEF R(S): ED TRAINE	GRADE I-C GRADE I GRADE II GRADE III GRADE IV	80	IC	4	1	1ST 2	09/30/23	TART TIME 6:00 AN
OPERATOR  DESIGNATE  LABORATO	ENT/SUPEF R(S): ED TRAINE PRY	GRADE I-C GRADE I GRADE II GRADE III GRADE IV	80	IC	4	1	1ST 2	09/30/23	TART TIME 6:00 AN
DESIGNATE LABORATO MAINTENAN	ENT/SUPEF R(S): ED TRAINE PRY NCE	GRADE I-C GRADE I GRADE III GRADE IV E(S)	80	IC	4	1	1ST 2	09/30/23	TART TIME 6:00 AN
OPERATOR DESIGNATE LABORATO	ENT/SUPEF R(S): ED TRAINE PRY NCE	GRADE I-C GRADE I GRADE III GRADE IV E(S)	80	IC	4	1	1ST 2	09/30/23	TART TIME 6:00 AN
DESIGNATE LABORATO MAINTENAN	ENT/SUPEF R(S): ED TRAINE PRY NCE ANT WORKI	GRADE I-C GRADE II GRADE III GRADE IV E(S)	80 252 80	IC RS./WK	4	1	1ST 2	09/30/23	TART TIME 6:00 AN
DESIGNATE LABORATO MAINTENAN OTHER PLA	ENT/SUPEF R(S): ED TRAINE PRY NCE ANT WORKI	GRADE I-C GRADE II GRADE III GRADE IV E(S)	40 80 252 80 VORKED EATUES	IC  RS.WK  ACH DAY: WED	1 4 7 2 THURS	C009619	1ST 2 2ND 1	09/30/23	TART TIME 6:00 AN
DESIGNATE LABORATO MAINTENAN OTHER PLA	ENT/SUPER R(S): ED TRAINE PRY NCE ANT WORKI	GRADE I-C GRADE II GRADE III GRADE IV E(S) ERS	80 252 80 VORKED EA	IC  RS./WK  ACH DAY:	7	C009619	1ST 2 2ND 1	09/30/23	TART TIME 6:00 AN

ADEM USE ONLY

1. DOES PLANT OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

2. DOES COLLECTION SYSTEM OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

YES	NO
ADEM FORM 441	8/02

# ALABAMA POTW'S SEWAGE SLUDGE SURVEY \*

Facility	y Background Information:				
1. Fac	cility Information		Permit	Number:	AL0049531
	Name:	WESTERN AREA	\ WASTEWAT	TER TREATI	MENT PLANT
	Street Address:	733 LANDESS C	IR		
	County:	MADISON			
2 For	aility Contact				
Z. Fat	cility Contact Name:	SHANE L. COOK	•		
	Title:	DIRECTOR OF V		LITION CONT	TROI
	Telephone:	256-883-3719	WATER OLL	311011 00111	1102
	Permittee Name:	CITY OF HUNTS	VILLE		
	Mailing Address:	1800 VERMONT			
	Mailing / Mail 600.	HUNTSVILLE, AL			
		,			2/
Facility	Flow Information				
1. Fac	cility Wastewater Treatment C		4 4 4 =		
	Avg. Daily Flow for 202		14.17	MGD	
	Facility Design Capacit	.y:	20.0	MGD	
2. Est	imated Septage Quantity Han	dled (Residuals Ren	noved from Se	eptic Tank Sys	stems)
	Average Domestic Ser		0	gallons pe	
	Average Commercial S		0	gallons pe	er month
	•				
3. Met	thod of Septage Processing	10144 f T	-4		
		Wastewater for Trea	atment		
	Mixed with Sewage	: Sludge			
	0				
4 Feti	imated Percentage Contributi	ng Wastewater Flow			
T. LSt.	Residential:	=			
		50 %			
			cribe: Comme	ercial	
					()
5. List	type of wastewater treatment				
	PRIMARY CLARIFIER				ED AIR
	OXIDATION DITCH, S	ECONDARY CLARI	FIER, UV DIS	INFECTION	
0 F-4	imated sewage sludge wastin	a roto at this facility:		15189	lb/day dry weight
o. Est	imated sewage sludge wastin	g rate at this racility.	-	10100	gallons per day
			or		galions per day
7. Esti	imated untreated sludge rece	ived from off site:		0	lb/day dry weight
			or		gallons per day
8. Esti	imated percent solids of comb	oined sewage sludge	prior to treatn	nent:	70%

List the sewage slu	idge treatment p	orocesses us	ed in prepa	aring sludge for final us S	e or disposal Sludge Quanti	
	N/A				ited pounds p	
10. Estimate the total	volume of sludg	je generated	:	(dny.)	2772 U.S. tons per	vear)
				(diy	o.o. tons per	year)
Sludge Disposal Method	ods					
1. Which of the follow	ing describes th	e current me	ethod of sev	vage sludge disposal fo	or this facility:	
			Current F	Practices		Practices
			by ADEM	Quantity	Approved	
		<u>Yes</u>	<u>No</u>	(dry U.S. tons/year)	<u>Yes</u>	<u>No</u>
a. 🛭 Land App Shipped	olication, Bulk					
I Agricul	ture	0	0	(	· •	0
☐ Forest		0	0		0	Ö
Public	Contact	0	0		0	0
	Home Garden	0	_		0	0
L Lawrin	iomo Gardon	_	_		_	-
b. 🛭 Land App	olication,					
	Other Container			(		
☐ Agricul	ture	0	0		0	0
☐ Forest		0	0		0	0
Public		0	0		0	0
☐ Lawn/H	lome Garden		D		0	0
c. x Incinerati	on	X	D	2772	x	0
d. 🛭 Subtitle 🗈	) I andfill					
(Disposal		0	0		0	0
e. 🛭 Lined Tre	eatment Lagoon		_	y	_	_
	zation Pond		D		0	
f. 🛭 Unlined L Stabilizat		0	П		0	0
	ease Describe)	0	0		0	0
g. u Other (Pi	ease Describe)	u		(	и	u
2. If "f" was selected a	above and sludg	e is stored fo	or 2 or more	e years, enter the dista	nce between	the
surface disposal site a	nd the property	line:		_feet		
	w.				•	
Pollutant Concentratio	ns					
Enter the total cond	entrations of the	e following a	nalytes usir	ng existing data. Do no	t enter TCLP	results.
	ncentration	San		Sample	Detection	
Analyte (mo	/kg or ppm)	Tv	pe	Date	Analy	/sis

Arsenic					
Cadmium					
Chromium					
Соррег					
Lead					
Mercury					
Molybdenum					
Nickel					
Selenium					
Zinc					
Ammonium- Nitrogen					
Nitrate- Nitrogen					
Total Kjeldahl Nitrogen					
1. Which class 40 CFR Part 50 0 C 0 0 0	vided for Sewage Sludg s of pathogen reduction (33) lass A Alternative A1 - Time at Alternative A2 - Alkaline Alternative A3 - Analysi Alternative A4 - Analysi Alternative A5 - Process Il Heat Drying Il Pasteurizatio Il Composting Alternative A6 - PFRP E	does the s  nd Temper e Treatmer s and Ope s Only ses to Furt	rature  nt ration  ther Reduce P  Thermophi Gamma Ra	athogens (PFRP) lic Aerobic Digestion	,
0	ass B Alternative B1 - Fecal C Alternative B2 - Process I Aerobic Dige I Composting Alternative B3 - PSRP Beither or Unknown	s to Signific estion	cantly Reduce Air Drying Lime Stabil		Anaerobic Digestion

Vector Attraction Control
<ul> <li>Option 1 - Minimum 38% Reduction in Volatile Solids</li> <li>Option 2 - Anaerobic Processes, with Bench-Scale Demonstration of Volatile Solids Reduction</li> <li>Option 3 - Aerobic Processes, with Bench-Scale Demonstration of Volatile Solids Reduction</li> <li>Option 4 - Specific Oxygen Uptake Rate (SOUR) for Aerobically Digested Sludge</li> <li>Option 5 - Aerobic Processes plus Elevated Temperature</li> <li>Option 6 - Raised pH to 12 and Retained at 11.5</li> <li>Option 7 - 75% Solids with no Unstabilized Solids</li> <li>Option 8 - 90% Solids with Unstabilized Solids</li> <li>Option 9 - Injection Below Land Surface</li> <li>Option 10 - Incorporation into Soil within 6 or 8 Hours</li> <li>Option 11 Covering Active Sewage Sludge Unit Daily</li> <li>None of the Above</li> </ul>
Groundwater Monitoring
If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at the site?      If yes, please submit a copy of the groundwater monitoring reports along with this survey. Also please provide the approximate depth to groundwater and the groundwater monitoring procedures used to obtain the data.)
Land Application of Sewage Sludge
Answer the following questions if sewage sludge is applied to land.  1. If sewage sludge is land applied in bulk form, what type of crop or other vegetation is grown on this site?  N/A
If sewage sludge is land applied in bulk form, what is the nitrogen requirement for this crop or vegetation?  N/A
If sewage sludge is land applied in bulk form, briefly describe the nature of any complaints filed from neighbors?  N/A
* Permittees that submitted the "Annual Report Review Form" for sludge to the EPA

may submit a copy with the MWPP in lieu of Attachment 3.

# NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.3

(Submission #: HPQ-15H0-BER6A, version 1)

Digitally signed by: AEPACS Date: 2022.12.18 15:09:52 -06:00 Reason: Submission Data Location: State of Alabama

# **Details**

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID

SSO-00208710

Submission ID

HPQ-15H0-BER6A

# Form Input

#### **General Instructions**

All publicly or privately owned wastewater treatment plants holding an NPDES permit are required to provide immediate notification to the Alabama Department of Environmental Management (ADEM), county public health officials, the public, and any other affected entity such as public water systems as soon as possible upon becoming aware of any notifiable sanitary sewer overflow (SSO) events.

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) 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.

Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's Alabama Environmental Permitting and Compliance System (AEPACS) system. The follow-up report shall be submitted within five days of becoming aware of the SSO event using the Department's AEPACS system.

#### Special Note:

The Sanitary Sewer Overflow map allows users to see the locations of SSOs that have been reported to the Department. They are displayed on the map for 10 days after the SSO has ceased. The colors indicate the volume of the discharge.

Click on any dot on the map and a popup will display information about the SSO(s).

At the top of the popup that is displayed after clicking on a dot, there is a number that indicates the number of SSOs at that location. Users can cycle through them by clicking on the arrows at the top of the popup.

At the bottom of the popup is a link ("click for eFile") that will take users to SSOs reported from that facility. The eFile entries that appear are sorted by date from most recent to oldest and contain only SSO reports.

Users can zoom in and out by using the +/- buttons at the top left of the map, the scroll on their mouse, or by holding the Shift key down while clicking and dragging a box on the map to zoom in.

The Switch Basemap button at the top right of the page allows users to select a different basemap. Please also be aware that the SSOs reported to the Department will appear on a public map here.

# **Processing**

NOTE: You should choose the correct status for this SSO notification/report EACH time you submit a notification/report.

If you are able to complete all of the information in the first submittal, please indicate the status of �Submit both the Initial 24-

Indicate which of the following describes the status of this SSO notification/report:

Submit both the Initial 24-hour notification and 5-day report concurrently

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?

No

Regardless of the notification method used to first notify the Department of this SSO event (i.e. AEPACS, SSO hotline, fax, etc), was the initial notification made to the Department within 24 hours of becoming aware of the event? Yes

## **Permittee Information**

**Permit Number** 

AL0049531

**Permittee** 

City of Huntsville

## Facility/Site Information

**Facility Name** 

Huntsville Western Area WWTP

**Facility County** 

Madison

# Assigned SSO ID

Assigned SSO ID

SSO-00208710

#### **SSO Event - Information**

## Date/Time SSO Event Started:

Date	Time	
12/17/2022	03:00 pm	

#### Is the SSO on-going?

No

**Date/Time SSO Event Stopped:** 

Date	Time	
12/17/2022	04:00 pm	

## Did the SSO occur during wet weather?

No

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?

#### Note:

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected. Estimated volumes above 1,000,000 gallons must be entered as a VALUE.

#### Report Estimated Volume Discharged as

### **Estimated Volume Discharged (Range)**

1,000 < gallons <= 10,000

#### Indicate source of discharge event

Treatment Plant

# County in which SSO occurred (check all that apply)

Madison

#### Note

For detailed information on how to place a point on the map, please click the Map Help link below. Also, when reporting for an SSO(s) caused by an extreme weather event, please specify a general location for the SSO(s):

Map Help link

#### Latitude/Longitude of discharge

34.56730552041902,-86.76467326171048

#### Note

Please specify either the street address or location description for the discharge

#### Street Address

759 Landess Circle

#### City

Madison

#### State

AL

#### ZIP Code

35756

#### **Location Description**

Huntsville Western Area WWTP

#### Known or suspected cause of the discharge

Pump Malfunction at Covered Drying Bed

#### **Destination of discharge**

**Drainage Ditch** 

#### Note:

If the SSO discharge first entered a storm drain or drainage ditch, you must also provide the first named creek or river that receives the flow from that storm drain/drainage ditch.

# Provide the first named creek or river that receives the flow.

Blackwell Swamp

# Did the discharge enter an unnamed tributary prior to entering the first named creek or river listed above?

No

# Did the discharge reach a designated swimming water?

No

# Monitoring of the receiving water (i.e. visual survey or water quality sampling) is:

Not Performed

#### Was the affected area cleaned?

Yes

## Was the affected area disinfected?

Yes

# Are you aware of any other potential health or environmental impacts?

## **SSO Event - Corrective Action**

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health.

Area was cleaned and disinfected.

#### Please attach supporting information, if applicable:

NONE PROVIDED Comment

NONE PROVIDED

#### Indicate efforts to notify public (check all that apply):

Notice not required

Please explain why notice to the public was not required and, if cited as the reason why no notice was given, also give the reason why the SSO event was not a notifiable SSO:

Overflow was contained on the treatment plant property.

## Indicate Other Officials Notified (check all that apply):

Notice Not Required

Please explain why notice to the other officials was not required and, if cited as the reason why no notice was given, also give the reason why the SSO event was not a notifiable SSO:

Overflow was contained on the treatment plant property.

#### Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

#### Additional Attachments

#### **Additional Attachments**

NONE PROVIDED

Comment

NONE PROVIDED

## **General Comments**

## **General Comments (Optional)**

Pump malfunction caused an overflow at the covered drying beds. Area was cleaned and disinfected.

# Agreements and Signature(s)

#### **SUBMISSION AGREEMENTS**

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

I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signed By

Randall Stewart on 12/18/2022 at 2:58 PM

# **Submission Complete**

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form (NPDES Sanitary Sewer Overflow (SSO) Event Report)

SSO ID SSO-00207635 Submission HPF-2RTZ-TC4P9 Revision 1 Form Version 1.1

# NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.1

(Submission #: HPF-2RTZ-TC4P9, version 1)

# **Details**

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID

SSO-00207635

Submission ID

HPF-2RTZ-TC4P9

**Status** 

Submitting

# Form Input

# **General Instructions**

# Processing

NOTE: You should choose the correct status for this SSO notification/report each time you submit a notification/report. If you are able to complete all of the information in the first submittal, please indicate the status of "Submit both the Initial 24-hour notification and 5day report concurrently."

Indicate which of the following describes the status of this SSO notification/report: Submit Initial 24-hour notification

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)? No

Regardless of the notification method used to first notify the Department of this SSO event (i.e. AEPACS, SSO hotline, fax, etc), was the initial notification made to the Department within 24 hours of becoming aware of the event? Yes

# **Permittee Information**

**Permit Number** AL0049531

Permittee City of Huntsville

# Facility/Site Information

**Facility Name** Huntsville Western Area WWTP

**Facility County** Madison

# **Assigned SSO ID**

**Assigned SSO ID** SSO-00207635

# **SSO Event - Information**

### Date/Time SSO Event Started:

Date	Time
1/28/2022	12:30 pm

# Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time	
1/28/2022	04:30 pm	

Did the SSO occur during wet weather?

No

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the **ENTIRE** sewer system? No

### Report Estimated Volume Discharged as Range

# Estimated Volume Discharged (Range)

75,000 < gallons <= 100,000

## Indicate source of discharge event

**Broken Line** 

# County in which SSO occurred (check all that apply)

Madison

#### Note

For detailed information on how to place a point on the map, please click the Map Help link below. Also, when reporting for an SSO(s) caused by an extreme weather event, please specify a general location for the SSO(s): Map Help link

# Latitude/Longitude of discharge

34.65552468859133,-86.752792299459

#### Note

Please specify either the street address or location description for the discharge

## **Street Address**

NONE PROVIDED

#### City

NONE PROVIDED

#### State

AL

#### **ZIP Code**

NONE PROVIDED

#### **Location Description**

SW of the intersection of Old Jim Williams Road and Trademark Drive.

## Known or suspected cause of the discharge

An outside contractor crushed/collapsed our gravity main.

#### Destination of discharge

Other (Please Describe)

## Please describe the "Other" destination(s) of the discharge:

Water confined to recent construction area.

#### Did the discharge reach a designated swimming water?

No

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is: Not Performed

Was the affected area cleaned?

Yes

Was the affected area disinfected?

Yes

Are you aware of any other potential health or environmental impacts? No

# SSO Event - Corrective Action

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health.

Area was secured and the sewer line was repaired. The area was cleaned and disinfected after repair was made.

## Please attach supporting information, if applicable:

Old Jim Williams Road and Trademark Drive 1.jpg - 01/28/2022 08:11 PM Old Jim Williams Road and Trademark Drive 2.jpg - 01/28/2022 08:11 PM Old Jim Williams Road and Trademark Drive 3.jpg - 01/28/2022 08:11 PM Comment

NONE PROVIDED

# Indicate efforts to notify public (check all that apply):

Placement of Signs

# Date signs were placed:

1/28/2022

### Indicate Other Officials Notified (check all that apply):

County Health Department Other (Please Describe)

### **County Health Department notification date:**

1/28/2022

#### Please describe the "Other" officials notified:

Storm Water Authority

## Other Officials Notification Date:

1/28/2022

#### Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected? No

# **Additional Attachments**

**Additional Attachments** NONE PROVIDED Comment NONE PROVIDED

# **General Comments**

## **General Comments (Optional)**

Area was secured and sewer line was repaired. Area was cleaned and disinfected after repair was made.

# **Attachments**

Date	Attachment Name	Context	Confidential?	User
1/28/2022 8:11 PM	Old Jim Williams Road and Trademark Drive 3.jpg	Attachment	No	Randall Stewart
1/28/2022 8:11 PM	Old Jim Williams Road and Trademark Drive 2.jpg	Attachment	No	Randall Stewart
1/28/2022 Old Jim Williams Road and 8:11 PM Trademark Drive 1.jpg		Attachment	No	Randall Stewart

# **Status History**

	User	Processing Status
1/28/2022 7:29:11 PM	Randall Stewart	Draft
1/28/2022 8:16:53 PM	Randall Stewart	Submitting
1/28/2022 8:16:53 PM	Randall Stewart	Signing

# Agreements and Signature(s)

#### SUBMISSION AGREEMENTS

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

I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signed By

Randall Stewart on 01/28/2022 at 8:16 PM

## MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

## **ANNUAL REPORT**

SUBMITTED BY:

TREATMENT FACILI	TY: ALDRIDGE CREEK WWTP NPDES #: AL0056855	
MUNICIPALITY:	HUNTSVILLE COUNTY: MADISON	
CONTACT PERSON:	SHANE COOK  Responsible Official  DIRECTOR OF WATER POLLUTION CONTROL	
	Title  Telephone #: 256-883-3719  Fax #: 256-883-3682	
	Email Address: shane.cook@huntsvilleal.gov MARK RITTMAN	
CHIEF OPERATOR:	Name Telephone #: 256-883-3719 Fax #: 256-883-3682	
	Email Address:mark.rittman@huntsvilleal.gov	
REVIEWED BY:	Date: MAY 20, 2023  Consulting Engineer	
	Telephone #:Fax #: Date:	

# MWPP Annual Report Information Source List

The following information will be needed to complete the compliance maintenance report that covers the calendar year of 2022 (due **May 31**, 2023).

- Part 1 A. The average plant influent flow for each month (million gallons per day/MGD) during the year.
  - B. The average plant influent BOD (CBOD) for each month (mg/l and lb/day) in the year.
  - C. The plant's average design flow (MGD) and design BOD (CBOD) loading (lbs/day).
- Part 2 A. The monthly average permit and DMR effluent concentration for BOD (CBOD), TSS, NH3-N, and/or TKN in mg/l for the year
  - B. The monthly average effluent limits and DMR loading for BOD (CBOD), TSS, NH3-N, and/or TKN in lbs/day for the year
- Part 3 The age of the treatment plant defined as the number of years since the last major reconstruction to increase the organic or hydraulic capacity of the plant. The last calendar year minus the year the new construction was brought on-line.
- Part 4 Bypass and overflow information. This is the number of bypass or overflow events of untreated wastewater due to heavy rain or equipment failure whether intentional or inadvertent from all collection systems tributary to the treatment facility.
- Part 5 A. Describe the characteristics and quantity of sludge generated.
  - B. If sludge is landspread, how many months of sludge storage does the plant have? This should include on-site and off-site storage from the treatment plant. The digestor capacity may be used in the calculation.
- Part 6 A. Sludge Disposal Method
  - B. The number of approved land disposal sites for sludge available, and how many months or years these disposal sites will these be available for use.
- Part 7 The number of sewer extensions installed in the community last year, the design population, design flow, and design BOD (CBOD) for each sewer extension.
- Part 8 Operator Certification
- Part 9 Financial Status
- Part 10 Subjective Evaluation
- Part 11 Summary Sheet

### Instructions to the Operator-in-Charge

- Complete all sections of the MWPP Report to the best of your ability.
- 2. Parts 1 through 8 contain questions for which points will be generated. These points are intended to communicate to the Department and the governing body or owner the actions necessary to prevent effluent violations. Enter the point totals from Parts 1 through 8 on Part 11: Summary Sheet.
- 3. Add the point totals on Part 11: Summary Sheet.
- 4. Submit the MWPP Report to the governing body and the consulting engineer and owner for review and approval.
- 5. The governing body should pass a resolution which contains the following points:
  - a. The resolution should acknowledge the governing body or owner has reviewed the MWPP Report.
  - b. The resolution should indicate what actions will be taken to prevent effluent violations.
  - c. The resolution should provide any other information the governing body or owner deems appropriate.
- 6. The MWPP Report and the resolution must be submitted by May 31<sup>st</sup> to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.

ADEM Form 417 07/15 m3

Page 3 of 17

Facility Name:

ALDRIDGE CREEK WWTP

### Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD<sub>5</sub> (CBOD<sub>5</sub>) loadings received at your facility during the last calendar year.

<u>Month</u>	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD <sub>5</sub> (CBOD <sub>5</sub> ) Concentration	Column 3 Average Loading BOD <sub>5</sub> (CBOD <sub>5</sub> )
WOTH	(IVIOD)	(mg/l)	(lbs/day**)
January	6.31	106	5579
February	5.39	154	6941
March	6.99	121	7082
April	4.85	116	4710
May	3.11	203	5279
June	3.19	268	7133
July	2.53	214	4531
August	2.64	202	4457
September	4.17	182	6340
October	4.95	164	6770
November	5.14	264	11335
December	6.53	110	6017
Annual Avg.	4.65	175	6348

<sup>\*\*</sup> As reported on NPDES Discharge Monitoring Reports (DMRs) and as required by EPA's NPDES Self-Monitoring System, User Guide, March 1985.

B. List the average design flow and average design BOD<sub>5</sub> (CBOD<sub>5</sub>) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	Average Design Flow	Average Design BOD <sub>5</sub> (CBOD <sub>5</sub> ) Loading (lbs/day)
Design Criteria	8.4	14020
90% of the Design Criteria	7.6	12618

C.	How many times did the monthly flow (Column 1) to the WWTP exceed 90% of design flow? 0(Check the appropriate point total)
	■ 0 - 4 = 0 points
D.	How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?  (Check the appropriate point total)
	$\blacksquare$ 0 = 0 points $\Box$ 1 - 2 = 5 points $\Box$ 3 - 4 = 10 points $\Box$ 5 or more = 15 points
E.	How many times did the monthly BOD <sub>5</sub> (CBOD <sub>5</sub> )* loading (lbs/day) (Column 3) to the WWTP exceed 90% of the design loading?
	(Check the appropriate point total)
F.	How many times did the monthly $BOD_5$ ( $CBOD_5$ )* loading (lbs/day) (Column 3) to the WWTP exceed the design loading?
	0 (Check the appropriate point total)
	■ 0 = 0 points
G.	Enter each point value marked for C through F and enter the sum in the appropriate blank below.
	C points =0
	D points =0
	E points =0
	F points = 0
	L POINTS VALUE FOR PART 10 this value on Part 11: Summary Sheet.

<sup>\*</sup>To obtain equivalent  $BOD_5$  loading for comparison with design loading for those permittees using influent  $CBOD_5$ , divide annual average  $CBOD_5$ , loading in lbs/day from Part 1, A by 0.7.

### Part 2: Effluent Quality/Plant Performance

A. List the monthly average permit limits for the facility in the blanks below and the average monthly effluent DMR BOD<sub>5</sub>, (CBOD<sub>5</sub>) TSS, NH<sub>3</sub>-N and/or TKN concentration produced by the facility during the last calendar year.

### (1) NPDES Permit Concentration

	<u>Months</u>	$BOD_5 \ (CBOD_5) \ (mg/I)$	TSS (mg/l)	NH <sub>3</sub> -N (mg/I)	TKN (mg/l)
Permit Limit	1-12	25	30	20	N/A
Litting	-		-		
	***	-			-
(2) DMI	R Concentration				
<u>Qtr</u>	<u>Month</u>	$\begin{array}{c} BOD_5\\ (CBOD_5)\\ (mg/l) \end{array}$	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
1	January	8.33	6.8	2.03	1.45
	February	7.75	2.5	1.07	1.23
	March	6.07	6	0.8	1.14
2	April	12.92	8.7	4	4.68
	May	6.63	4.7	1.66	4.57
	June	11.43	7.6	4.63	12.1
3	July	6.67	9.9	2.97	1.59
	August	4.21	1.6	0.21	0.47
	September	5	3.2	1.56	3.91
4	October	3.58	2.8	0.15	6.67
	November	4	2	0.41	6.85
	December	5	3.9	1.57	0.43
	Annual Avg.	6.8	4.97	1.76	3.76

- B. List the monthly average permit limit and DMR loadings below.
  - (1) NPDES Permit Loading

Permit Limit	Months 1-12	BOD₅ (CBOD₅) (lbs/day) 1751	TSS (lbs/day) 2101	NH <sub>3</sub> -N (lbs/day) 1401	TKN (lbs/day) N/A
(2) DMF	R Loading				
<u>Qtr</u>	<u>Month</u>	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day)	TSS (lbs/day)	NH <sub>3</sub> -N (lbs/day)	TKN (lbs/day)
1	January	439	359	107	76
	February	348	112	48	55
	March	353	350	46	66
2	April	522	350	161	189
	Мау	172	122	43	118
	June	304	201	123	322
3	July	140	209	62	33
	August	92	34	4	10
	September	173	109	54	135
4	October	147	116	6	275
	November	171	85	17	293
	December	272.4	213	85	23
	Annual Avg.	261	189	63	133

C. During the past year did the BOD<sub>5</sub> (CBOD<sub>5</sub>) concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any consecutive quarters? (Check the appropriate point total.)

П	Yes	= 121	points
			Politica

D.	During the past year did exceed the monthly average (Check the appropriate points)	the $BOD_5$ (CBOD <sub>5</sub> ) concentration (mg/l) and/or loading (lbs/day), ge permit limit during four months of any two consecutive quarters? nt total.)
	No = 0 points	Yes = 121 points
E.	During the past year did the product of 1.4 times the more quarters? (Check the approximation)	ne effluent TSS concentration (mg/l) or loading (lbs/day) exceed the onthly average permit limit during two months of any two consecutive opriate point total.)
	No = 0 points	Yes = 121 points
F.	During the past year did monthly average permit limappropriate point total.)	the TSS concentration (mg/l) and/or loading (lbs/day) exceed the nit during four months of any two consecutive quarters? (Check the
	No = 0 points	Yes = 121 points
G.	the product of 1.4 times	e NH <sub>3</sub> -N or TKN concentration (mg/l) and/or loading (lbs/day) exceed the monthly average permit limit during two months of any two eck the appropriate point total.)
	No = 0 points	Yes = 121 points
Н.	During the past year did eit exceed the monthly averag (Check the appropriate poin	her the NH <sub>3</sub> -N or TKN concentration (mg/l) and/or loading (lbs/day), e permit limit during four months of any two consecutive quarters? t total.)
	No = 0 points	☐ Yes = 121 points
l.	Enter each point value chec	ked for C through H in the blanks below.
	C Points =	
	D Points =	
	E Points =	
	F Points = 0	
	G Points =0	
	H Points =0	
	ST INDIVIDUAL POINT VAL	

Facility	Name:

<b>ALDRIDGE</b>	CREEK	\\\\/TE
VEDVIDGE	CKEEK	VVVVII

### Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed? \_\_\_\_\_\_

Subtract the above answer from the report year to determine age:

Enter Age in Part C below.

B. Check the type of treatment facility employed.

	Factor
Mechanical Treatment Plant	2.0
Aerated Lagoon	1.5
Stabilization Pond	1.0
Other (Specify:)	1.0

C. Multiply the factor listed next to the type of the facility your community employs by the age of your facility to determine the total point value for Part 3:

$$\frac{2}{\text{(Factor)}} \times \frac{3}{\text{(Age)}} = \frac{6}{\text{TOTAL POINT VALUE FOR PART 3}}$$

Enter the above value on Part 11: Summary Sheet. If the total point value exceeds 40, enter 40 on Part 11: Summary Sheet.

Facili	ty Name: ALDRIDGE CREEK WWTP
	1: Bypassing and Overflows
A.	How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to heavy rain?
В.	How many bypass or overflow events of untreated wastewater occurred in the last year prior to the headworks of the WWTP due to heavy rain?0
C.	How many of the bypass or overflow events listed in Parts A and B have been corrected such that future bypass or overflow events at the same location due to heavy rain are not anticipated?
D.	Add together Answers A and B and subtract Answer C from that total.
	A + B - C =(Check the appropriate point total.)
	$\square$ 4 =20 points $\square$ 5 =25 points $\square$ 6 = 30 points $\square$ 7 = 35 points
	☐ 8 =40 points ☐ 9 =45 points ☐ 10 =50 points ☐ 11 or more =100 points
E.	How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to equipment failure? (This includes clogged/broken lines or manholes.)0_
F.	How many bypass or overflow events of untreated wastewater occurred in the last year due to equipment failure prior to the headworks of the WWTP? (This includes clogged/broken lines or manholes.)
G.	How many of the bypass or overflow events listed in Parts E and F have been corrected such that future bypass or overflow events at the same location due to the same equipment failure are not anticipated?0
H.	Add together Answers E and F and subtract Answer G from that total.
	E + F - G =  (Check the appropriate point total.)
	$\blacksquare$ 0 = 0 points $\Box$ 1 = 5 points $\Box$ 2 = 10 points $\Box$ 3 = 15 points
	$\square$ 4 =20 points $\square$ 5 =25 points $\square$ 6 = 30 points $\square$ 7 = 35 points

Add point values checked in D and H and enter the total in the blank below. TOTAL POINT VALUE FOR PART 4

Enter this value on Part 11: Summary Sheet.

All bypass or overflow events that have occurred in the last year (for any reason) must be individually reported with this MWPP report.

1.

Facil	ity Name: ALDRIDG	E CREEK VVVVIP				
Part :	5: Sludge Quantity and	Storage				
A.	Please provide information concerning sludge quantity, characteristics, and storage practices based on available data as requested on the MWPP Sewage Sludge Survey, ADEM Form 419.					
B.	How many months of sludge storage capacity does the wastewater treatment facility is available, either on-site or off-site? (i.e., How many months can the facility operate without spreading or disposing of sludge?)					
	(Check the appropria	ite point total.)				
	Greater than or equa	I to 4 months	x = 0 points			
	Less than 4 months,	but greater than or equal to 3 months	= 10 points			
	Less than 3 months,	but greater than or equal to 2 months	= 20 points			
	Less than 2 months,	but greater than or equal to 1 month	= 30 points			
	Less than one month = 50 points					
Part 6	s: Sludge Disposal Prac	ctices and Sites				
A.		ludge disposal practices and site inform /PP Sewage Sludge Survey, ADEM Form				
B.		or years does the facility have access to ide proper land disposal? (Check the app				
	36 or more months	<pre>= 0 points</pre>				
	24 - 35 months	= 10 points				
	12 - 23 months	= 20 points				
	6 - 11 months	☐ = 30 points				
	Less than 6 months	= 50 points				
	L POINT VALUE FOR this value on Part 11: §					

Facility Name:	ALDRIDGE CRE	EK WWTP			
Part 7: New Dev	velopment				
calendar	year or anticipate	developments (industed in the next 2-3 yeastern could significantly in	rs such t	hat either flow or B	OD_ (CROD_
Design Populatio Equivaler	on: nt (PE)	Design Flow:	MGD	Design BOD <sub>5</sub> (CBOD <sub>5</sub> ):	lbs/day
List indus	strial and/or residen	itial developments.		*	
NONE. S	SERVICE AREA I	S APPROXIMATELY			
95% DE	VELOPED.				
***					
Will the a	dditional loading ov e appropriate point	verload the plant? total.)			
No = (	points	Yes = 121 points			
Enter the p	oint total in the bla	nk below.			
	ALUE FOR PART in Part 11: Summai		highest p	oint total = 121)	
Part 8: Operator					
Complete the Plai	nt and Collection S	ystem Personnel Invent	ory, ADEI	M Form 441.	
Code; Divisi	e plant operator a ion 10, Operator Co appropriate point to	and collection system : ertification Program? otal.)	staffing c	omply with ADEM A	dministrative
■ Yes = (	0 points	☐ No = 121 points			
	ALUE FOR PART 8 n Part 11: Summar		highest po	oint total = 121)	

Facility Name:		ALDRIDGE C	REEK WWTP				
Par	t 9: Financia	l Status					
A.	Are Use are O&N YES	r-Charge Reven I costs being fina	ues sufficient to cov anced? <u>Include us</u>	ver operation an er charge rates	d maintenar	nce expenses? If no, ho	
	Resident	ial Minimum	0	Plus rate	4.83	/1,000 gal.	
	Industria	l Minimum	0	Plus rate	4.83	/1,000 gal.	
	Monthly i	residential rate b	pased on 6,000 gallo	ons usage \$		28.98	
В.	reconstru	iction needs?				r improvements and/o	
	& POOF	RS.					
C.	Please attach a rate sheet and the most recent audit, if available.						
Part	10: Subjecti	ve Evaluation					
A.			al and structural cor METAL STRUCT			eatment facility. NDITION. THERE	
	CURRENTLY EXISTS NO PROBLEMS WITH PREMATURE FAILURE DUE TO						
	CORRO	CORROSION OR DIFFERENTIAL SETTLING. WWTP UPGRADES CONTINUE.					
B.			dition of the sewer s			es, lift stations). AT 25%. INFLOW	
	AND INF	ILTRATION P	ROJECTS CONTI	NUE FOR SEF	RVICE ARE		

	What sewage system improvements does the community have planned for construction in the next 5 years?					
	UPGRADES TO PUMPING EQUIPMENT ALONG WITH SANITARY SEWER					
	REHABILITATION PROJECTS.					
	IMPROVEMENTS TO HEADWORKS FACILITY AND MECHANICAL EQUIPMENT					
	What is the theoretical design life of the plant, and what is the estimated remaining useful life of the wastewater treatment facility?					
	DESIGN LIFE IS 50 YEARS. REMAINING LIFE IS 50 YEARS.					
	What problems, if any, over the last year have threatened treatment or conveyance within the system?					
	NONE					
ı	s the community presently involved in formal planning for treatment facility upgrading? YES. FUNDING IS IN PLACE TO ADEQUATELY PLAN FOR ANY GROWTH. ALL					
	PROJECTS AND CONTRACTS ARE APPROVED IN PUBLIC FORUM.					
1	How many days in the last year were there residential backups at any point in the collection system for any reason other than clogging of the lateral connection?					
[	Does the plant have a written plan for preventive maintenance on major equipment items? If yes, describe.					
	YES. ELECTRICAL:MEG-OHM, AMP CHECK. MECHANICAL:LUBRICATION OF ALL					
	BEARINGS, SEALS, ETC. THESE TASKS ARE PREFORMED FROM PREVENTATIVE					
	MAINTENANCE LOGS AND TRACKED THROUGH DEPARTMENT DATABASES.					

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The other preventive maintenance tasks necessary for each piece of equipment?  Check the appropriate response.)  Yes  No  The these preventive maintenance tasks, as well as equipment problems, being recorded and end so future maintenance problems can be assessed properly?  The check the appropriate response.)  Yes  No  Rescribe any major repairs or mechanical equipment replacement made in the last year and clude the approximate cost for those repairs. Do not include major treatment plant instruction or upgrading programs.  So,000.00 SANITARY SEWER COLLECTION IMPROVEMENTS  80,000.00 PROCESS TRAIN IMPROVEMENTS
check the appropriate response.)  Yes  No  escribe any major repairs or mechanical equipment replacement made in the last year and clude the approximate cost for those repairs. Do not include major treatment plant instruction or upgrading programs.
escribe any major repairs or mechanical equipment replacement made in the last year and clude the approximate cost for those repairs. Do not include major treatment plant nstruction or upgrading programs.
50,000.00 SANITARY SEWER COLLECTION IMPROVEMENTS
80,000.00 PROCESS TRAIN IMPROVEMENTS
any additional comments. (Attach additional sheets if necessary.)
00,000 WAS BUDGETED FOR ROUTINE REPAIRS FOR THIS PLANT IN 2022.
ESE FUNDS WERE ALLOCATED FOR VARIOUS REPAIRS INCLUDING PUMPS,
OCESS EQUIPMENT AND ANY OTHER MECHANICAL/ELECTRICAL REPAIRS
PAIRS. IN ADDITION, CAPITAL PROJECTS ARE BUDGETED AND NOT
CLUDED IN THESE NUMBERS. THIS AMOUNT DOES NOT INCLUDE WHAT IS
NUALLY BUDGETED FOR THE COLLECTION SYSTEM.

Facility Name:

### ALDRIDGE CREEK WWTP

#### Part 11: Summary Sheet

1. Enter in the values from Parts 1 through 8 in the left column below. Add the numbers in the left column to determine the MWPP Report point total the wastewater system generated for the previous calendar year.

Actual Values			Maximum Possible
Part 1_	0	points	80 points
Part 2_	0	_points	121 points
Part 3_	6	_points	40 points
Part 4_	0	_points	200 points
Part 5_	0	_points	50 points
Part 6_	Λ	_points	50 points
Part 7_	0	_points	121 points
Part 8_		points	121 points
Totai	6	 _points	783 points

- 2. Check the facility type that best describes the plant's treatment and disposal of wastewater.
  - Mechanical plant with surface water discharge
  - Aerated Lagoon or stabilization pond with surface water discharge
  - ☐ Mechanical plant using land disposal of liquid wastes
  - Aerated Lagoon or stabilization pond using land disposal of liquid wastes
- 3. Check the range that describes the action needed to address problems identified in the report.
  - 0 70 points

Actions as Appropriate\*

- 71 120 points
- Departmental Recommendation Range\*

☐ 121 – 783 points Municipality Action Range\*

- \*Other actions may be required by NPDES outside the scope of this report.
- Complete the Municipal Water Pollution Prevention Resolution Form, ADEM Form 418. 4.

5.	In Question 1, do any of the actual point values in the left column equal the maximum possible points in the right column?
	(Check the appropriate response.)
	If yes, provide a written explanation for this situation in the space below.

## ALABAMA POTW'S SEWAGE SLUDGE SURVEY \*

Facility Background Information:			
1. Facility Information		Permit Number:	AL0056855
Name:	ALDRIDGE CREE	K WASTEWATER TE	
Street Address:	13331 MEMORIAI		CONTINUE IN LEGISLATION
County:	MADISON		
2. Facility Contact			
2. Facility Contact	CHANGE CO.		
Name:	SHANE L. COOK		
Title:		ATER POLLUTION C	ONTROL
Telephone: Permittee Name:	256-883-3719		
Mailing Address:	CITY OF HUNTSV		
ivialling Address.	1800 VERMONT F		
	HUNTSVILLE, AL	35802	
Facility Flow Information			
1. Facility Wastewater Treatment Ca	pacity		
Avg. Daily Flow for 2022	:	4.65 MGD	
Facility Design Capacity		8.4 MGD	
0. Fellowick 10. 4		0.	
2. Estimated Septage Quantity Hand			Systems)
Average Domestic Septa			s per month
Average Commercial Se	ptage:	gallon	s per month
3. Method of Septage Processing			
Mixed with Influent V	Vastewater for Treat	ment	
Mixed with Sewage 5			
0			
A Fath Laboratory			
4. Estimated Percentage Contributing			
	%		
	%		
Other: 5	% Descri	be: Commercial	
5. List type of wastewater treatment p	rocess(es) utilized a	t this facility	
HEADWORKS, EXTEND			ONDARY
CLARIFIER, CHLORINA	ΓΙΟΝ		
C. Fatimant all and a second			
<ol><li>Estimated sewage sludge wasting r</li></ol>	ate at this facility:	2323	lb/day dry weight
		or	gallons per day
7. Estimated untreated sludge receive	d from off site:	0	lh/dox drawsials
	a o on one.	or	lb/day dry weight
			gallons per day
<ol><li>Estimated percent solids of combine</li></ol>	ed sewage sludge pr	rior to treatment:	70 %

9. List the se	ewage sludge treatment	processes u	sed in prepa	aring sludge for final u	se or disposal	l:
	N/A				Sludge Quant ated pounds p	
(	14/1			_)		
				<del>-</del> 0		
10 Estimate	the total volume of slud	ae aenorato	4.	•	404	
ro. Estimate	the total volume of study	ge generatet	J.	(drv	424 U.S. tons per	vear)
Sludge Dispos	eal Mathode			(==,	<b>,</b>	,,
1. VVnich of tr	he following describes th	ne current m	ethod of sev Current F		or this facility: Proposed	
		Approved	by ADEM	Quantity	Approved	
_		<u>Yes</u>	No No	(dry U.S. tons/year)	<u>Yes</u>	No
	and Application, Bulk Shipped					
0	l Agriculture	0	0		_ 0	
0	] Forest		0		D	0
0	Public Contact	0			0	0
Ω	l Lawn/Home Garden	0	0		0	0
b. 🛭 L	and Application,					
	Bagged/Other Container					
	Agriculture	0	0			0
0	Forest	0	0		0	D
	Public Contact	0	0		0	0
0	Lawn/Home Garden	0	0		0	
c. x lr	ncineration	X	0	424	x	0
d. 🛚 S	Subtitle D Landfill					
_ (1	Disposal Only)	0	0			0
e. II Li	ined Treatment Lagoon  r Stabilization Pond	п	n			-
	Inlined Lagoon or	0	0		· 0	0
	tabilization Pond	0			Ω	0
g. 🛭 O	ther (Please Describe)	0	0			0
2. If "f" was se	elected above and sludge	e is stored fo	or 2 or more	vears enter the distar	nce hetween t	he
	al site and the property			feet	ioc between t	110
Pollutant Conc	entrations ·					*
1. Enter the to	tal concentrations of the	following ar	nalytes usin	g existing data. Do no	t enter TCI P	results
-	Concentration	Sam		Sample	Detection L	
Analyte	(mg/kg or ppm)	Ty	pe	Date	Analys	

Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				
Ammonium- Nitrogen				
Nitrate- Nitrogen				
Total Kjeldahl Nitrogen				
1. Which class 40 CFR Part 50 0 0 0 0 0	vided for Sewage Sludge of pathogen reduction (23) lass A Alternative A1 - Time an Alternative A2 - Alkaline Alternative A3 - Analysis Alternative A4 - Analysis Alternative A5 - Process II Heat Drying II Pasteurizatio II Composting Alternative A6 - PFRP E	nd Temperature Treatment and Operation Sonly ses to Further Reduce F Il Thermoph Gamma R		
0; 0;	ass B Alternative B1 - Fecal C Alternative B2 - Process I Aerobic Dige I Composting Alternative B3 - PSRP E	s to Significantly Reduce estion	, ,	Anaerobic Digestion

**Vector Attraction Control** 

<ul> <li>Option 1 - Minimum 38% Reduction in Volatile Solids</li> <li>Option 2 - Anaerobic Processes, with Bench-Scale Demonstration of Volatile Solids Reduction</li> <li>Option 3 - Aerobic Processes, with Bench-Scale Demonstration of Volatile Solids Reduction</li> <li>Option 4 - Specific Oxygen Uptake Rate (SOUR) for Aerobically Digested Sludge</li> <li>Option 5 - Aerobic Processes plus Elevated Temperature</li> <li>Option 6 - Raised pH to 12 and Retained at 11.5</li> <li>Option 7 - 75% Solids with no Unstabilized Solids</li> <li>Option 8 - 90% Solids with Unstabilized Solids</li> <li>Option 9 - Injection Below Land Surface</li> <li>Option 10 - Incorporation into Soil within 6 or 8 Hours</li> <li>Option 11 Covering Active Sewage Sludge Unit Daily</li> <li>None of the Above</li> </ul>
Groundwater Monitoring
If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at the site?      If yes
Land Application of Sewage Sludge
Answer the following questions if sewage sludge is applied to land.  1. If sewage sludge is land applied in bulk form, what type of crop or other vegetation is grown on this site?  N/A
If sewage sludge is land applied in bulk form, what is the nitrogen requirement for this crop or vegetation?  N/A
If sewage sludge is land applied in bulk form, briefly describe the nature of any complaints filed from neighbors?  N/A
* Permittees that submitted the "Annual Report Review Form" for sludge to the EPA may submit a copy with the MWPP in lieu of Attachment 3.

	-		WTP			PLANT GF	V 16.	IV
PERMIT NUMBER:	AL0056855	5						
PLANT SUPERINTEN	DENT:	Mark Rittma	an			TEL.#	(256)883-3719	
SYSTEM MANAGER:		Shane Coo	k				TEL. #	(256)883-3719
PLANT OPERATORS:			ODA	DE OD				
N	AME			DE OR E STATUS	OPER	RATOR NO.	EXP.	DATE
Mark Rittman				IV	С	002451	03/3	31/26
Sharee White				 V	С	009530		31/25
Blake Thorson				V	С	004348		30/24
John W. Wheeler				V	С	002654		1/24
Luke Ramsey				V		009279		5/25
Skylar Renfroe				V	С	009597	9/30/23	
COLLECTION SYSTEM	M OPERATO	DRS:						
Travis Hampton			ıc		C008857		1/31/25	
Joshua Pence	Travis Hampton		IC		C004904		12/31/25	
Perrin Cole			IC		C008863		1/31/25	
Bryan Sharp			IC C009238			9/30/2025		
Biyan Shaip			10		0000200		9/30/2023	
MANAGEMENT/SUPE	DV100D	MAN HI	RS./WK 40	NUMBER 1	1			
OPERATOR(S):	KVISOK	福岡市	40					
0. 2. 0 0 (0).	GRADE I-C	200 Table 1907 Care	120	4				
	GRADE I				AV	ERAGE NUMBER O	F EMPLOYE	EES PER SHIFT:
	GRADE II							
	GRADE III					1ST 2	s	TART TIME
	GRADE IV		252	6		2ND 1		
DESIGNATED TRAINE	E(S)					3RD		
DEGIGNATED HVAINE								
LABORATORY	1	$\overline{}$						
			120	3				
LABORATORY	ERS		120	3				
LABORATORY MAINTENANCE OTHER PLANT WORK	,	VORKED EA		3				
LABORATORY MAINTENANCE OTHER PLANT WORK OPERATOR SHIFTS N	ORMALLY V			3 THURS	FRI	SAT		
LABORATORY MAINTENANCE OTHER PLANT WORK	,	WORKED EATUES	ACH DAY:		FRI	SAT		

2. DOES COLLECTION SYSTEM OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

ADEM FORM 441 8/02

# MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

## **ANNUAL REPORT**

SUBMITTED BY:

TREATMENT FACILIT	Y: BIG COVE WWTP	NPDES #:NPDES #:
	HUNTSVILLE	COUNTY: MADISON
CONTACT PERSON:	SHANE COOK  Responsible Official  DIRECTOR OF WATER POL	LUTION CONTROL
	Title Telephone #: 256-883-3719	Fax #:
CHIEF OPERATOR:	Email Address: shane.cook@h LYLE GILLILAND Name	untsvilleal.gov
	Telephone #: 256-883-3719 Email Address: lyle.gilliland@h	
REVIEWED BY:	Date: MAY 20, 2022  Consulting Engineer	
	•	Fax #:

# MWPP Annual Report Information Source List

The following information will be needed to complete the compliance maintenance report that covers the calendar year of  $\frac{2022}{}$  (due **May 31**,  $\frac{2023}{}$ ).

- Part 1 A. The average plant influent flow for each month (million gallons per day/MGD) during the year.
  - B. The average plant influent BOD (CBOD) for each month (mg/l and lb/day) in the vear.
  - C. The plant's average design flow (MGD) and design BOD (CBOD) loading (lbs/day).
- Part 2 A. The monthly average permit and DMR effluent concentration for BOD (CBOD), TSS, NH3-N, and/or TKN in mg/l for the year
  - B. The monthly average effluent limits and DMR loading for BOD (CBOD), TSS, NH3-N, and/or TKN in lbs/day for the year
- Part 3 The age of the treatment plant defined as the number of years since the last major reconstruction to increase the organic or hydraulic capacity of the plant. The last calendar year minus the year the new construction was brought on-line.
- Part 4 Bypass and overflow information. This is the number of bypass or overflow events of untreated wastewater due to heavy rain or equipment failure whether intentional or inadvertent from all collection systems tributary to the treatment facility.
- Part 5 A. Describe the characteristics and quantity of sludge generated.
  - B. If sludge is landspread, how many months of sludge storage does the plant have? This should include on-site and off-site storage from the treatment plant. The digestor capacity may be used in the calculation.
- Part 6 A. Sludge Disposal Method
  - B. The number of approved land disposal sites for sludge available, and how many months or years these disposal sites will these be available for use.
- Part 7 The number of sewer extensions installed in the community last year, the design population, design flow, and design BOD (CBOD) for each sewer extension.
- Part 8 Operator Certification
- Part 9 Financial Status
- Part 10 Subjective Evaluation
- Part 11 Summary Sheet

State of Alabama MWPP Annual Report Department of Environmental Management

#### Instructions to the Operator-in-Charge

- 1. Complete all sections of the MWPP Report to the best of your ability.
- 2. Parts 1 through 8 contain questions for which points will be generated. These points are intended to communicate to the Department and the governing body or owner the actions necessary to prevent effluent violations. Enter the point totals from Parts 1 through 8 on Part 11: Summary Sheet.
- 3. Add the point totals on Part 11: Summary Sheet.
- 4. Submit the MWPP Report to the governing body and the consulting engineer and owner for review and approval.
- 5. The governing body should pass a resolution which contains the following points:
  - a. The resolution should acknowledge the governing body or owner has reviewed the MWPP Report.
  - b. The resolution should indicate what actions will be taken to prevent effluent violations.
  - c. The resolution should provide any other information the governing body or owner deems appropriate.
- 6. The MWPP Report and the resolution must be submitted by May 31<sup>st</sup> to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.

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Facility Name: BIG COVE WWTP

### Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD<sub>5</sub> (CBOD<sub>5</sub>) loadings received at your facility during the last calendar year.

Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD <sub>5</sub> (CBOD <sub>5</sub> ) Concentration (mg/l)	Column 3 Average Loading BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day**)
4.36	103	3743
4.09	144	4920
4.36	121	4383
3.38	134	3788
2.77	161	3725
2.54	195	4126
2.28	146	2781
2.3	156	2989
2.3	153	2936
1.95	186	3039
2.13	183	3246
4.32	96	3444
3.06	148	3593
	Average Monthly Flowrate (MGD)  4.36  4.09  4.36  3.38  2.77  2.54  2.28  2.3  1.95  2.13  4.32	Average Monthly BOD <sub>5</sub> (CBOD <sub>5</sub> ) Flowrate (MGD)  4.36  4.09  4.36  103  4.09  144  3.38  134  2.77  161  2.54  195  2.28  146  2.3  156  2.3  1.95  186  2.13  183  4.32  96

<sup>\*\*</sup> As reported on NPDES Discharge Monitoring Reports (DMRs) and as required by EPA's NPDES Self-Monitoring System, User Guide, March 1985.

B. List the average design flow and average design BOD<sub>5</sub> (CBOD<sub>5</sub>) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

Average Design Flow (MGD)	Average Design BOD <sub>5</sub> (CBOD <sub>5</sub> ) Loading (lbs/day)		
. 6.0	6676		
5.4	6008		
	(MGD)		

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C.	How many times did the monthly flow (Column 1) to the WWTP exceed 90% of design flow?  (Check the appropriate point total)
	$\blacksquare$ 0 - 4 = 0 points $\Box$ 5 or more = 5 points
D.	How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?  O (Check the appropriate point total)
	(Check the appropriate point total)
	$\blacksquare$ 0 = 0 points $\square$ 1 - 2 = 5 points $\square$ 3 - 4 = 10 points $\square$ 5 or more = 15 points
E.	How many times did the monthly $BOD_5$ ( $CBOD_5$ )* loading (lbs/day) (Column 3) to the WWTP exceed 90% of the design loading?
	(Check the appropriate point total)
	■ 0 -1 = 0 points □ 2 - 4 =5 points □ 5 or more =10 points
F.	How many times did the monthly $BOD_5$ ( $CBOD_5$ )* loading (lbs/day) (Column 3) to the WWTP exceed the design loading?
	0 (Check the appropriate point total)
	■ 0 = 0 points
G.	Enter each point value marked for C through F and enter the sum in the appropriate blank below.
	C points =0
	D points =0
	E points =0
	F points = 0
	AL POINTS VALUE FOR PART 1 0
	AL POINTS VALUE FOR PART 1 rthis value on Part 11: Summary Sheet.

\*To obtain equivalent  $BOD_5$  loading for comparison with design loading for those permittees using influent  $CBOD_5$ , divide annual average  $CBOD_5$ , loading in lbs/day from Part 1, A by 0.7.

BOD<sub>5</sub>

Facility Name:

### Part 2: Effluent Quality/Plant Performance

A. List the monthly average permit limits for the facility in the blanks below and the average monthly effluent DMR BOD<sub>5</sub>, (CBOD<sub>5</sub>) TSS, NH<sub>3</sub>-N and/or TKN concentration produced by the facility during the last calendar year.

### (1) NPDES Permit Concentration

	<u>Months</u>	(CBOD₅) (mg/l)	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
Permit Limit	12-4	25	30	10	N/A
	5-11	10	30	4	N/A
	.=		i <del></del>	,	
(2) DMF	R Concentration				
<u>Qtr</u>	<u>Month</u>	$\begin{array}{c} BOD_5\\ (CBOD_5)\\ \underline{\qquad (mg/l)} \end{array}$	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
1	January	7.6	9.4	1.7	4.8
	February	6.6	6.9	1.1	5.3
	March	5.4	4.3	0.6	3.1
2	April	6.1	4.7	0.3	2.2
	May	6	3.8	0.7	8.6
	June	6.8	3.3	0.3	10.4
3	July	5.7	2.6	0.2	5.8
-	August	6.5	2.4	0.1	5.6
	September	6.5	7.7	1.5	15
4	October	5.5	1.8	0.1	7.4
	November	5.7	5.2	0.8	13.7
	December	5.3	3.9	1.8	2.1
	Annual Avg.	6.1	4.6	0.8	7

B. List the monthly average permit limit and DMR loadings below.

### (1) NPDES Permit Loading

Permit Limit	Months 12-4 5-11	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (Ibs/day) 1251 500	TSS (lbs/day) 1501 1501	NH <sub>3</sub> -N (lbs/day) 500 200	TKN (lbs/day) N/A N/A
(2) DMF	R Loading				
<u>Qtr</u>	<u>Month</u>	BOD₅ (CBOD₅) (lbs/day)	TSS (lbs/day)	NH <sub>3</sub> -N (lbs/day)	TKN (lbs/day)
1	January	275	341	62	175
•	February	223	235	38	181
	March	196	155	21	114
2	April	173	133	8	62
	May	139	88	16	198
	June	144	69	6	220
3	July	108	49	4	110
	August	125	45	3	108
	September	124	147	29	288
4	October	89	29	2	120
	November	101	93	15	244
	December	190	139	65	76
	Annual Avg.	157	127	22	158

C. During the past year did the BOD<sub>5</sub> (CBOD<sub>5</sub>) concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any consecutive quarters? (Check the appropriate point total.)

No = 0 points	Yes = 121 points
NO - O DOINIS	

D. During the past year did the BOD <sub>5</sub> (CBOD <sub>5</sub> ) concentration (mg/l) and/or loading exceed the monthly average permit limit during four months of any two consecutive (Check the appropriate point total.)						
	No = 0 points	Yes = 121 points				
E.	During the past year did the product of 1.4 times the mor quarters? (Check the appro	e effluent TSS concentration (mg/l) or loading (lbs/day) exceed the nthly average permit limit during two months of any two consecutive priate point total.)				
	No = 0 points	Yes = 121 points				
F.	During the past year did to monthly average permit limit appropriate point total.)	he TSS concentration (mg/l) and/or loading (lbs/day) exceed the t during four months of any two consecutive quarters? (Check the				
	No = 0 points	Yes = 121 points				
G.	the product of 1.4 times t	NH <sub>3</sub> -N or TKN concentration (mg/i) and/or loading (lbs/day) exceed the monthly average permit limit during two months of any two ck the appropriate point total.)				
	No = 0 points	Yes = 121 points				
H.	During the past year did eith exceed the monthly average (Check the appropriate point	ner the NH <sub>3</sub> -N or TKN concentration (mg/l) and/or loading (lbs/day) e permit limit during four months of any two consecutive quarters? t total.)				
	No = 0 points	Yes = 121 points				
l.	Enter each point value chec	ked for C through H in the blanks below.				
	C Points =					
	D Points =					
	E Points =0					
	F Points = 0					
	G Points =					
	H Points =					
HIGHE Enter t	EST INDIVIDUAL POINT VAL this value on Part 11: Summa	UE FOR PART 2 (C-H)0 (HIGHEST POINT = 121) ary Sheet.				

BIG	COVE	WWI	Р
	BIG	BIG COVE	BIG COVE WWI

## Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed?

2014

Subtract the above answer from the report year to determine age:

Enter Age in Part C below.

B. Check the type of treatment facility employed.

	Factor
XMechanical Treatment Plant	2.0
Aerated Lagoon	1.5
Stabilization Pond	1.0
Other (Specify:	1.0

C. Multiply the factor listed next to the type of the facility your community employs by the age of your facility to determine the total point value for Part 3:

$$\frac{2}{\text{(Factor)}} \times \frac{8}{\text{(Age)}} = \frac{16}{\text{TOTAL POINT VALUE FOR PART 3}}$$

Enter the above value on Part 11: Summary Sheet. If the total point value exceeds 40, enter 40 on Part 11: Summary Sheet.

Facility	Name:	BIG COV	E WWTP							
<u>Part 4:</u>	Bypassin	ng and Over	flows							
Α.	How ma	ny bypass due to heav	or overflow y rain?	events of	untreated	l wastewat	er occı	urred in the	e last year at	t the
В.	How many bypass or overflow events of untreated wastewater occurred in the last year prior to the headworks of the WWTP due to heavy rain?0									
C.	that futu	ny of the by ire bypass ed?	or overflo	verflow eve ow events ——	nts listed at the	in Parts A same loca	and B	have bee ue to hea	n corrected s vy rain are	such not
D.		ther Answe								
	A + B - 0	C =	0	(Che	ck the ap	propriate p	oint tota	al.)		
	■ 0 = 0	points	☐ 1 = 5 p	oints	_ 2 =10	) points	□ 3=	=15 points		
	<u> </u>	0 points	☐ 5 =25 p	ooints	☐ 6 = 3	0 points	□ 7 =	= 35 points	;	
	□ 8 =40	0 points	☐ 9 =45 p	ooints	☐ 10 =	50 points	<u> </u>	or more =	100 points	
E.	How ma	ny bypass due to equip	or overflow oment failur	events of e? (This in	untreated cludes clo	d wastewat ogged/brok	er occu en line:	urred in the s or manho	e last year at bles.)	t the
F.	equipme	ny bypass ont failure poss.)	rior to the h	events of neadworks	untreated of the W	l wastewate WTP? (Thi	er occu is includ	rred in the des clogge	last year du d/broken line	ie to es or
G.	that futu	ny of the by re bypass of anticipated?	or overflow	events at	ents listed the same	in Parts E location o	and F due to t	have bee he same e	n corrected s equipment fa	such ilure
H.	Add toge	ether Answe	ers E and F	and subtra	act Answe	er G from th	hat tota	l.		
	E+F-(	G = ,	0	(Che	ck the ap	propriate p	oint tot	al.)		
	0 = 0	) points	☐ 1 = 5 p	oints	_ 2 =10	0 points	□ 3:	=15 points		
	<u> </u>	0 points	□ 5 = 25	points	☐ 6 = 3	0 points	☐ 7 :	= 35 points	;	
	□ 8 =40	0 points	☐ 9 =45 <sub> </sub>	points	<u> </u>	50 points	<u> </u>	or more =	100 points	
I.	Add poir	nt values ch	ecked in D	and H and	enter the	total in the	e blank	below.		

All bypass or overflow events that have occurred in the last year (for any reason) must be individually reported with this MWPP report.

0

TOTAL POINT VALUE FOR PART 4 \_\_\_\_\_ Enter this value on Part 11: Summary Sheet.

Facility	/ Name:	BIG COVE V	WTP					
Part 5:	Sludge 0	Quantity and St	orage					
A.	Please provide information concerning sludge quantity, characteristics, and storage practices based on available data as requested on the MWPP Sewage Sludge Survey, ADEM Form 419.							
B.	How many months of sludge storage capacity does the wastewater treatment facility have available, either on-site or off-site? (i.e., How many months can the facility operate without land spreading or disposing of sludge?)							
	(Check the appropriate point total.)							
	Greater than or equal to 4 months				X	= 0 points		
	Less than 4 months, but greater than or equal to 3 months					= 10 points		
	Less that	n 3 months, bu	t greater than or	equal to 2 months		= 20 points		
	Less than 2 months, but greater than or equal to 1 month					= 30 points		
	Less than one month					= 50 points		
——————————————————————————————————————	Sludge D	Disposal Practic	ces and Sites					
Α.				ctices and site infor e Survey, ADEM For		sed on available data as		
B.	How many months or years does the facility have access to and approval for sufficient land disposal sites to provide proper land disposal? (Check the appropriate point total.)							
	36 or mo	re months	= 0 points					
	24 - 35 m	nonths	= 10 points					
	12 - 23 m	nonths	= 20 points					
	6 - 11 ma	onths	= 30 points					
	Less tha	n 6 months	= 50 points					
		VALUE FOR Pon Part 11: Su		0				

Facility Name: BIG COVE WWTP									
Part 7: New Development									
Are there any major new developments (industrial, commercial, or residential) in the last calendar year or anticipated in the next 2-3 years such that either flow or $BOD_5$ (CBOD $_5$ ) loadings to the sewage system could significantly increase? Estimate additional loadings below.									
Design Design Design Design Population: $3000$ Flow: $0.50$ MGD BOD $_5$ (CBOD $_5$ ): $600$ Ibs/day Equivalent (PE)									
List industrial and/or residential developments.									
NEW SUBDIVISIONS TOTALING									
APPROXIMATELY 1000 LOTS.									
60% CAPACITY REMAINS									
Will the additional loading overload the plant? (Check the appropriate point total.)  No = 0 points  Yes = 121 points  Enter the point total in the blank below.									
TOTAL POINT VALUE FOR PART 7(highest point total = 121) Enter this value on Part 11: Summary Sheet.									
Part 8: Operator Certification  Complete the Plant and Collection System Personnel Inventory, ADEM Form 441.									
Do both the plant operator and collection system staffing comply with ADEM Administrative Code; Division 10, Operator Certification Program? (Check the appropriate point total.)									
■ Yes = 0 points									
TOTAL POINT VALUE FOR PART 8(highest point total = 121) Enter this value on Part 11: Summary Sheet.									

Facility	Name:	BIG COVE WWTP						
Part 9:	Financia	I Status						
A.	Are User-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how are O&M costs being financed? <i>Include user charge rates</i> .  YES							
	Residen	tial Minimum0Plus rate4.83/1,000 gal.						
	Industria	l Minimum1,000 gal.						
	Monthly	residential rate based on 6,000 gallons usage \$						
В.	What financial resources are available to pay for the wastewater improvements and/or reconstruction needs?  ADEQUATE USER CHARGE SYSTEM WITH A+ BOND RATING FROM STANDARD							
	& POO	RS.						
C.	Please attach a rate sheet and the most recent audit, if available.							
Part 10	): Subjec	tive Evaluation						
A. I	Describe briefly the physical and structural conditions of the wastewater treatment facility.  ALL CONCRETE AND METAL STRUCTURES ARE IN GOOD CONDITION. THERE							
	CURRENTLY EXISTS NO PROBLEMS WITH PREMATURE FAILURE DUE TO							
	CORRO	OSION OR DIFFERENTIAL SETTLING. WWTP UPGRADES CONTINUE.						
В.		e the general condition of the sewer system (sewer lines, manholes, lift stations). WATER INTRUSION FOR THE FACILITY IS ESTIMATED AT 25%. INFLOW						
	AND IN	FILTRATION PROJECTS CONTINUE FOR SERVICE AREA.						

What sewage system improvements does the community have planned for construction in the next 5 years?						
UPGRADES TO INFLUENT PUMP STATION, PUMPING EQUIPMENT,						
AND SLUDGE HOLDING TANK,						
ALONG WITH SANITARY SEWER REHABILITATION PROJECTS.						
What is the theoretical design life of the plant, and what is the estimated remaining useful life of the wastewater treatment facility?						
DESIGN LIFE IS 50 YEARS. REMAINING LIFE IS 45 YEARS.						
What problems, if any, over the last year have threatened treatment or conveyance within the system?						
NONE						
s the community presently involved in formal planning for treatment facility upgrading? YES. FUNDING IS IN PLACE TO ADEQUATELY PLAN FOR ANY GROWTH. ALL						
PROJECTS AND CONTRACTS ARE APPROVED IN PUBLIC FORUM.						
How many days in the last year were there residential backups at any point in the collection ystem for any reason other than clogging of the lateral connection?						
Does the plant have a written plan for preventive maintenance on major equipment items? If yes, lescribe.						
YES. ELECTRICAL:MEG-OHM, AMP CHECK. MECHANICAL:LUBRICATION OF ALL						
BEARINGS, SEALS, ETC. THESE TASKS ARE PREFORMED FROM PREVENTATIVE						

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Facility Name:

RIC	COV	/F \	۸۸۸	ÆΕ
DIG		E /	יעעו	VIГ

#### Part 11: Summary Sheet

1. Enter in the values from Parts 1 through 8 in the left column below. Add the numbers in the left column to determine the MWPP Report point total the wastewater system generated for the previous calendar year.

Actual '	Value	<u>s</u>	Maximum Possible
Part 1_	0	_points	80 points
Part 2_	0	_points	121 points
Part 3_	16	_points	40 points
Part 4	0	_points	200 points
Part 5_	0	_points	50 points
Part 6_	0	_points	50 points
Part 7	0	points	121 points
Part 8	0	points	121 points
Total	16	 _points	783 points

- 2. Check the facility type that best describes the plant's treatment and disposal of wastewater.
  - Mechanical plant with surface water discharge
  - Aerated Lagoon or stabilization pond with surface water discharge

  - Aerated Lagoon or stabilization pond using land disposal of liquid wastes
- 3. Check the range that describes the action needed to address problems identified in the report.
  - 0 70 points

Actions as Appropriate\*

71 - 120 points

Departmental Recommendation Range\*

☐ 121 – 783 points Municipality Action Range\*

Complete the Municipal Water Pollution Prevention Resolution Form, ADEM Form 418.

<sup>\*</sup>Other actions may be required by NPDES outside the scope of this report.

In Question 1, do any of the actual point values in the left column equal the maximum possible points in the right column?
(Check the appropriate response.)
If yes, provide a written explanation for this situation in the space below.

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1.	Does this preventive maintenance program depict frequency of intervals, types of lubrication and other preventive maintenance tasks necessary for each piece of equipment?
	(Check the appropriate response.)   Yes   No
J.	Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assessed properly?
	(Check the appropriate response.)   Yes   No
K.	Describe any major repairs or mechanical equipment replacement made in the last year and include the approximate cost for those repairs. Do not include major treatment plan construction or upgrading programs.
	250,000 UPGRADES TO RAS/WAS FACILITY AND MECHANICAL EQUIPMENT
	175,000 COLLECTION SYSTEM REPAIRS
	125,000 PROCESS TRAIN & EQUIPMENT REPAIRS
L.	List any additional comments. (Attach additional sheets if necessary.)
	\$150,000 WAS BUDGETED FOR ROUTINE REPAIRS FOR THIS PLANT IN 2022.
	THESE FUNDS WERE ALLOCATED FOR VARIOUS REPAIRS INCLUDING PUMPS,
	PROCESS EQUIPMENT AND ANY OTHER MECHANICAL/ELECTRICAL REPAIRS
	REPAIRS. IN ADDITION, CAPITAL PROJECTS ARE BUDGETED AND NOT
	INCLUDED IN THESE NUMBERS. THIS AMOUNT DOES NOT INCLUDE WHAT IS
	ANNUALLY BUDGETED FOR THE COLLECTION SYSTEM.
	·

		PLANI	AND CO	LLECIIC	ON SYSI	EM PER	SONNEL INVEN	TORY		
FACILITY	Y NAME:	BIG COVE	WWTP				PLANT O	SRADE:	IV	
PERMIT	NUMBER:	AL0055042	2				_			
PLANT S	UPERINTEN	IDENT:	Lyle Gillilar	nd				TEL.#	256-883-371	19
SYSTEM	MANAGER:		Shane Coo	ok				TEL. #	256-883-371	19
PLANT C	PERATORS	:			_			_		
	N	AME			DE OR E STATUS	1 0	PERATOR NO.	l EXP	. DATE	
1. Lyle Gillila					IV		C000559	1	30/25	
2. Kenneth I				<b>†</b>	IV		C006511	1	30/26	
3. Joseph G				1	IV		C006469	1		
								1	31/25	
4. Ben Thon					IV	_	C009896		31/24	
5 Dustin Ya					IV		C004265	i	30/25	
6 Don McIlh	nargey				IV	-	C006803	9/3	30/25	
7	_					-		+		
-								J		
COLLECT	TION SYSTE	M OPERATO	RS:							
1. Daniel Du	skin.			IC.		C000759		5/31/24		
2. Christophe				IC		C008674		1/31/25		
3. Mike Duffy				IC		C000482		8/31/25		
4. Michael H				IC		C004613		1/31/2025		
)						1 000.000		1 110 112020		
MANAGE	MENT/SUPE	RVISOR		RS./WK 10	NUMBER 1	1				
OPERATO		KVIOOK	CONTRACTOR SERVICE		DESCRIPTION OF					
		GRADE I-C	6	0	4	]				
		GRADE I				-	AVERAGE NUMBER	OF EMPLOY	EES PER SHI	FT:
		GRADE III				1	1ST 2	7 s	TART TIME	6:00 AM
		GRADE IV		00	6	1	2ND 1	]		6:00 PM
	TED TRAINE	E(S)								
LABORAT MAINTEN				.0	2	-				
	LANT WORK	ŒRS				1				
						_				
OPERATO		IORMALLY V			TULIDO	EDI	CAT			
1ST	SUN 12	MON 12	TUES	WED 12	THURS 12	FRI 12	SAT 12			
2ND	12	12	12	12	12	12	12			
							(*)			

ADEM	USE	ON	ILY

1. DOES PLANT OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

2. DOES COLLECTION SYSTEM OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

YES	NO
Х	
Х	
ADEM EDDM 441	R/02

# ALABAMA POTW'S SEWAGE SLUDGE SURVEY \*

racility Ba	ckground information:				
1. Facility	Information		Permit Nu	mber:	AL0055042
•	Name:	<b>BIG COVE WWTP</b>			·
	Street Address:	260 ROUNDBAR D	R.		
	County:	MADISON	•		
2. Facility	Contact				
	Name:	Shane L. Cook			
	Title:	DIRECTOR OF WA	TER POLLUT	ON CONT	ROL
	Telephone:	256-883-3719			
	Permittee Name:	CITY OF HUNTSVII			
	Mailing Address:	1800 VERMONT RO			
		HUNTSVILLE, AL 3	5802		
Facility Flo	w Information				
•	w Information				
1. Facility	Wastewater Treatment Ca Avg. Daily Flow for 2022		3.06	MGD	
	• •				
	Facility Design Capacity		6.00	MGD	
2. Estimate	ed Septage Quantity Hand	led (Residuals Remov	ed from Seption	c Tank Sys	stems)
	Average Domestic Sept	•	· ·	gallons pe	•
	Average Commercial Se	_	0	gallons pe	
				3	
3. Method	of Septage Processing				
	Mixed with Influent \	Wastewater for Treatn	nent		
	Mixed with Sewage	Sludge			
4 = 1:	- 1 D	- 184tt Ele			
4. Estimate	ed Percentage Contributing	-			
		5_%			
		2%		•	
	Other:	5 % Describ	e: Commercia	a!	
5 List type	of wastewater treatment	nrocess(es) utilized at	this facility		
o. List type	OXIDATION DITCH, FIR		<del>-</del>	ION	
	OXIDATION DITOR, TIL	TAL OLIVINI TOATTON	On LOT GIVE	014	
	<u> </u>				
6. Estimate	ed sewage sludge wasting	rate at this facility:	34	03	lb/day dry weight
		-	or		gallons per day
			UE .		
7. Estimate	ed untreated sludge receiv	ed from off site:		)	lb/day dry weight
			or		gallons per day
0 E				.1.	70 01
გ. ⊨stimate	ed percent solids of combi	nea sewage sludge pr	ior to treatmen	IT:	70%

# ATTACHMENT 3

9. List the sewage sludge treatment p	rocesses u	sed in prepa	s	e or disposal: ludge Quanti ted pounds p	ty
N/A			- (4111.54		
			-0 0 <del></del>		
			. ,		
10. Estimate the total volume of sludg	e generate	d:	(dry l	621 J.S. tons per	vear)
Childre Disposal Matheda			(2.7)	, , , , , , , , , , , , , , , , , , , ,	,,
Sludge Disposal Methods		11	skuden dienoool fa	r this facility	
1. Which of the following describes the	e current m	ethod of sev Current F	vage sludge disposal to Practices	Proposed	Practices
	Approve	by ADEM	Quantity	•	by ADEM
	Yes	No.	(dry U.S. tons/year)	Yes	No
<ul> <li>a. [] Land Application, Bulk</li> <li>Shipped</li> </ul>		<del></del>			
☐ Agriculture	<u> </u>	0		0	0
☐ Forest				0	
Public Contact	0	0		0	0
Lawn/Home Garden	0	0		0	0
b. I Land Application,					
Bagged/Other Container  [] Agriculture	0	0			0
Forest	D	0		0	0
Public Contact	0	0		0	D
Lawn/Home Garden	0	0		0	0
Lawii/Home Garden	u	L L		_	_
c. X Incineration	X		621	X	0
d. I Subtitle D Landfill				0	0
(Disposal Only)	0	D		ш	ū
e. I Lined Treatment Lagoon or Stabilization Pond	П			0	0
f. I Unlined Lagoon or	_	_			
Stabilization Pond	0			. 0	0
g. I Other (Please Describe)	0	Ū		0	0
2. If "f" was selected above and sludg	e is stored	for 2 or mor	_ e years, enter the dista	nce between	the
surface disposal site and the property			_feet		
		91			
Pollutant Concentrations					
1. Enter the total concentrations of the	e following	analytes usi	ng existing data. Do no	t enter TCLP	results.
Concentration	Sa	mple	Sample	Detection	Level of
Analyta (malka or ppm)	1 7	Vne	Date	Anal	vsis .

## ATTACHMENT 3

of pathogen reduction  3)  lass A  Alternative A1 - Time a  Alternative A2 - Alkaline  Alternative A3 - Analysi  Alternative A4 - Analysi  Alternative A5 - Proces  Il Heat Drying Il Pasteurizatio Il Composting	nd Temperature e Treatment is and Operation is Only sees to Further Reduce I I Thermoph on I Gamma R	Pathogens (PFRP) iilic Aerobic Digestion	
Alternative B2 - Proces	s to Significantly Reduc estion	e Pathogens (PSRP)	Anaerobic Digestion
	vided for Sewage Sludg of pathogen reduction 03) lass A Alternative A1 - Time a Alternative A2 - Alkalin Alternative A3 - Analys Alternative A5 - Proces II Heat Drying II Pasteurizati II Composting Alternative A6 - PFRP lass B Alternative B1 - Fecal C Alternative B2 - Proces II Aerobic Dig	vided for Sewage Sludge at the Facility of pathogen reduction does the sewage sludge (33) lass A Alternative A1 - Time and Temperature Alternative A2 - Alkaline Treatment Alternative A3 - Analysis and Operation Alternative A4 - Analysis Only Alternative A5 - Processes to Further Reduce F I Heat Drying I Thermoph I Pasteurization I Gamma R I Composting I Alternative A6 - PFRP Equivalent  lass B Alternative B1 - Fecal Coliform Count Alternative B2 - Process to Significantly Reduce	vided for Sewage Sludge at the Facility s of pathogen reduction does the sewage sludge meet at the facility?  23) lass A Alternative A1 - Time and Temperature Alternative A2 - Alkaline Treatment Alternative A3 - Analysis and Operation Alternative A4 - Analysis Only Alternative A5 - Processes to Further Reduce Pathogens (PFRP)  I Heat Drying I Thermophilic Aerobic Digestion I Pasteurization I Composting I Gamma Ray Irradiation I Composting I Alternative A6 - PFRP Equivalent

Vector Attraction Control    Option 1 - Minimum 38% Reduction in Volatile Solids   Option 2 - Anaerobic Processes, with Bench-Scale Demonstration of Volatile Solids Reduction   Option 3 - Aerobic Processes, with Bench-Scale Demonstration of Volatile Solids Reduction   Option 4 - Specific Oxygen Uptake Rate (SOUR) for Aerobically Digested Sludge   Option 5 - Aerobic Processes plus Elevated Temperature   Option 6 - Raised pH to 12 and Retained at 11.5   Option 7 - 75% Solids with no Unstabilized Solids   Option 8 - 90% Solids with Unstabilized Solids   Option 9 - Injection Below Land Surface   Option 10 - Incorporation into Soil within 6 or 8 Hours   Option 11 Covering Active Sewage Sludge Unit Daily   None of the Above
Groundwater Monitoring
If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at the site?      If yes, please submit a copy of the groundwater monitoring reports along with this survey. Also please provide the approximate depth to groundwater and the groundwater monitoring procedures used to obtain the data.)
Land Application of Sewage Sludge
Answer the following questions if sewage sludge is applied to land.  1. If sewage sludge is land applied in bulk form, what type of crop or other vegetation is grown on this site?  N/A
If sewage sludge is land applied in bulk form, what is the nitrogen requirement for this crop or vegetation?     N/A
If sewage sludge is land applied in bulk form, briefly describe the nature of any complaints filed from neighbors?  N/A
<ul> <li>Permittees that submitted the "Annual Report Review Form" for sludge to the EPA may submit a copy with the MWPP in lieu of Attachment 3.</li> </ul>

# **MUNICIPAL WATER POLLUTION PREVENTION (MWPP)**

# **ANNUAL REPORT**

## SUBMITTED BY:

TREATMENT FACILI	ry: CHASE W	WTP	NPDES #: _	AL0057428
MUNICIPALITY:	HUNTSVILLE		COUNTY:	MADISON
CONTACT PERSON:	SHANE COOK Responsible Offic	ial WATER POLLUT	FION CONTRO	
	Title	WATER FOLLO		L
	•	6-883-3719	Fax #:	383-3682
		nane.cook@hunts		
CHIEF OPERATOR:	LYLE GILLILAN			
	Name 250 Telephone #:	6-883-3719	Fax #:	383-3682
	Email Address: 1y			
	Date: MAY 20, 20			
REVIEWED BY:	Consulting Engine	er		
	Telephone #:		Fax #:	
	Date:			

# MWPP Annual Report Information Source List

The following information will be needed to complete the compliance maintenance report that covers the calendar year of 2022 (due **May 31**, 2023).

- Part 1 A. The average plant influent flow for each month (million gallons per day/MGD) during the year.
  - B. The average plant influent BOD (CBOD) for each month (mg/l and lb/day) in the year.
  - C. The plant's average design flow (MGD) and design BOD (CBOD) loading (lbs/day).
- Part 2 A. The monthly average permit and DMR effluent concentration for BOD (CBOD), TSS, NH3-N, and/or TKN in mg/l for the year
  - B. The monthly average effluent limits and DMR loading for BOD (CBOD), TSS, NH3-N, and/or TKN in lbs/day for the year
- Part 3 The age of the treatment plant defined as the number of years since the last major reconstruction to increase the organic or hydraulic capacity of the plant. The last calendar year minus the year the new construction was brought on-line.
- Part 4 Bypass and overflow information. This is the number of bypass or overflow events of untreated wastewater due to heavy rain or equipment failure whether intentional or inadvertent from all collection systems tributary to the treatment facility.
- Part 5 A. Describe the characteristics and quantity of sludge generated.
  - B. If sludge is landspread, how many months of sludge storage does the plant have? This should include on-site and off-site storage from the treatment plant. The digestor capacity may be used in the calculation.
- Part 6 A. Sludge Disposal Method
  - B. The number of approved land disposal sites for sludge available, and how many months or years these disposal sites will these be available for use.
- Part 7 The number of sewer extensions installed in the community last year, the design population, design flow, and design BOD (CBOD) for each sewer extension.
- Part 8 Operator Certification
- Part 9 Financial Status
- Part 10 Subjective Evaluation
- Part 11 Summary Sheet

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State of Alabama MWPP Annual Report Department of Environmental Management

#### Instructions to the Operator-in-Charge

- Complete all sections of the MWPP Report to the best of your ability.
- 2. Parts 1 through 8 contain questions for which points will be generated. These points are intended to communicate to the Department and the governing body or owner the actions necessary to prevent effluent violations. Enter the point totals from Parts 1 through 8 on Part 11: Summary Sheet.
- 3. Add the point totals on Part 11: Summary Sheet.
- 4. Submit the MWPP Report to the governing body and the consulting engineer and owner for review and approval.
- 5. The governing body should pass a resolution which contains the following points:
  - The resolution should acknowledge the governing body or owner has reviewed the MWPP Report.
  - b. The resolution should indicate what actions will be taken to prevent effluent violations.
  - c. The resolution should provide any other information the governing body or owner deems appropriate.
- 6. The MWPP Report and the resolution must be submitted by May 31<sup>st</sup> to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.

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Facility Name:

**CHASE WWTP** 

### Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD<sub>5</sub> (CBOD<sub>5</sub>) loadings received at your facility during the last calendar year.

<u>Month</u>	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD <sub>5</sub> (CBOD <sub>5</sub> ) Concentration (mg/l)	Column 3 Average Loading BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day**)
January	1.9	147	2327
February	1.95	39	640
March	2.22	45	833
April	1.79	43	645
May	1.23	77	790
June	1.15	90	867
July	0.65	71	386
August	0.98	81	659
September	0.72	79	473
October	0.68	75	429
November	0.86	91	656
December	1.62	50	674
Annual Avg.	1.31	74	782

<sup>\*\*</sup> As reported on NPDES Discharge Monitoring Reports (DMRs) and as required by EPA's NPDES Self-Monitoring System, User Guide, March 1985.

B. List the average design flow and average design BOD<sub>5</sub> (CBOD<sub>5</sub>) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	Average Design Flow (MGD)	Average Design BOD <sub>5</sub> (CBOD <sub>5</sub> ) Loading (lbs/day)		
Design Criteria	4.0	6676		
90% of the Design Criteria	3.6	6008		
_				

C.	How many times did the monthly flow (Column 1) to the WWTP exceed 90% of design flow?  (Check the appropriate point total)	
	■ 0 - 4 = 0 points	
D.	How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?  (Check the appropriate point total)	
	$\blacksquare$ 0 = 0 points $\Box$ 1 - 2 = 5 points $\Box$ 3 - 4 = 10 points $\Box$ 5 or more = 15 points	
E.	How many times did the monthly $BOD_5$ ( $CBOD_5$ )* loading (lbs/day) (Column 3) to the WWTP exceed 90% of the design loading? (Check the appropriate point total)	
	$\blacksquare$ 0 -1 = 0 points $\Box$ 2 - 4 = 5 points $\Box$ 5 or more = 10 points	
F <sub>×</sub>	How many times did the monthly BOD <sub>5</sub> (CBOD <sub>5</sub> )* loading (lbs/day) (Column 3) to the WWTP exceed the design loading?	
	(Check the appropriate point total)	
1	■ 0 = 0 points	S
G.	Enter each point value marked for C through F and enter the sum in the appropriate blank below.	
	C points =0	
	D points =0	
	E points =0	
	F points =0	
	AL POINTS VALUE FOR PART 1 this value on Part 11: Summary Sheet.	

<sup>\*</sup>To obtain equivalent  $BOD_5$  loading for comparison with design loading for those permittees using influent  $CBOD_5$ , divide annual average  $CBOD_5$ , loading in lbs/day from Part 1, A by 0.7.

BOD<sub>5</sub>

### Part 2: Effluent Quality/Plant Performance

A. List the monthly average permit limits for the facility in the blanks below and the average monthly effluent DMR BOD<sub>5</sub>, (CBOD<sub>5</sub>) TSS, NH<sub>3</sub>-N and/or TKN concentration produced by the facility during the last calendar year.

## (1) NPDES Permit Concentration

	<u>Months</u>	$(CBOD_5)$ $(mg/l)$	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/i)
Permit Limit	5-11	20	30	10	N/A
	12-4	25	30	20	N/A
(2) DMR	Concentration				
<u>Qtr</u>	<u>Month</u>	BOD₅ (CBOD₅) (mg/I)	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
1	January	2.2	4.4	0.29	2
	February	3.3	4.5	0.73	1.9
	March	2.1	3.1	0.25	2
2	April	2.0	2.5	0.19	2.1
	May	3.8	2.7	0.16	4.6
	June	2.3	2.9	0.28	8.5
3	July	5.3	2.7	0.25	3.4
	August	5	2.8	0.12	3.5
	September	4.2	1.9	0.14	4.3
4	October	3.5	1.6	0.14	3.2
	November	3.5	2.1	0.1	4.9
	December	3.2	4.4	0.12	4.3
	Annual Avg.	3.4	3	0.23	3.7

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- List the monthly average permit limit and DMR loadings below. B.
  - (1) NPDES Permit Loading

Permit Limit	Months 5-11 12-4	BOD₅ (CBOD₅) (lbs/day) 667 834	TSS (lbs/day) 1000 1000	NH <sub>3</sub> -N (lbs/day) 333 667	TKN (lbs/day) N/A N/A
(2) DMF	R Loading				
Qtr	<u>Month</u>	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day)	TSS (lbs/day)	NH <sub>3</sub> -N (lbs/day)	TKN (lbs/day)
1	January	34	70	5	32
·	February	54	73	12	31
	March	39	58	5	37
2	April	30	37	3	31
	May	39	27	2	47
	June	22	27	3	81
3	July	29	15	1	19
	August	41	23	1	28
	September	25	11	1	26
4	October	20	9	1	18
	November	25	15	1	35
	December	43	59	2	59
	Annual Avg.	33	35	3	37

During the past year did the  $BOD_5$  (CBOD $_5$ ) concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any C. consecutive quarters? (Check the appropriate point total.)

	No	=	0	points
-	140		•	Ponice

			-
Yes	=	121	points

D.	During the past year did to exceed the monthly average (Check the appropriate points)	he BOD <sub>5</sub> (CBOD <sub>5</sub> ) concentration (mg/l) and/or loading (lbs/day) e permit limit during four months of any two consecutive quarters′ t total.)
	No = 0 points	Yes = 121 points
E.	During the past year did the product of 1.4 times the mor quarters? (Check the appro	e effluent TSS concentration (mg/l) or loading (lbs/day) exceed the othly average permit limit during two months of any two consecutive priate point total.)
	No = 0 points	☐ Yes = 121 points
F.	During the past year did to monthly average permit limit appropriate point total.)	he TSS concentration (mg/l) and/or loading (lbs/day) exceed the t during four months of any two consecutive quarters? (Check the
	No = 0 points	Yes = 121 points
G.	the product of 1.4 times t	$NH_3$ -N or TKN concentration (mg/l) and/or loading (lbs/day) exceed the monthly average permit limit during two months of any two ck the appropriate point total.)
	No = 0 points	Yes = 121 points
H.	During the past year did eith exceed the monthly average (Check the appropriate point	ner the NH <sub>3</sub> -N or TKN concentration (mg/l) and/or loading (lbs/day) e permit limit during four months of any two consecutive quarters' t total.)
	No = 0 points	Yes = 121 points
l.	Enter each point value check	ked for C through H in the blanks below.
	C Points =0	
	D Points = 0	
	E Points = 0	
	F Points = 0	
	G Points = 0	
	H Points = 0	
HIGHE Enter t	EST INDIVIDUAL POINT VAL	UE FOR PART 2 (C-H) 0 (HIGHEST POINT = 121) ary Sheet.

Facility	y Name:	CHASE WWTP				
Part 3	Part 3: Age of the Wastewater Treatment Facility					
Α.	What year was the wastewater treatment plant constructed or last reconstructed?					
	Subtra	ct the above answer from the report year to determine age:				
		Age = (Last Calendar year) - (Answer to A)				
		Age1 = (				
		Enter Age in Part C below.				
B.	Check	the type of treatment facility employed.				
		Factor				
		Mechanical Treatment Plant 2.0				
		Aerated Lagoon 1.5				
		Stabilization Pond 1.0				
		Other (Specify:) 1.0				

C. Multiply the factor listed next to the type of the facility your community employs by the age of your facility to determine the total point value for Part 3:

$$\frac{2}{\text{(Factor)}} \times \frac{1}{\text{(Age)}} = \frac{2}{\text{TOTAL POINT VALUE FOR PART 3}}$$

Enter the above value on Part 11: Summary Sheet. If the total point value exceeds 40, enter 40 on Part 11: Summary Sheet.

Facility	/ Name:	CHASE \	WWTP							
		ng and Ove								
Α.			or overflow y rain? _			ted wastewa	iter oc	curred in	the last yea	ır at the
B.						ed wastewat			he last year	prior to
C.	that futu		or overflo			ed in Parts / e same loc				
D.	_					wer C from t appropriate p				
	0 = 0	points	☐ 1 = 5 p	oints	□ 2 :	=10 points	□ 3	=15 poir	nts	
	□ 4 = 20	) points	□ 5 = 25	points	□ 6	= 30 points	□ 7	= 35 poi	nts	
	□ 8 =40	) points	9 =45	points	<u> </u>	=50 points	□ 1	1 or more	e =100 point	s
E.						ted wastewa clogged/brol				
F.	equipme	ny bypass nt failure p s.)	rior to the h	events of neadworks	untrea of the	ed wastewa WWTP? (Th	ter occ is inclu	curred in to udes clog	the last year ged/broken	<sup>-</sup> due to lines or
	that futur	e bypass		events at		ed in Parts I ne location				
						wer G from t appropriate p				
	0 = 0	points	☐ 1 = 5 p	oints	<u> </u>	=10 points	□ 3	=15 poin	nts	
	4 =20	) points	☐ 5 <b>=</b> 25 ¡	ooints	☐ 6 :	= 30 points	□ 7	= 35 poi	nts	
	□ 8 =40	) noints	☐ 9 <b>=</b> 45 i	ooints	□ 10	=50 points	□ 1	1 or more	e =100 points	s

All bypass or overflow events that have occurred in the last year (for any reason) must be individually reported with this MWPP report.

0

Add point values checked in D and H and enter the total in the blank below.

TOTAL POINT VALUE FOR PART 4

Enter this value on Part 11: Summary Sheet.

1.

Facility	/ Name:	CHASE WW	TP							
Part 5	: Sludge C	Quantity and St	orage							
A.	Please provide information concerning sludge quantity, characteristics, and storage practices based on available data as requested on the MWPP Sewage Sludge Survey, ADEM Form 419.									
В.	. How many months of sludge storage capacity does the wastewater treatment facility had available, either on-site or off-site? (i.e., How many months can the facility operate without last spreading or disposing of sludge?)									
	(Check ti	he appropriate	point total.)							
	Greater t	than or equal to	o 4 months			x	= 0 points			
	Less that	n 4 months, bu	t greater than o	equal to 3 m	onths		= 10 points			
	Less that	n 3 months, bu	it greater than oi	equal to 2 m	onths		= 20 points			
	Less that	n 2 months, bu	it greater than oi	equal to 1 m	onth		= 30 points			
	Less that	n one month					= 50 points			
Part 6:	Sludge D	Disposal Practic	ces and Sites							
A.			dge disposal pra P Sewage Sludg				sed on available data a			
B.	How mai	ny months or sites to provide	years does the e proper land dis	facility have posal? (Chec	access to a k the approp	nd ap riate	pproval for sufficient land point total.)			
	36 or mo	re months	= 0 points							
	24 - 35 m	nonths								
	12 - 23 m	nonths								
	6 - 11 mc	onths	☐ = 30 points							
	Less that	n 6 months	= 50 points							
		/ALUE FOR Part 11: Su		0						

Facility	/ Name:	CHASE V	WTP						
<u>Part 7:</u>	New Dev	elopment/							
	calendar	year or a	nticipated	in the	next 2-3 ye	ars such t	nercial, or resider hat either flow or Estimate additiona	BOD <sub>5</sub>	(CBOD <sub>5</sub>
	Design Population Equivale	on: nt (PE)		Desigr _Flow: <sub>.</sub>	1	MGD	Design BOD <sub>5</sub> (CBOD <sub>5</sub> ):_		_lbs/day
	List indus	strial and/or	residentia	al develo	pments.			72	
	NONE.	SERVICE.	AREA IS	APPRO	OXIMATEL'	Y			
	95% DE	VELOPED	),			=			
						_			
						-			
		additional lo			e plant?				
	No =	0 points	[	Yes =	= 121 points				
E	Enter the p	point total ir	the blank	k below.					
		/ALUE FOR on Part 11:			0	_(highest p	ooint total = 121)		
Part 8:	Operato	r Certificatio	o <u>n</u>						
Comple	ete the <i>Pla</i>	ant and Col	lection Sy	stem Pe	ersonnel Inve	entory, ADE	M Form 441.		
(	Code; Divi		erator Ce	rtificatio	ction systen n Program?	n staffing (	comply with ADEN	/ Admir	ıistrative
	Yes =	= 0 points	[	□ No =	121 points				
		/ALUE FOR		Sheet	0	_(highest p	oint total = 121)		

Facility Name:		CHASE WM	/TP							
Part 9: Financia		Status								
A.		Are User-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how are O&M costs being financed? <i>Include user charge rates</i> .  YES								
	Resident	ial Minimum	0	Plus rate	4.83	/1,000 gal.				
		Minimum _	0	Plus rate	4.83	/1,000 gal.				
	Monthly r	esidential rate	based on 6,000 ga	allons usage \$		28.98				
B.	reconstru	ction needs?				r improvements a				
	& POORS.									
C.	Please attach a rate sheet and the most recent audit, if available.									
Part 1	0: Subjecti	ve Evaluation								
A.			ical and structural o			reatment facility. ONDITION. THER	₹E			
	CURRENTLY EXISTS NO PROBLEMS WITH PREMATURE FAILURE DUE TO									
	CORRO	SION OR DI	FERENTIAL SE	ITLING. WWTP	UPGRAD	ES CONTINUE.				
B.		•	ondition of the sewe	•		oles, lift stations). O AT 15%. INFLO	W			
	AND INF	ILTRATION	PROJECTS CON	ITINUE FOR SE	RVICE ARI	EA.				

	What sewage system improvements does the community have planned for construction in the next 5 years?
	INFLUENT PUMP STATION UPGRADES
	DISINFECTION FACILITY UPGRADES
	What is the theoretical design life of the plant, and what is the estimated remaining useful life of the wastewater treatment facility?
23	DESIGN LIFE IS 50 YEARS. REMAINING LIFE IS 50 YEARS.
	What problems, if any, over the last year have threatened treatment or conveyance within the system?
	NONE
-	
	the community presently involved in formal planning for treatment facility upgrading? YES. FUNDING IS IN PLACE TO ADEQUATELY PLAN FOR ANY GROWTH. ALL
F	PROJECTS AND CONTRACTS ARE APPROVED IN PUBLIC FORUM.
	ow many days in the last year were there residential backups at any point in the collection stem for any reason other than clogging of the lateral connection?
	pes the plant have a written plan for preventive maintenance on major equipment items? If yes, escribe.
\	YES. ELECTRICAL:MEG-OHM, AMP CHECK. MECHANICAL:LUBRICATION OF ALL
E	BEARINGS, SEALS, ETC. THESE TASKS ARE PREFORMED FROM PREVENTATIVE
N	MAINTENANCE LOGS AND TRACKED THROUGH DEPARTMENT DATABASES.

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I.	Does this preventive maintenance program depict frequency of intervals, types of lubrication, and other preventive maintenance tasks necessary for each piece of equipment?
	(Check the appropriate response.)   Yes   No
J.	Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assessed properly?
	(Check the appropriate response.) 🔳 Yes 🗌 No
K.	Describe any major repairs or mechanical equipment replacement made in the last year and include the approximate cost for those repairs. Do not include major treatment plant construction or upgrading programs.
	\$100,000 DISINFECTION FACILITY IMPROVEMENTS
	\$200,000 VARIOUS PROCESS TRAIN EQUIPMENT REPAIRS
	\$50,000 INFLUENT PUMP STATION REPAIRS
L.	List any additional comments. (Attach additional sheets if necessary.)
	\$100,000 WAS BUDGETED FOR ROUTINE REPAIRS FOR THIS PLANT IN 2022.
	THESE FUNDS WERE ALLOCATED FOR VARIOUS REPAIRS INCLUDING PUMPS,
	PROCESS EQUIPMENT AND ANY OTHER MECHANICAL/ELECTRICAL REPAIRS
	REPAIRS. IN ADDITION, CAPITAL PROJECTS ARE BUDGETED AND NOT
	INCLUDED IN THESE NUMBERS. THIS AMOUNT DOES NOT INCLUDE WHAT IS
	ANNUALLY BUDGETED FOR THE COLLECTION SYSTEM.

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F:	124	N. I.	
Faci	III Y	Iva	me:

**CHASE WWTP** 

#### Part 11: Summary Sheet

 Enter in the values from Parts 1 through 8 in the left column below. Add the numbers in the left column to determine the MWPP Report point total the wastewater system generated for the previous calendar year.

Actual \	/alue	<u>s</u>	Maximum Possible
Part 1_	0	_points	80 points
Part 2_	0	_points	121 points
Part 3_	2	_points	40 points
Part 4_	0	_points	200 points
Part 5_	0	_points	50 points
	0	_points	50 points
Part 7_	0	_points	121 points
Part 8	0	_points	121 points
Total	2	_points	783 points

- 2. Check the facility type that best describes the plant's treatment and disposal of wastewater.
  - Mechanical plant with surface water discharge
  - Aerated Lagoon or stabilization pond with surface water discharge
  - ☐ Mechanical plant using land disposal of liquid wastes
  - Aerated Lagoon or stabilization pond using land disposal of liquid wastes
- 3. Check the range that describes the action needed to address problems identified in the report.
  - 0 70 points Actions as Appropriate\*
  - ☐ 71 120 points Departmental Recommendation Range\*
  - ☐ 121 783 points Municipality Action Range\*

4. Complete the Municipal Water Pollution Prevention Resolution Form, ADEM Form 418.

<sup>\*</sup>Other actions may be required by NPDES outside the scope of this report.

In Question 1, do any of the actual point values in the left column equal the maximum possible points in the right column?
(Check the appropriate response.)
If yes, provide a written explanation for this situation in the space below.

PERMIT NUMBER:   AL0057428	FACILITY NAME:	FACILITY NAME: CHASE AREA WWTP				PLANT GRADE:			
SYSTEM MANAGER:   Shaine   L Cook	PERMIT NUMBER:	R: <u>AL0057428</u>							
PLANT OPERATORS:   GRADE OR   TRAINGE STATUS   OPERATOR NO.   EXP. DATE	PLANT SUPERINTER	NDENT:	Lyle Gillila	nd				TEL.#	256-883-3719
NAME	SYSTEM MANAGER	:	Shane L. C	Cook				TEL.#	256-883-3719
NAME	PLANT OPERATORS	3:							
No   Normal   No   No   No   No   No   No   No   N		IAME					OPERATOR NO.	EXP	. DATE
1.	1. Lyle Gilliland				IV		C000559	06/	/30/25
4	2. Roy Morgan				IV		C000230	04/	/30/25
5	3. Terry Brown				IV		C006649	8/3	31/25
5	4.								
6.									<del></del>
7.									
8. 9. 10. COLLECTION SYSTEM OPERATORS:  1. Jonathan Houston IC C009536 8/31/23 2. David Sloan IC CAL008971 7/31/26 3. Stan Patterson IC C007629 11/30/25 4. Jeb Aycock IC C001642 1/31/2025  MAN HRS./WK NUMBER OPERATOR(S): 80 2 GRADE IC 20 4 GRADE I GRADE II GRADE IV OPERATORY MAINTENANCE 40 2 OTHER PLANT WORKERS  OPERATOR SHIFTS NORMALLY WORKED EACH DAY:  SUN MON TUES WED THURS FRI SAT 1ST 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8									X
9.								-	
10								-	
1.   Jonathan Houston   IC   C009536   8/31/23     2.   David Sloan   IC   CAL008971   7/31/26     3.   Stan Patterson   IC   C007629   11/30/25     4.   Jeb Aycock   IC   C001642   1/31/2025     MAN HRS./WK   NUMBER	9								,
1. Jonathan Houston IC CAL08971 7/31/26 2. David Sloan IC CAL08971 7/31/26 3. Stan Patterson IC C007629 11/30/25 4. Jeb Aycock IC C001842 1/31/2025  MAN HRS./WK NUMBER  MANAGEMENT/SUPERVISOR 40 1  GRADE II TST 2 START TIME 6:00.  DESIGNATED TRAINEE(S) LABORATORY MAINTENANCE 40 2 OTHER PLANT WORKERS  OPERATOR SHIFTS NORMALLY WORKED EACH DAY:  SUN MON TUES WED THURS FRI SAT  1ST 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	10			8					
C	COLLECTION SYSTE	M OPERATO	DRS:						
C	Jonathan Houston				ic ]	f	C009536	8/3	11/23
3. Stan Patterson IC C007629 11/30/25  4. Jeb Aycock IC C001642 1/31/2025  MAN HRS./WK NUMBER  MANAGEMENT/SUPERVISOR 40 1 OPERATOR(S): 80 2 GRADE IC 20 4 GRADE II GRADE II GRADE II STEE START TIME 6:00.  DESIGNATED TRAINEE(S) LABORATORY MAINTENANCE 40 2 OTHER PLANT WORKERS  OPERATOR SHIFTS NORMALLY WORKED EACH DAY: SUN MON TUES WED THURS FRI SAT 1ST 8 8 8 8 8 8 8 8								1	
A. Jeb Aycock						-		<b>†</b>	
MAN HRS./WK NUMBER  MANAGEMENT/SUPERVISOR									
MANAGEMENT/SUPERVISOR OPERATOR(S):	4. Jeb Aycock						C001642	1/31	/2025
OPERATOR(S):    80			MAN H	RS./WK	NUMBER				
GRADE I-C GRADE I GRADE II GRADE III GRADE III GRADE IV DESIGNATED TRAINEE(S) LABORATORY MAINTENANCE OTHER PLANT WORKERS  OPERATOR SHIFTS NORMALLY WORKED EACH DAY:  SUN MON TUES WED THURS FRI SAT  1ST 8 8 8 8 8 8 8 8  ADEM USE ONLY  YES NO		RVISOR			1				
GRADE II  GRADE III  GRADE III  GRADE IV  DESIGNATED TRAINEE(S)  LABORATORY  MAINTENANCE  OTHER PLANT WORKERS   OPERATOR SHIFTS NORMALLY WORKED EACH DAY:  SUN MON TUES WED THURS FRI SAT  1ST 8 8 8 8 8 8 8 8 8  ADEM USE ONLY  ADEM USE ONLY  AVERAGE NUMBER OF EMPLOYEES PER SHIFT:  AVERAG	OPERATOR(S):	ODADELO							
GRADE II				20	4		AVERAGE NUMBER (	E EMDI OVI	EEG DED GUIET:
GRADE III					1		AVEIGGE NOWDER	, LIVII LOTI	ELS PER SHIFT.
DESIGNATED TRAINEE(S)  LABORATORY  MAINTENANCE  OTHER PLANT WORKERS   OPERATOR SHIFTS NORMALLY WORKED EACH DAY:  SUN MON TUES WED THURS FRI SAT  1ST 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8							1ST 2	s	TART TIME 6:00 AM
LABORATORY       40       2         OTHER PLANT WORKERS       40       2         OPERATOR SHIFTS NORMALLY WORKED EACH DAY:         SUN       MON       TUES       WED       THURS       FRI       SAT         1ST       8       8       8       8       8		GRADE IV					<del></del>	_	<u>-                                    </u>
MAINTENANCE		EE(S)							
OTHER PLANT WORKERS  OPERATOR SHIFTS NORMALLY WORKED EACH DAY:    SUN   MON   TUES   WED   THURS   FRI   SAT									
OPERATOR SHIFTS NORMALLY WORKED EACH DAY:    SUN   MON   TUES   WED   THURS   FRI   SAT			4	0	2				
SUN MON TUES WED THURS FRI SAT  1ST 8 8 8 8 8 8 8 8  ADEM USE ONLY  YES NO	OTHER PLANT WORK	KERS							
1ST 8 8 8 8 8 8 8 8 ADEM USE ONLY YES NO	OPERATOR SHIFTS !	NORMALLY \	NORKED EA	ACH DAY:					
ADEM USE ONLY YES NO	SUN	MON	TUES	WED	THURS	FRI	SAT		
YES NO	1ST 8	8	8	8	8	8	8	3.83	
YES NO									
YES NO									
YES NO	ADEM HISE AND								
	ADEM DGE CHET								YES NO

2. DOES COLLECTION SYSTEM OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

ADEM FORM 441 8/02

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

## ALABAMA POTW'S SEWAGE SLUDGE SURVEY \*

F	acility Background Information:				
1.	Facility Information		Permit N	lumber:	AL0049531
	Name:	CHASE AREA W	WTP		
	Street Address:	909 WESS TAYL	OR RD		
	County:	MADISON			
2.	Facility Contact				
	Name:	SHANE L. COOK			
	Title:	DIRECTOR OF V	VATER POLLU	TION CONT	ROL
	Telephone:	256-883-3719			
	Permittee Name:	CITY OF HUNTS	VILLE		
	Mailing Address:	1800 VERMONT	ROAD		
	-	HUNTSVILLE, AL	35802		
_					
	acility Flow Information				
1.	Facility Wastewater Treatment Cap		4.04	MOD	
	Avg. Daily Flow for 2022:		1.31	_MGD	
	Facility Design Capacity:		4.0	_MGD	
2.	Estimated Septage Quantity Handle	ed (Residuals Rem	noved from Sep	otic Tank Sys	stems)
	Average Domestic Septa		0	gallons pe	
	Average Commercial Sep	ptage:	0	gallons pe	er month
	-				
3.	Method of Septage Processing	to a to constant for a Trans	-44		
	☐ Mixed with Influent W		atment		
	☐ Mixed with Sewage S	Sludge			
	0				<del></del>
4.	Estimated Percentage Contributing	Wastewater Flow			
•••	Residential: 15				
	Industrial: 85	•			
	Other:	% Desc	cribe:		
5.	List type of wastewater treatment p				
	SCREENING GRIT REM			OXIDATION	DITCH),
	FINAL CLARIFICATION,	UV DISINFECTIO	N		
6	Estimated sewage sludge wasting i	rate at this facility:		1403	lb/day dry weight
٠.			or		gallons per day
			(6)		Same har and
7.	Estimated untreated sludge received	ed from off site:		0	lb/day dry weight
			ог		gallons per day
0	Estimated paragraphical as a	مط مصدومه مانبطعه	nriar to traatus	ont:	70 0/
Ö.	Estimated percent solids of combin	ieu sewage siudge	buoi io nesim	CIII.	70%

# ATTACHMENT 3

List the sewage sludge treatment p	rocesses us	sed in prepa		Sludge Quant	ity
N/A			(untre	ated pounds p	per day)
IV/A			-		
			-		
10. Estimate the total volume of sludg	e generated	l:		256	
			(dry	U.S. tons per	year)
Sludge Disposal Methods					
Which of the following describes the	e current me	ethod of sev	vage sludge disposal fo	or this facility:	
· ·		Current F	Practices	Proposed	Practices
		by ADEM	Quantity		by ADEM
a. I Land Application, Bulk	<u>Yes</u>	<u>No</u>	(dry U.S. tons/year)	<u>Yes</u>	<u>No</u>
Shipped					
Agriculture		D			0
■ Forest		0		0	0
Public Contact	0	0		D	0
Lawn/Home Garden	0	D		0	0
b. I Land Application,					
Bagged/Other Container				23	
Agriculture	ם	0		0	0
Forest	0	0		0	0
Public Contact	ם			0	
Lawn/Home Garden	0	D			0
c. X Incineration	X	0	256	X	0
d. 🛘 Subtitle D Landfill				_	_
(Disposal Only)	0				0
e. I Lined Treatment Lagoon or Stabilization Pond	В	0		0	0
f. I Unlined Lagoon or	-	_		8	
Stabilization Pond		0		. <b>D</b>	0
g.   Other (Please Describe)	0				
2. If "f" was selected above and sludge	e is stored f	or 2 or more	e years, enter the dista	nce between	the
surface disposal site and the property	line:		_feet		
Pollutant Concentrations		•			
1. Enter the total concentrations of the	following a	nalytes usir	g existing data. Do no	t enter TCLP	results.
Concentration	Sar	nple	Sample	Detection	Level of
Analyte (mg/kg or ppm)	Ty	/pe	Date	Anal	/sis

Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				
Ammonium- Nitrogen				
Nitrate-				
Nitrogen				
Total Kjeldahl Nitrogen				
INITIOGETI				
analysis: Treatment Pro 1. Which class 40 CFR Part 5 0 0 0	vided for Sewage Sludg s of pathogen reduction 03) lass A Alternative A1 - Time a Alternative A3 - Analysi Alternative A4 - Analysi Alternative A5 - Proces  ☐ Heat Drying ☐ Pasteurizatio ☐ Composting Alternative A6 - PFRP	ne at the Facility does the sewage sludge and Temperature e Treatment is and Operation is Only ses to Further Reduce F	e meet at the facility?	(As defined in
0	lass B Alternative B1 - Fecal C Alternative B2 - Proces	s to Significantly Reduce estion		Anaerobic Digestion

Vector Attraction Control  Option 1 - Minimum 38% Reduction in Volatile Solids Option 2 - Anaerobic Processes, with Bench-Scale Demonstration of Volatile Solids Reduction Option 3 - Aerobic Processes, with Bench-Scale Demonstration of Volatile Solids Reduction Option 4 - Specific Oxygen Uptake Rate (SOUR) for Aerobically Digested Sludge Option 5 - Aerobic Processes plus Elevated Temperature Option 6 - Raised pH to 12 and Retained at 11.5 Option 7 - 75% Solids with no Unstabilized Solids Option 8 - 90% Solids with Unstabilized Solids Option 9 - Injection Below Land Surface Option 10 - Incorporation into Soil within 6 or 8 Hours Option 11 Covering Active Sewage Sludge Unit Daily
☐ None of the Above
Groundwater Monitoring
If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at the site?     If yes
Land Application of Sewage Sludge
Answer the following questions if sewage sludge is applied to land.  1. If sewage sludge is land applied in bulk form, what type of crop or other vegetation is grown on this site?  N/A
If sewage sludge is land applied in bulk form, what is the nitrogen requirement for this crop or vegetation?  N/A
If sewage sludge is land applied in bulk form, briefly describe the nature of any complaints filed from neighbors?  N/A
* Permittees that submitted the "Annual Report Review Form" for sludge to the EPA may submit a copy with the MWPP in lieu of Attachment 3.

# MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

# **ANNUAL REPORT**

SUBMITTED BY:

TREATMENT FACILIT	Y: MAGNO	LIA SPRINGS WWTP	_NPDES #:	AL0072435
MUNICIPALITY:	HUNTSVILLE		_COUNTY:	LIMESTONE
CONTACT PERSON:	SHANE COOL Responsible Of		N CONTRO	DL
	Title			
	Telephone #:	256-883-3719	Fax #: 256-	883-3682
	Email Address:	shane.cook@huntsvil	leal.gov	
CHIEF OPERATOR:	WESLEY BAU			
	Name Telephone #:	256-883-3719		883-3682
	Email Address:	wes.baugh@huntsvillea	l.gov	
	Date: MAY 20,	2023		
REVIEWED BY:	Consulting Engi	ineer		
	Telephone #: _		_Fax #:	<u> </u>
	Date:			

# MWPP Annual Report Information Source List

The following information will be needed to complete the compliance maintenance report that covers the calendar year of 2022 (due **May 31**, 2023).

- Part 1 A. The average plant influent flow for each month (million gallons per day/MGD) during the year.
  - B. The average plant influent BOD (CBOD) for each month (mg/l and lb/day) in the year.
  - C. The plant's average design flow (MGD) and design BOD (CBOD) loading (lbs/day).
- Part 2 A. The monthly average permit and DMR effluent concentration for BOD (CBOD), TSS, NH3-N, and/or TKN in mg/l for the year
  - B. The monthly average effluent limits and DMR loading for BOD (CBOD), TSS, NH3-N, and/or TKN in lbs/day for the year
- Part 3 The age of the treatment plant defined as the number of years since the last major reconstruction to increase the organic or hydraulic capacity of the plant. The last calendar year minus the year the new construction was brought on-line.
- Part 4 Bypass and overflow information. This is the number of bypass or overflow events of untreated wastewater due to heavy rain or equipment failure whether intentional or inadvertent from all collection systems tributary to the treatment facility.
- Part 5 A. Describe the characteristics and quantity of sludge generated.
  - B. If sludge is landspread, how many months of sludge storage does the plant have? This should include on-site and off-site storage from the treatment plant. The digestor capacity may be used in the calculation.
- Part 6 A. Sludge Disposal Method
  - B. The number of approved land disposal sites for sludge available, and how many months or years these disposal sites will these be available for use.
- Part 7 The number of sewer extensions installed in the community last year, the design population, design flow, and design BOD (CBOD) for each sewer extension.
- Part 8 Operator Certification
- Part 9 Financial Status
- Part 10 Subjective Evaluation
- Part 11 Summary Sheet

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State of Alabama MWPP Annual Report Department of Environmental Management

#### Instructions to the Operator-in-Charge

- 1. Complete all sections of the MWPP Report to the best of your ability.
- 2. Parts 1 through 8 contain questions for which points will be generated. These points are intended to communicate to the Department and the governing body or owner the actions necessary to prevent effluent violations. Enter the point totals from Parts 1 through 8 on Part 11: Summary Sheet.
- 3. Add the point totals on Part 11: Summary Sheet.
- 4. Submit the MWPP Report to the governing body and the consulting engineer and owner for review and approval.
- 5. The governing body should pass a resolution which contains the following points:
  - a. The resolution should acknowledge the governing body or owner has reviewed the MWPP Report.
  - b. The resolution should indicate what actions will be taken to prevent effluent violations.
  - c. The resolution should provide any other information the governing body or owner deems appropriate.
- 6. The MWPP Report and the resolution must be submitted by May 31<sup>st</sup> to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.

ADEM Form 417 07/15 m3

Facility Name: MAGNOLIA SPRINGS WWTP

### Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD<sub>5</sub> (CBOD<sub>5</sub>) loadings received at your facility during the last calendar year.

Column 3 Average Loading BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day**)
N/A

<sup>\*\*</sup> As reported on NPDES Discharge Monitoring Reports (DMRs) and as required by EPA's NPDES Self-Monitoring System, User Guide, March 1985.

B. List the average design flow and average design BOD<sub>5</sub> (CBOD<sub>5</sub>) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	Average Design Flow (MGD)	Average Design BOD <sub>5</sub> (CBOD <sub>5</sub> ) Loading (lbs/day)
Design Criteria 90% of the Design Criteria	.0.25	300
	0.23	270

C.	How many times	did the monthly flow (C _(Check the appropriat	•	exceed 90% of design flow?
	0 - 4 = 0 poir	nts 5 or mo	ore = 5 points	
D.	How many times	did the monthly flow (C _(Check the appropriate	•	exceed the design flow?
	0 = 0 points	1 - 2 = 5 points	☐ 3 – 4 =10 points	5 or more =15 points
E.		s did the monthly BOD <sub>5</sub> he design loading? _(Check the appropriate		day) (Column 3) to the WWTP
		s	5 or more =10 p	oints
F.	How many times exceed the desig	-	(CBOD <sub>5</sub> )* loading (lbs/	day) (Column 3) to the WWTP
	-	_ (Check the appropriat	e point total)	
	0 = 0 points	1 = 10 points  2 = 20	points 3 =30 points	☐ 4 =40 points ☐ 5 or more =50 point
G.	Enter each point	value marked for C thro	ugh F and enter the sur	m in the appropriate blank below.
	C points =	0		
	D points =	0		
	E points =	0		
	F points =	0		
	AL POINTS VALUE r this value on Part	FOR PART 111: Summary Sheet.	0	

\*To obtain equivalent  $BOD_5$  loading for comparison with design loading for those permittees using influent  $CBOD_5$ , divide annual average  $CBOD_5$ , loading in lbs/day from Part 1, A by 0.7.

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Facility Name:

MAGNOLIA SPRINGS WWTP

### Part 2: Effluent Quality/Plant Performance

A. List the monthly average permit limits for the facility in the blanks below and the average monthly effluent DMR BOD<sub>5</sub>, (CBOD<sub>5</sub>) TSS, NH<sub>3</sub>-N and/or TKN concentration produced by the facility during the last calendar year.

## (1) NPDES Permit Concentration

	<u>Months</u>	$BOD_5$ $(CBOD_5)$ $(mg/I)$	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
Permit Limit	5-11	25	30	4.8	N/A
	12-4	25	30	10.6	N/A
(2) DMF	R Concentration				
Qtr	Month `	$\begin{array}{c} BOD_5 \\ (CBOD_5) \\ \underline{\qquad \qquad } (mg/I) \end{array}$	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
1	January	N/A	N/A	N/A	N/A
	February	N/A	N/A	N/A	N/A
	March	N/A	N/A	N/A	N/A
2	April	N/A	N/A	N/A	N/A
_	May	N/A	N/A	N/A	N/A
	June	N/A	N/A	N/A	N/A
3	July	N/A	N/A	N/A	N/A
	August	N/A	N/A	N/A	N/A
	September	N/A	N/A	N/A	N/A
4	October	N/A	N/A	N/A	N/A
	November	N/A	N/A	N/A	N/A
	December	N/A	N/A	N/A	N/A
	Annual Avg.	 N/A	N/A	N/A	·. N/A

- B. List the monthly average permit limit and DMR loadings below.
  - (1) NPDES Permit Loading

Permit Limit	Months 5-11 12-4	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day) 52.1	TSS (lbs/day) 62.5 62.5	NH <sub>3</sub> -N (lbs/day) 10 22.1	TKN (lbs/day) N/A N/A
(2) DMI	R Loading				
<u>Qtr</u>	<u>Month</u>	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day)	TSS (lbs/day)	NH <sub>3</sub> -N (lbs/day)	TKN (lbs/day)
1	January	N/A	N/A	N/A	N/A
	February	N/A	N/A	N/A	N/A
	March	N/A	N/A	N/A	N/A
2	April	N/A	N/A	N/A	N/A
	May	N/A	N/A	N/A	N/A
	June	N/A	N/A	N/A	N/A
3	July August	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A
	September	N/A	N/A	N/A	N/A
4	October	N/A	N/A	N/A	N/A
	November	N/A	N/A	N/A	N/A
	December	N/A	N/A	N/A	N/A

C. During the past year did the BOD<sub>5</sub> (CBOD<sub>5</sub>) concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any consecutive quarters? (Check the appropriate point total.)

N/A

N/A

■ No = 0	points
----------	--------

Annual Avg.

☐ Yes =	121	points
---------	-----	--------

N/A

N/A

D.	During the past year did to exceed the monthly average (Check the appropriate point)	the $BOD_5$ (CBOD <sub>5</sub> ) concentration (mg/l) and/or loading (lbs/day), e permit limit during four months of any two consecutive quarters? t total.)
	No = 0 points	Yes = 121 points
E.	During the past year did the product of 1.4 times the mor quarters? (Check the appro	e effluent TSS concentration (mg/l) or loading (lbs/day) exceed the othly average permit limit during two months of any two consecutive priate point total.)
	No = 0 points	Yes = 121 points
F.		ne TSS concentration (mg/l) and/or loading (lbs/day) exceed the t during four months of any two consecutive quarters? (Check the
	No = 0 points	☐ Yes = 121 points
G.	the product of 1.4 times the	$\mathrm{NH_{3}\text{-}N}$ or TKN concentration (mg/l) and/or loading (lbs/day) exceed he monthly average permit limit during two months of any two ck the appropriate point total.)
	No = 0 points	Yes = 121 points
H.	During the past year did eith exceed the monthly average (Check the appropriate point	er the NH <sub>3</sub> -N or TKN concentration (mg/l) and/or loading (lbs/day), e permit limit during four months of any two consecutive quarters? total.)
	No = 0 points	☐ Yes = 121 points
l.	Enter each point value check	ed for C through H in the blanks below.
	C Points =0	
	D Points =0	
	E Points =0	
	F Points =0	
	G Points = 0	
	H Points = 0	
	ST INDIVIDUAL POINT VALU	

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		ł
Facility	Name:	

CHASE	WWTP

### Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed?

2005

Subtract the above answer from the report year to determine age:

Enter Age in Part C below.

B. Check the type of treatment facility employed.

	Factor
X Mechanical Treatment Plant	2.0
Aerated Lagoon	1.5
Stabilization Pond	1.0
Other (Specify:	1.0

C. Multiply the factor listed next to the type of the facility your community employs by the age of your facility to determine the total point value for Part 3:

$$\frac{2}{\text{(Factor)}} \times \frac{17}{\text{(Age)}} = \frac{34}{\text{TOTAL POINT VALUE FOR PART 3}}$$

Enter the above value on Part 11: Summary Sheet. If the total point value exceeds 40, enter 40 on Part 11: Summary Sheet.

Facility Na	ne: I
I GOINTY I TO	IIO.

TAL COLOT TA	CDDDICC	AN OWN OTHER
MAGNOLIA	SPRINGS	WWII

#### Part 4: Bypassing and Overflows

A.		s or overflow events avy rain?		ater occurred in the last year at the			
B.	How many bypass or overflow events of untreated wastewater occurred in the last year prior to the headworks of the WWTP due to heavy rain?0						
C.		s or overflow even		A and B have been corrected such ation due to heavy rain are not			
D.	Add together Ansv	wers A and B and sub	tract Answer C from	that total.			
	A + B - C =	(C	heck the appropriate	point total.)			
	0 = 0 points	☐ 1 = 5 points	☐ 2 =10 points	☐ 3 =15 points			
	☐ 4 =20 points	☐ 5 =25 points	☐ 6 = 30 points	☐ 7 = 35 points			
	☐ 8 =40 points	☐ 9 =45 points	☐ 10 =50 points	☐ 11 or more =100 points			
E.				iter occurred in the last year at the ken lines or manholes.)0			
F.		prior to the headwork		ter occurred in the last year due to is includes clogged/broken lines or			
G.		or overflow events		E and F have been corrected such due to the same equipment failure			
Н.	Add together Answ	vers E and F and sub	tract Answer G from t	hat total.			
	_	(CI					
	■ 0 = 0 points	☐ 1 = 5 points	☐ 2 =10 points	☐ 3 =15 points			
	☐ 4 =20 points	☐ 5 =25 points	☐ 6 = 30 points	☐ 7 = 35 points			
	☐ 8 =40 points	☐ 9 =45 points	☐ 10 =50 points	☐ 11 or more =100 points			
l.	Add point values c	hecked in D and H ar	nd enter the total in th	e blank below.			
TOTA	L POINT VÁLUE FO	OR PART 4	0				
	this value on Part 11						

All bypass or overflow events that have occurred in the last year (for any reason) must be individually reported with this MWPP report.

Facilit	y Name:	MAGNOLIA	A SPRINGS WW	ГР				_
Part 5	: Sludge C	Quantity and S	Storage					
A.	Please provide information concerning sludge quantity, characteristics, and storage practices based on available data as requested on the MWPP Sewage Sludge Survey, ADEM Form 419.							
В.	. How many months of sludge storage capacity does the wastewater treatment facility hav available, either on-site or off-site? (i.e., How many months can the facility operate without lan spreading or disposing of sludge?)						have land	
	(Check t	he appropriate	e point total.)					
	Greater t	than or equal	to 4 months			x	= 0 points	
	Less that	n 4 months, b	ut greater than or	equal to 3 months	6		= 10 points	
	Less that	n 3 months, b	ut greater than or	equal to 2 months	3		= 20 points	
	Less tha	n 2 months, b	ut greater than or	equal to 1 month			= 30 points	
	Less that	n one month					= 50 points	
			ices and Sites					
A.				actices and site in le Survey, ADEM F			sed on available data	a as
B.				facility have acce posal? (Check the			proval for sufficient point total.)	land
	36 or mo	re months	<pre>= 0 points</pre>					
	24 - 35 m	nonths	= 10 points					
	12 - 23 m	nonths	= 20 points					
	6 - 11 mg	onths	= 30 points					
	Less than	n 6 months	= 50 points					
	•	VALUE FOR F on Part 11: Si	PART 6 ummary Sheet.	0				

Facility Name:	MAGNOLIA SPR	INGS WWTP			:
Part 7: New De	velopment				
calenda	r year or anticipate	developments (industed in the next 2-3 yea em could significantly in	ars such t	hat either flow or I	BOD <sub>5</sub> (CBOD <sub>5</sub> )
Design Populati Equivale	on: ent (PE)	Design Flow:	MGD	Design BOD <sub>5</sub> (CBOD <sub>5</sub> ):	lbs/day
List indu	ıstrial and/or residen	itial developments.			
NONE.			=		
: <del> </del>			-		
			<u>.</u>		
	additional loading ov the appropriate point				
No =	0 points	Yes = 121 points			
Enter the	point total in the bla	nk below.			
	VALUE FOR PART on Part 11: Summa		(highest p	ooint total = 121)	
Part 8: Operato	or Certification				
Complete the P	lant and Collection S	System Personnel Invel	ntory, ADE	M Form 441.	
Code; Div		and collection system Certification Program? total.)	staffing o	comply with ADEM	Administrative
Yes	= 0 points	☐ No = 121 points			
	VALUE FOR PART on Part 11: Summa		_(highest p	point total = 121)	

Facility	/ Name:	MAGNOLIA SPRINGS WWTP						
<u>Part 9:</u>	Financia	al Status						
A.	Are User-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how are O&M costs being financed? <i>Include user charge rates</i> . YES							
	Residen	tial Minimum0 Plus rate4.83/1,000 gal.						
	Industria	al Minimum0						
	Monthly	residential rate based on 6,000 gallons usage \$						
В.	What financial resources are available to pay for the wastewater improvements and/o reconstruction needs?  ADEQUATE USER CHARGE SYSTEM WITH A+ BOND RATING FROM STANDARD							
	& POOF	RS.						
C.	Please a	attach a rate sheet and the most recent audit, if available.						
Part 10	: Subject	tive Evaluation						
A. [		briefly the physical and structural conditions of the wastewater treatment facility.  ONCRETE AND METAL STRUCTURES ARE IN GOOD CONDITION. THERE						
	CURRE	ENTLY EXISTS NO PROBLEMS WITH PREMATURE FAILURE DUE TO						
	CORRO	OSION OR DIFFERENTIAL SETTLING.						
В.		the general condition of the sewer system (sewer lines, manholes, lift stations). WATER INTRUSION FOR THE FACILITY IS ESTIMATED AT 15%.						
		超						

	hat sewage system improvements does the community have planned for construction in the xt 5 years?
A	NTICIPATED GROWTH IS EXPECTED IN THE SURRPUNDING AREA.
FI	NALIZE ROUTE AND CONSTRUCTION FOR NEW EFFLUENT LINE
	hat is the theoretical design life of the plant, and what is the estimated remaining useful life of wastewater treatment facility?
D	ESIGN LIFE IS 50 YEARS. REMAINING LIFE IS 34 YEARS.
sy	nat problems, if any, over the last year have threatened treatment or conveyance within the stem?  ONE
	ne community presently involved in formal planning for treatment facility upgrading? ES. FUNDING IS IN PLACE TO ADEQUATELY PLAN FOR ANY GROWTH.
	many days in the last year were there residential backups at any point in the collection em for any reason other than clogging of the lateral connection?
	s the plant have a written plan for preventive maintenance on major equipment items? If yes, cribe.
YE	S. ELECTRICAL:MEG-OHM, AMP CHECK. MECHANICAL:LUBRICATION OF ALL
BE	ARINGS, SEALS, ETC. THESE TASKS ARE PREFORMED FROM PREVENTATIVE
M	AINTENANCE LOGS AND TRACKED THROUGH DEPARTMENT DATABASES.
_	

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Does this preventive maintenance program depict frequency of intervals, types of lubrication, and other preventive maintenance tasks necessary for each piece of equipment?
(Check the appropriate response.)
Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assessed properly?
(Check the appropriate response.)   Yes   No
Describe any major repairs or mechanical equipment replacement made in the last year and include the approximate cost for those repairs. Do not include major treatment plant construction or upgrading programs.
List any additional comments. (Attach additional sheets if necessary.)

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		1
Facility	Name:	

<b>CHASE V</b>	WVTP
----------------	------

#### Part 11: Summary Sheet

Enter in the values from Parts 1 through 8 in the left column below. Add the numbers in the left 1. column to determine the MWPP Report point total the wastewater system generated for the previous calendar year.

Actual \	√alue:	<u>S</u>	Maximum Possible
Part 1_	0	_points	80 points
Part 2_	0	_points	121 points
Part 3_	34	_points	40 points
Part 4_	0	_points	200 points
Part 5_	0	_points	50 points
Part 6_	0	_points	50 points
Part 7_	0	_points	121 points
Part 8_	0	_points	121 points
Total	34	_points	783 points

- Check the facility type that best describes the plant's treatment and disposal of wastewater. 2.
  - Mechanical plant with surface water discharge
  - Aerated Lagoon or stabilization pond with surface water discharge
  - Mechanical plant using land disposal of liquid wastes
  - ☐ Aerated Lagoon or stabilization pond using land disposal of liquid wastes
- Check the range that describes the action needed to address problems identified in the report. 3.
  - 0 70 points

Actions as Appropriate\*

71 - 120 points

Departmental Recommendation Range\*

☐ 121 – 783 points Municipality Action Range\*

- \*Other actions may be required by NPDES outside the scope of this report.
- Complete the Municipal Water Pollution Prevention Resolution Form, ADEM Form 418. 4.

In Question 1, do any of the actual point values in the left column equal the maximum possible points in the right column?
(Check the appropriate response.)
If yes, provide a written explanation for this situation in the space below.

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FACILITY NAME:	Magnolia	Springs WW	TΡ			PLANT G	RADE:	11
PERMIT NUMBER	: AL00724	35				_		
PLANT SUPERINT	ENDENT:	Wesley Ba	augh				TEL.#	256-883-3719
SYSTEM MANAGE	ER:	Shane Co	ok				TEL.#	256-883-3719
PLANT OPERATO	RS:		=				_	
	NAME			ADE OR EE STATUS	<b></b>	OPERATOR NO.	EXF	P. DATE
1. Wesley Baugh				IV	<u> </u>	C006624	8/	31/25
2. Matthew Reynolds				IV		C006568	12	/31/23
3								<del></del>
								*
4.     5.								
6.								
7							1	
8.								-
9.								
10								
COLLECTION SYS		ORS:						
_			I		1		Ĩ.	
1							<del>                                     </del>	
2			-				-	
3							-	
4			L					
MANAGEMENT/SU	PERVISOR	MAN H	RS./WK	NUMBER 2				
OPERATOR(S):		Name and Address of the Owner, where the Owner, which is the Own	BALL	8 8 8				
	GRADE I-			-		A) (ED 4 OE 4    () (ED 5		
	GRADE GRADE					AVERAGE NUMBER (	DE EMPLOY	EES PER SHIFT:
	GRADE I					181	] s	START TIME
	GRADE I	v				2ND	]	
DESIGNATED TRA	NEE(S)					3RD	]	
LABORATORY				-				
MAINTENANCE OTHER PLANT WO	DVEDC	-		-				
OTHER PLANT VIC	KKEKO							
OPERATOR SHIFT:	S NORMALLY	WORKED EA	ACH DAY:					
SUN	MON	TUES	WED	THURS	FRI	SAT		
1ST						252		
2ND								
3RD								
ADEM USE ONLY								YES NO

1. DOES PLANT OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

2. DOES COLLECTION SYSTEM OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

ADEM FORM 441 8/02

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

## **ALABAMA POTW'S SEWAGE SLUDGE SURVEY \***

Facility B	ackground Information:				
1. Facilit	y Information		Permit N	umber:	AL0072435
	Name:	Magnolia Spi	rings WWTP		
	Street Address:		il Road Bed Road		
	County:	Limestone			
0	. 0 1				
2. Facility					
	Name:	SHANE L. CO			
	Title:		OF WATER POLLUT	TON CONT	ROL
	Telephone:	256-883-371			
	Permittee Name:	CITY OF HUI			
	Mailing Address:	1800 VERMC			
		HUNTSVILLE	E, AL 35802		
Facility Fl	ow Information				
1. Facility	Wastewater Treatment	Capacity			
	Avg. Daily Flow for 20	22:	0	MGD	
	Facility Design Capac	ity:	0.25	MGD	
Estima	ted Septage Quantity Ha	ndlad (Basiduala	Domested from Conti	in Tonk O	4
L. Louina	Average Domestic Se		· ·	•	•
		· · ·	0	_gallons pe	
	Average Commercial	septage:	0	_gallons pe	r month
3. Method	d of Septage Processing				
	Mixed with Influen	t Wastewater for	Treatment		
	Mixed with Sewag	e Sludge			
	0				
<b>—</b>					
. Estima	ted Percentage Contribut	-	Flow		
	Residential:	0 %			
	Industrial:	0 %			
	Other:	%	Describe:		
. List tvo	e of wastewater treatmen	t process(es) utili	ized at this facility:		
	PRIMARY SCREENIN		•	ON CHLOE	PINATION
			TO LE OLD WILL TO THE	JIV, OI ILOI	MINATION
Catingal			224		
. Esumai	ted sewage sludge wastir	g rate at this facil		0	lb/day dry weight
			or		gallons per day
. Estimat	ed untreated sludge rece	ived from off site.		D	lb/day dry weight
		a nom on site.			
			or		gallons per day
Estimat	ed percent solids of comi	oined sewage slu	dae prior to treatmer	nt·	0 %

9. List the se	wage sludge treatment	processes u	sed in prepa	aring sludge for final u	se or disposal	:
	N/A	(untre	Sludge Quant eated pounds			
				_		
10. Estimate	the total volume of slud	ge generated	d:	- (de	0	
				(dry	U.S. tons per	year)
Sludge Dispos	sal Methods					
1. Which of th	ne following describes th	e current m	ethod of sev	wage sludge disposal t	for this facility:	
			Current F		•	Practices
			by ADEM	Quantity		by ADEM
	and Application, Bulk	<u>Yes</u>	<u>No</u>	(dry U.S. tons/year)	<u>Yes</u>	<u>No</u>
	Agriculture	0	0		- 0	0
	Forest	Ō	0		0	0
	Public Contact	0	_ 		0	0
	Lawn/Home Garden	0	0		0	0
					-	_
	and Application,					
	agged/Other Container Agriculture	0	0		- 0	0
	Forest	0	0		0	0
	Public Contact	D	0		0	0
	Lawn/Home Garden	0	П		П	П
_	Lawin ione Garden				u	u
c. X In	ncineration	X	0	0	X	0
d. 🛮 S	ubtitle D Landfill					
	Disposal Only)				. 0	D
	ined Treatment Lagoon					
	r Stabilization Pond nlined Lagoon or	0	0		. 0	0
	tabilization Pond	0	0		D	0
g. 🛮 O	ther (Please Describe)	0	0		. 0	
				•		
	lected above and sludge		or 2 or more		nce between t	ne
surface disposal site and the property line:feet						
Pollutant Conc	ollutant Concentrations					
1. Enter the to	tal concentrations of the	following ar	nalytes usin	g existing data. Do no	t enter TCLP r	esults.
21	Concentration	Sam	nple	Sample	Detection I	_evel of
Analyte	(mg/kg or ppm)	Ту	pe	Date	Analy	sis

Arsenic	
Cadmium	
Chromium	
Copper	
Lead	
Mercury	
Molybdenu	m
Nickel	
Selenium	
Zinc	
Ammonium Nitrogen	
Nitrate- Nitrogen	
Total Kjelda Nitrogen	ahl ahl
1. Which cl 40 CFR Par	Provided for Sewage Sludge at the Facility lass of pathogen reduction does the sewage sludge meet at the facility? (As defined in t 503)  I Class A  I Alternative A1 - Time and Temperature I Alternative A2 - Alkaline Treatment I Alternative A3 - Analysis and Operation I Alternative A4 - Analysis Only I Alternative A5 - Processes to Further Reduce Pathogens (PFRP) I Heat Drying I Thermophilic Aerobic Digestion I Pasteurization I Gamma Ray Irradiation I Composting I Alternative A6 - PFRP Equivalent
0	Class B  D Alternative B1 - Fecal Coliform Count

Vector Attraction Control
Option 1 - Minimum 38% Reduction in Volatile Solids Option 2 - Anaerobic Processes, with Bench-Scale Demonstration of Volatile Solids Reduction Option 3 - Aerobic Processes, with Bench-Scale Demonstration of Volatile Solids Reduction Option 4 - Specific Oxygen Uptake Rate (SOUR) for Aerobically Digested Sludge Option 5 - Aerobic Processes plus Elevated Temperature Option 6 - Raised pH to 12 and Retained at 11.5 Option 7 - 75% Solids with no Unstabilized Solids Option 8 - 90% Solids with Unstabilized Solids Option 9 - Injection Below Land Surface Option 10 - Incorporation into Soil within 6 or 8 Hours Option 11 Covering Active Sewage Sludge Unit Daily None of the Above
Groundwater Monitoring
If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at the site?      If yes (If yes, please submit a copy of the groundwater monitoring reports along with this survey. Also please provide the approximate depth to groundwater and the groundwater monitoring procedures used to obtain the data.)
Land Application of Sewage Sludge
Answer the following questions if sewage sludge is applied to land.  1. If sewage sludge is land applied in bulk form, what type of crop or other vegetation is grown on this site?  N/A
2. If sewage sludge is land applied in bulk form, what is the nitrogen requirement for this crop or vegetation?  N/A
3. If sewage sludge is land applied in bulk form, briefly describe the nature of any complaints filed from neighbors?
N/A
Permittees that submitted the "Annual Report Review Form" for sludge to the EPA may submit a copy with the MWPP in lieu of Attachment 3.

## **MUNICIPAL WATER POLLUTION PREVENTION (MWPP)**

## **ANNUAL REPORT**

#### SUBMITTED BY:

TREATMENT FACILIT	Y: SPRING BRANCH	NPDES #:
MUNICIPALITY:	HUNTSVILLE	COUNTY: MADISON
CONTACT PERSON:	SHANE COOK  Responsible Official  DIRECTOR WATER POI	LLUTION CONTROL
	Title Telephone #: 256-883-37	719Fax #:Fax =
CHIEF OPERATOR:	Email Address: shane.coo	ok@huntsvilleal.gov
CHIEF OPERATOR.	Name Telephone #: 256-883-37	719Fax #:Fax =
	Email Address: wes.baugh	h@huntsvilleal.gov
REVIEWED BY:		
		Fax #:
	Date:	

# MWPP Annual Report Information Source List

The following information will be needed to complete the compliance maintenance report that covers the calendar year of 2022 (due **May 31**, 2023).

- Part 1 A. The average plant influent flow for each month (million gallons per day/MGD) during the year.
  - B. The average plant influent BOD (CBOD) for each month (mg/l and lb/day) in the vear.
  - C. The plant's average design flow (MGD) and design BOD (CBOD) loading (lbs/day).
- Part 2 A. The monthly average permit and DMR effluent concentration for BOD (CBOD), TSS, NH3-N, and/or TKN in mg/l for the year
  - B. The monthly average effluent limits and DMR loading for BOD (CBOD), TSS, NH3-N, and/or TKN in lbs/day for the year
- Part 3 The age of the treatment plant defined as the number of years since the last major reconstruction to increase the organic or hydraulic capacity of the plant. The last calendar year minus the year the new construction was brought on-line.
- Part 4 Bypass and overflow information. This is the number of bypass or overflow events of untreated wastewater due to heavy rain or equipment failure whether intentional or inadvertent from all collection systems tributary to the treatment facility.
- Part 5 A. Describe the characteristics and quantity of sludge generated.
  - B. If sludge is landspread, how many months of sludge storage does the plant have? This should include on-site and off-site storage from the treatment plant. The digestor capacity may be used in the calculation.
- Part 6 A. Sludge Disposal Method
  - B. The number of approved land disposal sites for sludge available, and how many months or years these disposal sites will these be available for use.
- Part 7 The number of sewer extensions installed in the community last year, the design population, design flow, and design BOD (CBOD) for each sewer extension.
- Part 8 Operator Certification
- Part 9 Financial Status
- Part 10 Subjective Evaluation
- Part 11 Summary Sheet

State of Alabama MWPP Annual Report Department of Environmental Management

#### Instructions to the Operator-in-Charge

- 1. Complete all sections of the MWPP Report to the best of your ability.
- Parts 1 through 8 contain questions for which points will be generated. These points are intended to communicate to the Department and the governing body or owner the actions necessary to prevent effluent violations. Enter the point totals from Parts 1 through 8 on Part 11: Summary Sheet.
- 3. Add the point totals on Part 11: Summary Sheet.
- 4. Submit the MWPP Report to the governing body and the consulting engineer and owner for review and approval.
- 5. The governing body should pass a resolution which contains the following points:
  - a. The resolution should acknowledge the governing body or owner has reviewed the MWPP Report.
  - b. The resolution should indicate what actions will be taken to prevent effluent violations.
  - c. The resolution should provide any other information the governing body or owner deems appropriate.
- 6. The MWPP Report and the resolution must be submitted by May 31<sup>st</sup> to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.

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Facility Name:

#### Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD<sub>5</sub> (CBOD<sub>5</sub>) loadings received at your facility during the last calendar year.

<u>Month</u>	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD₅ (CBOD₅) Concentration (mg/l)	Column 3 Average Loading BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day**)
January	30.74	141	36084
February	28.16	128	29962
March	31.8	91	24167
April	24.48	122	24970
May	16.37	190	25946
June	14.36	178	21381
July	14.2	156	18472
August	15.75	135	17691
September	14.25	288	34297
October	13.43	230	25790
November	14.15	243	28715
December	23	106	20303
Annual Avg.	20.06	167	25648

<sup>\*\*</sup> As reported on NPDES Discharge Monitoring Reports (DMRs) and as required by EPA's NPDES Self-Monitoring System, User Guide, March 1985.

B. List the average design flow and average design BOD<sub>5</sub> (CBOD<sub>5</sub>) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

Average Design Flow		Average Design BOD <sub>5</sub> (CBOD <sub>5</sub> ) Loading (lbs/day)
Design Criteria	41.0	. 68429
90% of the Design Criteria	36.9	61586
•		

C.	How many time	es did the monthly flow (C (Check the appropriat		exceed 90% of design flow?
	0 - 4 = 0 pc	oints 5 or mo	ore = 5 points	
D.	How many time	es did the monthly flow (Co		exceed the design flow?
	0 = 0 points	s $\Box$ 1 – 2 = 5 points	3-4=10 points	5 or more =15 points
E.		tes did the monthly BOD <sub>5</sub> the design loading? (Check the appropriate		/day) (Column 3) to the WWTP
	■ 0 -1 = 0 po	ints 2 – 4 =5 points	5 or more =10 p	oints
F	How many time		(CBOD <sub>5</sub> )* loading (lbs	/day) (Column 3) to the WWTP
	0	(Check the appropria	te point total)	
	■ 0 = 0 points	☐ 1 = 10 points ☐ 2 =20	points 3 =30 points	☐ 4 =40 points ☐ 5 or more =50 poin
G.	Enter each poi	nt value marked for C thro	ough F and enter the su	m in the appropriate blank below.
	C points =	0		
	D points =	0		
	E points =	0		
	F points =	0		
	AL POINTS VALU r this value on Pa	JE FOR PART 1 irt 11: Summary Sheet.	0	

\*To obtain equivalent  $BOD_5$  loading for comparison with design loading for those permittees using influent  $CBOD_5$ , divide annual average  $CBOD_5$ , loading in lbs/day from Part 1, A by 0.7.

#### Part 2: Effluent Quality/Plant Performance

List the monthly average permit limits for the facility in the blanks below and the average A. monthly effluent DMR BOD<sub>5</sub>, (CBOD<sub>5</sub>) TSS, NH<sub>3</sub>-N and/or TKN concentration produced by the facility during the last calendar year.

#### (1) NPDES Permit Concentration

Permit Limit	<u>Months</u> 1-12	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (mg/l) 25	TSS (mg/l) 30	NH <sub>3</sub> -N (mg/l) 20	TKN (mg/l) N/A
			V		
(2) DMI	R Concentration				
		BOD₅ (CBOD₅)	TSS	NH <sub>3</sub> -N	TKN

Qtr	<u>Month</u>	$\begin{array}{c} BOD_5 \\ (CBOD_5) \\ (mg/l) \end{array}$	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
1	January	9.5	6.9	2.2	4.6
	February	7	6.6	2.2	5.9
	March	11.7	11.6	3.8	3.5
2	April	10.9	7.1	5.1	2.7
_	May	9.5	9.4	4.2	5.1
	June	6.5	6.7	2.9	8.2
3	July	8	5.4	2.7	4.9
•	August	8.3	11.8	3.6	8
	September	10	10.7	5.2	8.3
4	October	14.6	9.3	5.2	5.5
•	November	11.1	10.1	4.9	0.4
	December	9	11.6	4.8	0.6
	Annual Avg.	9.7	8.9	3.9	4.8

Annual Avg.

- B. List the monthly average permit limit and DMR loadings below.
  - (1) NPDES Permit Loading

Permit Limit	Months 1-12	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day) 8548	TSS (lbs/day) 10258	NH <sub>3</sub> -N (lbs/day) 6838	TKN (lbs/day) N/A
(2) DMF	R Loading				
<u>Qtr</u>	<u>Month</u>	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day)	TSS (lbs/day)	NH <sub>3</sub> -N (lbs/day)	TKN (lbs/day)
1	January	2437	1774	567	1180
	February	1645	1547	520	1375
	March	3114	3078	997	939
2	April	2230	1447	1042	558
	May	1302	1278	568	701
	June	779	805	351	980
3	July	948	642	319	583
	August	1089	1549	470	1046
	September	1189	1271	620	984
4	October	1634	1036	588	621
	November	1316	1198	576	52
	December	1728	2230	929	113
	Annual Avg.	1617	1488	629	761

C. During the past year did the BOD<sub>5</sub> (CBOD<sub>5</sub>) concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any consecutive quarters? (Check the appropriate point total.)

N 🔳	o =	0	poi	nts
-----	-----	---	-----	-----

	Yes =	121	points
--	-------	-----	--------

D.	During the past year did the BOD <sub>5</sub> (CBOD <sub>5</sub> ) concentration (mg/l) and/or loading (lbs/day), exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)				
	No = 0 points	Yes = 121 points			
E.	product of 1.4 times	r did the effluent TSS concentration (mg/l) or loading (lbs/day) e the monthly average permit limit during two months of any two co e appropriate point total.)	xceed the onsecutive		
	No = 0 points	☐ Yes = 121 points			
F.	During the past ye monthly average pe appropriate point to	ar did the TSS concentration (mg/l) and/or loading (lbs/day) extends the transfer of any two consecutive quarters? (0 nl.)	kceed the Check the		
	No = 0 points	Yes = 121 points			
G.	the product of 1.4	did the NH <sub>3</sub> -N or TKN concentration (mg/l) and/or loading (lbs/da times the monthly average permit limit during two months of ? (Check the appropriate point total.)	y) exceed any two		
	No = 0 points	☐ Yes = 121 points			
H.	During the past year exceed the monthly (Check the approprie	did either the NH <sub>3</sub> -N or TKN concentration (mg/l) and/or loading average permit limit during four months of any two consecutive to point total.)	(lbs/day), quarters?		
	No = 0 points	Yes = 121 points			
l.	Enter each point valu	e checked for C through H in the blanks below.			
	C Points =	0			
	D Points =	0			
	E Points =	0			
	F Points =	0			
	G Points =	0			
	H Points =	0			
HIGHE Enter t	EST INDIVIDUAL POII his value on Part 11:	T VALUE FOR PART 2 (C-H)0 (HIGHEST POINT summary Sheet.	= 121)		

T = -1114 .	Mana	SPRING	<b>BRANCH</b>
Facility	ivame:		

#### Part 3: Age of the Wastewater Treatment Facility

Subtract the above answer from the report year to determine age:

**WWTP** 

Enter Age in Part C below.

B. Check the type of treatment facility employed.

		Factor
X	_Mechanical Treatment Plant	2.0
	_Aerated Lagoon	1.5
	_Stabilization Pond	1.0
	_Other (Specify:)	1.0

C. Multiply the factor listed next to the type of the facility your community employs by the age of your facility to determine the total point value for Part 3:

$$\frac{2.0}{\text{(Factor)}} \times \frac{1}{\text{(Age)}} = \frac{2}{\text{TOTAL POINT VALUE FOR PART 3}}$$

Enter the above value on Part 11: Summary Sheet. If the total point value exceeds 40, enter 40 on Part 11: Summary Sheet.

Facility Name: SPRING BRANCH WWTP Part 4: Bypassing and Overflows How many bypass or overflow events of untreated wastewater occurred in the last year at the A. 0 WWTP due to heavy rain? How many bypass or overflow events of untreated wastewater occurred in the last year prior to B. the headworks of the WWTP due to heavy rain? \_\_\_\_\_\_2 How many of the bypass or overflow events listed in Parts A and B have been corrected such C. that future bypass or overflow events at the same location due to heavy rain are not anticipated? 2 Add together Answers A and B and subtract Answer C from that total. D. A + B - C = 0 (Check the appropriate point total.)  $\blacksquare$  0 = 0 points  $\square$  1 = 5 points  $\square$  2 =10 points  $\square$  3 =15 points  $\square$  4 =20 points  $\square$  5 =25 points  $\square$  6 = 30 points  $\square$  7 = 35 points  $\square$  8 =40 points  $\square$  9 =45 points  $\square$  10 =50 points  $\square$  11 or more =100 points How many bypass or overflow events of untreated wastewater occurred in the last year at the E. WWTP due to equipment failure? (This includes clogged/broken lines or manholes.)\_\_\_\_\_0 How many bypass or overflow events of untreated wastewater occurred in the last year due to F. equipment failure prior to the headworks of the WWTP? (This includes clogged/broken lines or manholes.) \_\_\_\_\_0 How many of the bypass or overflow events listed in Parts E and F have been corrected such G. that future bypass or overflow events at the same location due to the same equipment failure are not anticipated? \_\_\_\_\_0 Add together Answers E and F and subtract Answer G from that total. H. E + F - G = 0 (Check the appropriate point total.)

I. Add point values checked in D and H and enter the total in the blank below.

 $\square$  4 =20 points  $\square$  5 =25 points  $\square$  6 = 30 points  $\square$  7 = 35 points

TOTAL POINT VALUE FOR PART 4 \_\_\_\_\_\_\_ 
Enter this value on Part 11: Summary Sheet.

All bypass or overflow events that have occurred in the last year (for any reason) must be individually reported with this MWPP report.

 $\square$  8 =40 points  $\square$  9 =45 points  $\square$  10 =50 points  $\square$  11 or more =100 points

☐ 2 =10 points ☐ 3 =15 points

Facility	Name:	SPRING BRA	ANCH WWTP				
<u> Part 5:</u>	Sludge C	Quantity and St	orage				
A.	Please p	orovide informa n available data	tion concerning as requested or	sludge quantity, n the <i>MWPP</i> Sewa	characte age Slud	eristic Ige S	es, and storage practices urvey, ADEM Form 419.
В.	available	nny months of e, either on-site g or disposing	or off-site? (i.e.	capacity does th , How many mont	ne waste hs can t —	ewate he fa	er treatment facility have cility operate without land
	(Check t	he appropriate	point total.)				
	Greater t	than or equal to	4 months			х	= 0 points
	Less tha	n 4 months, bu	t greater than or	equal to 3 months	S		= 10 points
				equal to 2 months			= 20 points
				equal to 1 month			= 30 points
		n one month					= 50 points
Part 6:	Sludge [	Disposal Practio	ces and Sites				
A.	Please prequeste	orovide the slued on the MWP	dge disposal pra P Sewage Sludg	actices and site in the Survey, ADEM	nformation Form 41	on ba 9.	sed on available data as
B.	How ma	any months or sites to provide	years does the e proper land dis	facility have acceposal? (Check the	ess to a e approp	nd a <sub>l</sub> riate	oproval for sufficient land point total.)
	36 or mo	ore months	= 0 points				
	24 - 35 ı	months	= 10 points				
	12 - 23 ı	months	☐ = 20 points				
	6 - 11 m	onths	☐ = 30 points				
	Less tha	an 6 months	= 50 points				
TOTA	L POINT this value	VALUE FOR P on Part 11: Su	ART 6 immary Sheet.	0			

Facility	Name:	SPRING BRANCH WWTP								
		velopment								
	solondor	re any major new developments (industrial, commercial, or residential) in the last year or anticipated in the next 2-3 years such that either flow or $BOD_5$ (CBOD <sub>5</sub> ) to the sewage system could significantly increase? Estimate additional loadings below.								
	Design Population Equivalent	Design Design on:Flow:MGD BOD <sub>5</sub> (CBOD <sub>5</sub> ):lbs/day ont (PE)								
	List indu	strial and/or residential developments.								
	NONE.	SERVICE AREA IS APPROXIMATELY								
	90% DE	EVELOPED.								
	Will the	Will the additional loading overload the plant? (Check the appropriate point total.)								
	■ No = 0 points									
	Enter the	point total in the blank below.								
TOTA	L POINT	VALUE FOR PART 70 (highest point total = 121) on Part 11: Summary Sheet.								
		or Certification								
Comp	lete the F	Plant and Collection System Personnel Inventory, ADEM Form 441.								
	Code; Di	the plant operator and collection system staffing comply with ADEM Administrative vision 10, Operator Certification Program? ne appropriate point total.)								
	Yes	= 0 points								
TOTA Enter	L POINT	VALUE FOR PART 8(highest point total = 121) e on Part 11: Summary Sheet.								

Facility	Name:	SPRING BR	RANCH W	WTP				
Part 9:	Financia	l Status						
A.	Are User are O&M YES	-Charge Reve I costs being f	enues suffici inanced? <u>I</u>	cient to cove nclude use	er operation an r charge rates	d maintenan	nce expenses? I	f no, hov
	Resident	ial Minimum		0	Plus rate	4.83	/1,000 gal.	
	Industria	I Minimum		0	Plus rate	5.68	/1,000 gal. 28.98	
	Monthly	residential rate	e based on	6,000 gallo	ns usage \$		20.00	
В.	reconstru	uction needs?					er improvement	
	& POO!	RS.						
C.	Please a	ttach a rate sl	neet and th	e most rece	ent audit, if ava	ilable.		
Part 10	): Subject	ive Evaluation	1					
<b>A</b> .							treatment facility ONDITION. TI	
	CURRE	NTLY EXIST	rs no pr	OBLEMS	WITH PREMA	TURE FAII	LURE DUE TO	)
	CORRI	SION OR DI	FERENT	IAL SETTL	ING. WWTP	UPGRADE	ES CONTINUE	
В.							oles, lift stations D AT 25%. IN	
	AND IN	FILTRATION	N PROJEC	TS CONT	INUE FOR TI	HE SERVIC	E AREA.	

What sewage system improvements does the community have planned for construction in the next 5 years?									
PLANT IMPROVEMENTS TO INCLUDE UGRADING ANAEROBIC DIGESTERS									
UPGRADING AERATION BASIN BLOWERS									
UPGRADING GREASE RECEIVING FACILITY									
What is the theoretical design life of the plant, and what is the estimated remaining useful life of the wastewater treatment facility?									
DESIGN LIFE IS 50 YEARS. REMAINING LIFE IS 50 YEARS.									
What problems, if any, over the last year have threatened treatment or conveyance within the system?  NONE									
Is the community presently involved in formal planning for treatment facility upgrading? YES. FUNDING IS IN PLACE TO ADEQUATELY PLAN FOR ANY GROWTH. ALL									
PROJECTS AND CONTRACTS ARE APRROVED IN PUBLIC FORUM.									
How many days in the last year were there residential backups at any point in the collection system for any reason other than clogging of the lateral connection?									
Does the plant have a written plan for preventive maintenance on major equipment items? If yes									
describe. YES. ELECTRICAL:MEG-OHM, AMP CHECK. MECHANICAL:LUBRICATION OF ALL									
BEARINGS, SEALS, ETC. THESE TASKS ARE PREFORMED FROM PREVENTATIVE									

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I.	Does this preventive maintenance program depict frequency of intervals, types of lubrication and other preventive maintenance tasks necessary for each piece of equipment?							
	(Check the appropriate response.)   Yes   No							
J.	Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assessed properly?							
	(Check the appropriate response.)   Yes   No							
K.	Describe any major repairs or mechanical equipment replacement made in the last year and include the approximate cost for those repairs. Do not include major treatment plan construction or upgrading programs.							
	\$1,150,000.00 DIGESTER IMPROVEMENTS							
	\$450,000 STRUCTURAL/MECHANICAL PROCESSS TRAIN EQUIPMENT REPAIRS							
	\$550,000.00 SANITARY SEWER IMPROVEMENTS							
	\$150,000.00 VARIOUS ELECTRICAL/SCADA REPAIRS							
L.	List any additional comments. (Attach additional sheets if necessary.)							
	\$500,000.00 WAS BUDGETED FOR ROUTINE REPAIRS FOR THIS PLANT IN 2022.							
	THESE FUNDS WERE ALLOCATED FOR VARIOUS REPAIRS INCLUDING PUMPS,							
	PROCESS EQUIPMENT AND ANY OTHER MECHANICAL/ELECTRICAL REPAIRS							
	NEEDED. IN ADDITION, CAPITAL PROJECTS AS MENTIONED ABOVE ARE ALSO							
	BUDGETED. THIS AMOUNT DOES NOT INCLUDE WHAT IS ANNUALLY							
	BUDGETED FOR THE COLLECTION SYSTEM.							
	•							

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#### Part 11: Summary Sheet

1. Enter in the values from Parts 1 through 8 in the left column below. Add the numbers in the left column to determine the MWPP Report point total the wastewater system generated for the previous calendar year.

Actual Values			Maximum Possible
Part 1_	0	points	80 points
Part 2_	0	points	121 points
Part 3_	2	_points	40 points
Part 4_	0	_points	200 points
Part 5_	0	_points	50 points
Part 6_	0	_points	50 points
Part 7_	0	_points	121 points
Part 8_	0	_points	121 points
Total	2	_points	783 points

- 2. Check the facility type that best describes the plant's treatment and disposal of wastewater.
  - Mechanical plant with surface water discharge
  - Aerated Lagoon or stabilization pond with surface water discharge
  - Mechanical plant using land disposal of liquid wastes
  - Aerated Lagoon or stabilization pond using land disposal of liquid wastes
- Check the range that describes the action needed to address problems identified in the report. 3.
  - 0 70 points

Actions as Appropriate\*

71 - 120 points

Departmental Recommendation Range\*

☐ 121 – 783 points Municipality Action Range\*

4. Complete the Municipal Water Pollution Prevention Resolution Form, ADEM Form 418.

<sup>\*</sup>Other actions may be required by NPDES outside the scope of this report.

In Question 1, do any of the actual point values in the left column equal the maximum possib points in the right column?
(Check the appropriate response.)
If yes, provide a written explanation for this situation in the space below.

FACILITY NAME:	Spring Brai	nch WWTP				, PL	ANT GRA	ADE:	IV	
PERMIT NUMBER:	AL0058394									
PLANT SUPERINTE	ıgh					TEL.#	256-883-3	719		
SYSTEM MANAGER	:	Shane Coo	k					TEL.#	256-883-3	719
PLANT OPERATORS	3:		OD M	DE OD						
	NAME			DE OR STATUS	OF	PERATOR NO.		EXP	. DATE	
Wesley Baugh				v		C006624		8/3	31/25	]
Michael Loyd				v		C009539		4/3	30/24	1
Kason Furnas				V		C006203		7/3	31/25	
Trenton Anton				V		C009231		11/	30/23	1
Chauncey Wooda	ard		ı	v		C009232		2/28	8/2026	
Matthew Towry				v		C004498		8/3	31/24	]
DeAngelo Smith				v		C009239		4/3	30/24	
Barrie Livingston				V		C000295		8/3	31/25	
COLLECTION SYST	EM OPERATO	ORS:								
	EM OPERATO	ORS:	l ıc		C007609		Ĩ	10/31/25		
Robin Christopher	EM OPERATO	ORS:	IC IC		C007609			10/31/25		-
Robin Christopher Ryan Pullen	EM OPERATO	DRS:								-
Robin Christopher Ryan Pullen Greg Fine	EM OPERATO	DRS:	IC		C009597			9/30/23		
Robin Christopher Ryan Pullen Greg Fine	EM OPERATO		IC IC	NUMBER	C009597 C009232			9/30/23		-
Robin Christopher Ryan Pullen Greg Fine			IC	NUMBER 1	C009597 C009232			9/30/23		=
Robin Christopher Ryan Pullen Greg Fine Randall Goode		MAN H	IC IC		C009597 C009232			9/30/23		-
Robin Christopher Ryan Pullen Greg Fine Randall Goode MANAGEMENT/SUP	ERVISOR GRADE I-C	MAN H 40 40	IC IC		C009597 C009232			9/30/23 7/31/23 7/31/23		-
Robin Christopher Ryan Pullen Greg Fine Randall Goode MANAGEMENT/SUP	ERVISOR GRADE I-C GRADE I	MAN H 40 40	IC IC	1	C009597 C009232	AVERAGE NU	IMBER OF	9/30/23 7/31/23 7/31/23		- - - HIFT:
Robin Christopher Ryan Pullen Greg Fine Randall Goode MANAGEMENT/SUP	ERVISOR GRADE I-C GRADE I GRADE II	MAN H 40 40	IC IC	1	C009597 C009232			9/30/23 7/31/23 7/31/23	ÆES PER S	
Robin Christopher Ryan Pullen Greg Fine Randall Goode MANAGEMENT/SUP	ERVISOR GRADE I-C GRADE II GRADE III	MAN H 40 40	IC IC	1	C009597 C009232	1ST	JMBER OF 10 1	9/30/23 7/31/23 7/31/23		
Robin Christopher Ryan Pullen Greg Fine Randall Goode  MANAGEMENT/SUP OPERATOR(S):	ERVISOR  GRADE I-C  GRADE II  GRADE III  GRADE IV	MAN H 40 40	IC IC	4	C009597 C009232		10	9/30/23 7/31/23 7/31/23	ÆES PER S	6:00/
Robin Christopher Ryan Pullen Greg Fine Randall Goode MANAGEMENT/SUP	ERVISOR  GRADE I-C  GRADE II  GRADE III  GRADE IV	MAN H 40 40	IC IC	4	C009597 C009232	1ST	10	9/30/23 7/31/23 7/31/23	ÆES PER S	6:00/
Robin Christopher Ryan Pullen Greg Fine Randall Goode MANAGEMENT/SUP OPERATOR(S): DESIGNATED TRAIN	ERVISOR  GRADE I-C  GRADE II  GRADE III  GRADE IV	MAN H 40 40	IC IC	4	C009597 C009232	1ST	10	9/30/23 7/31/23 7/31/23	ÆES PER S	6:00/
Robin Christopher Ryan Pullen Greg Fine Randall Goode  MANAGEMENT/SUP OPERATOR(S):  DESIGNATED TRAIN LABORATORY	ERVISOR  GRADE I-C  GRADE II  GRADE III  GRADE IV	MAN H 40 40 252	IC IC	1 4 8	C009597 C009232	1ST	10	9/30/23 7/31/23 7/31/23	ÆES PER S	6:00/
Robin Christopher Ryan Pullen Greg Fine Randall Goode  MANAGEMENT/SUP OPERATOR(S):  DESIGNATED TRAIN LABORATORY MAINTENANCE OTHER PLANT WOR	ERVISOR  GRADE I-C  GRADE III  GRADE III  GRADE IV  NEE(S)	MAN H 40 40 252 80 80 31	IC IC IC RS./WK	1 4 8 2 2	C009597 C009232	1ST	10	9/30/23 7/31/23 7/31/23	ÆES PER S	6:00/
Robin Christopher Ryan Pullen Greg Fine Randall Goode  MANAGEMENT/SUP OPERATOR(S):  DESIGNATED TRAIN LABORATORY MAINTENANCE	ERVISOR  GRADE I-C  GRADE III  GRADE III  GRADE IV  NEE(S)	MAN H 40 40 252 80 80 31	IC IC IC RS./WK	1 4 8 2 2	C009597 C009232	1ST	10	9/30/23 7/31/23 7/31/23	ÆES PER S	6:00/
Robin Christopher Ryan Pullen Greg Fine Randall Goode  MANAGEMENT/SUP OPERATOR(S):  DESIGNATED TRAIN LABORATORY MAINTENANCE OTHER PLANT WOR	ERVISOR  GRADE I-C  GRADE II  GRADE III  GRADE IV  NEE(S)	MAN H 40 40 252 80 80 31	IC IC IC RS./WK	8 2 2	C009597 C009232 C009529	1ST 2ND	10	9/30/23 7/31/23 7/31/23	ÆES PER S	6:00/

ADEM USE ONL

1. DOES PLANT OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

2. DOES COLLECTION SYSTEM OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

YES	NO
ADEM FORM 441	8/02

# ALABAMA POTW'S SEWAGE SLUDGE SURVEY \*

Facilit	y Background Information:				
1. Fa	cility Information		Permit Nu		AL0058394
	Name:	SPRING BRANCH		R TREATME	ENT PLANT
	Street Address:	1800 VERMONT	ROAD		
	County:	MADISON			
٥	-11th Combook				
2. Fa	cility Contact	SHANE L. COOK			
	Name:	DIRECTOR OF W	ATER POLLUT	ION CONTR	OL
	Title: Telephone:	256-883-3719	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Permittee Name:	CITY OF HUNTS	/ILLE		
	Mailing Address:	1800 VERMONT			
	Mailing Address.	HUNTSVILLE, AL			
		110111011			
Facili	ty Flow Information				
1. Fa	cility Wastewater Treatment Ca	pacity			
	Avg. Daily Flow for 2022	2:	20.06	MGD	
	Facility Design Capacity	:	41.0	MGD	
۰ -	stimated Septage Quantity Hand	lled (Residuals Rem	noved from Sept	tic Tank Svst	ems)
2. ES	Average Domestic Sept	sue. Hen (Lresingais Lreit	300000	gallons per	month
	Average Commercial Se		100000	gallons per	
	Average Commercial Se	splage.	100000		
3. M	ethod of Septage Processing				
	x Mixed with Influent	Wastewater for Trea	atment		
	Mixed with Sewage	Sludge			
	et e la Decembration Combribustion	a Mostowater Flow	,		
4. Es	stimated Percentage Contributing				
	Residential: 8	5 %			
			cribe: Commer	cial Flow	
	Other:1	0 %	01100. 001111101		
5. Li	st type of wastewater treatment	process(es) utilized	i at this facility:		
	PRIMARY CLARIFIER,	FINE BUBBLE AEI	RATION, SECO	NDARY CLA	RIFIER,
	CHLORINATION				
		e estata da estata a	1	1129	lb/day dry weight
6. E	stimated sewage sludge wasting	g rate at this facility:			gailons per day
			or		ganono per day
7 F	stimated untreated sludge recei	ved from off site:		0	ib/day dry weight
, <u>L</u>	CHILINION WITH CHILD STREET, 1992.		or		gallons per day
			· · · · · · · · · · · · · · · · · · ·		70 0/
8. E	stimated percent solids of comb	oined sewage sludge	e prior to treatm	ent:	%

9. List the sewage sludge treatment pro	ocesses us	ed in prepar	SI	or disposal: udge Quanti ted pounds p	ty
N/A			· ·		
10. Estimate the total volume of sludge	generated	<b>l</b> :	(dry U	2031 J.S. tons per	year)
Sludge Disposal Methods					
1. Which of the following describes the		ethod of sew Current P by ADEM	age sludge disposal fo ractices Quantity	or this facility: Proposed Approved	Practices
	Yes	No No	(dry U.S. tons/year)	<u>Yes</u>	<u>No</u>
a. I Land Application, Bulk					
Shipped  [] Agriculture	0	0		0	0
[] Forest	0			0	0
Public Contact	0	0		B	0
[] Lawn/Home Garden	0	0		0	0
b. [] Land Application,					
Bagged/Other Container		п		0	0
Agriculture	0	0		0	0
☐ Forest	0	0		0	0
Public Contact	0	0		П	0
Lawn/Home Garden	0	0		Ш	п
c. x Incineration	X	0	2031	X	
d. I Subtitle D Landfill	n	0		0	0
(Disposal Only) e. I Lined Treatment Lagoon	0	ц			-
or Stabilization Pond	D	0		. 0	0
f. D Unlined Lagoon or				_	
Stabilization Pond	0	0		. 0	0
g. [] Other (Please Describe)	0	0		. 0	0
2. If "f" was selected above and sludge	e is stored	for 2 or more	e years, enter the dista	nce between	the
surface disposal site and the property			_feet		
Pollutant Concentrations		•	•		
1. Enter the total concentrations of the	following	analytes usir	ng existing data. Do no	ot enter TCLF	results.
Concentration	Sa	imple	Sample	Defection	I FEACI OI
Analyte (mg/kg or ppm)	1	уре	Date	Ana	lysis

Arsenic					
Cadmium					
Chromium					
Copper					
Lead	-				
Mercury					
Molybdenum					
Nickel					
Selenium					
Zinc					
Ammonium-					
Nitrogen					
Nitrate-					
Nitrogen					
Total Kjeldahl Nitrogen		/			
40 CFR Part 5 0 C 0 0 0	s of pathogen reduction 03) lass A Alternative A1 - Time a Alternative A2 - Alkalin Alternative A3 - Analys Alternative A4 - Analys Alternative A5 - Proces	and Tempera e Treatment is and Opera is Only sses to Furth	ature : ation er Reduce I I Thermoph		
	Gomposting Alternative A6 - PFRP	j	0	•	0
0	lass B Alternative B1 - Fecal ( Alternative B2 - Proces I Aerobic Dig Composting Alternative B3 - PSRP leither or Unknown	ss to Signific estion	antly Reduc Air Drying  Lime Stat	oilization	Anaerobic Digestion
D C	option 1 - Minimum 38%	cesses, with esses, with B	n Bench-Scale sench-Scale	ale Demonstration of \ Demonstration of Vo	Volatile Solids Reduction latile Solids Reduction

Option 7 - 75 Option 8 - 90 Option 9 - In	aised pH to 12 and Retained at 11.5 5% Solids with no Unstabilized Solids 0% Solids with Unstabilized Solids jection Below Land Surface ncorporation into Soil within 6 or 8 Hours overing Active Sewage Sludge Unit Daily
2	Above
Groundwater Monitoring	
1. If disposal practice is s	surface disposal or land application, is groundwater monitoring required or
performed at the site?  [] Yes	(If yes, please submit a copy of the groundwater monitoring reports along with
□ No	this survey. Also please provide the approximate depth to groundwater and the groundwater monitoring procedures used to obtain the data.)
Land Application of Sewa	ge Sludge
Answer the following que 1. If sewage sludge is lat	stions if sewage sludge is applied to land.  nd applied in bulk form, what type of crop or other vegetation is grown on this site?  N/A
	TW2.
2. If sewage sludge is la	nd applied in bulk form, what is the nitrogen requirement for this crop or vegetation? N/A
3. If sewage sludge is la neighbors?	nd applied in bulk form, briefly describe the nature of any complaints filed from
neighbora:	N/A

Permittees that submitted the "Annual Report Review Form" for sludge to the EPA may submit a copy with the MWPP in lieu of Attachment 3.

# **Submission Complete**

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form (NPDES Sanitary Sewer Overflow (SSO) Event Report)

SSO ID SSO-00207526 Submission HPG-D297-4SBT6 Revision 1 Form Version 1.1

# **NPDES Sanitary Sewer** Overflow (SSO) Event Reporting Form

version 1.1

(Submission #: HPG-D297-4SBT6, version 1)

### **Details**

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID

SSO-00207526

Submission ID

HPG-D297-4SBT6

Status

Submitting

# Form Input

### **General Instructions**

### **Processing**

NOTE: You should choose the correct status for this SSO notification/report each time you submit a notification/report. If you are able to complete all of the information in the first submittal, please indicate the status of "Submit both the Initial 24-hour notification and 5day report concurrently."

Indicate which of the following describes the status of this SSO notification/report: Submit both the Initial 24-hour notification and 5-day report concurrently

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)? No

Regardless of the notification method used to first notify the Department of this SSO event (i.e. AEPACS, SSO hotline, fax, etc), was the initial notification made to the Department within 24 hours of becoming aware of the event? Yes

## **Permittee Information**

**Permit Number** 

AL0058394

Permittee

City of Huntsville

# **Facility/Site Information**

**Facility Name** 

Spring Branch WWTP

**Facility County** 

Madison

# **Assigned SSO ID**

Assigned SSO ID SSO-00207526

### SSO Event - Information

### Date/Time SSO Event Started:

Date	Time	
3/23/2022	09:05 am	

### Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
3/23/2022	03:15 pm

# Did the SSO occur during wet weather?

Yes

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the **ENTIRE** sewer system? No

# Report Estimated Volume Discharged as

Range

# Estimated Volume Discharged (Range)

1,000 < gallons <= 10.000

### Indicate source of discharge event

Manhole

# County in which SSO occurred (check all that apply)

Madison

#### Note

For detailed information on how to place a point on the map, please click the Map Help link below. Also, when reporting for an SSO(s) caused by an extreme weather event, please specify a general location for the SSO(s): Map Help link

### Latitude/Longitude of discharge

34.72543137133828,-86.60071375521072

#### Note

Please specify either the street address or location description for the discharge

#### Street Address

2222 Hall Avenue

#### City

Huntsville

#### State

AL

### **ZIP Code**

35801

### **Location Description**

Intersection of Hall Avenue and Derrick Street.

### Known or suspected cause of the discharge

Infiltration in the Collection System due to heavy rain event.

### **Destination of discharge**

Creek or River

### Provide the first named creek or river that receives the flow.

**Broglan Branch** 

Did the discharge enter an unnamed tributary prior to entering the first named creek or river listed above?

No

Did the discharge reach a designated swimming water?

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is: Not Performed

Was the affected area cleaned?

Yes

Was the affected area disinfected?

Yes

Are you aware of any other potential health or environmental impacts? No

# **SSO Event - Corrective Action**

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health. Area was cleaned and disinfected. Investigations will continue to determine the source of inflow.

Please attach supporting information, if applicable:

NONE PROVIDED Comment NONE PROVIDED

Indicate efforts to notify public (check all that apply):

Placement of Signs

Date signs were placed:

3/23/2022

Indicate Other Officials Notified (check all that apply):

County Health Department Other (Please Describe)

County Health Department notification date:

3/23/2022

Please describe the "Other" officials notified:

Storm Water Authority

Other Officials Notification Date:

3/23/2022

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

# **Additional Attachments**

**Additional Attachments** 

NONE PROVIDED

Comment

NONE PROVIDED

# **General Comments**

**General Comments (Optional)** 

Area was cleaned and disinfected. Investigation will continue to determine the source of inflow.

# **Status History**

	User	<b>Processing Status</b>
3/23/2022 4:15:51 PM	Randall Stewart	Draft
3/23/2022 4:27:17 PM	Randall Stewart	Submitting
3/23/2022 4:27:17 PM	Randall Stewart	Signing

# Agreements and Signature(s)

## SUBMISSION AGREEMENTS

- I am the owner of the account used to perform the electronic submission and 1 signature.
- I have the authority to submit the data on behalf of the facility I am representing. 1/2
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
  - I have reviewed the electronic form being submitted in its entirety, and agree to
- the validity and accuracy of the information contained within it to the best of my 2 knowledge.

I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signed By

Randall Stewart on 03/23/2022 at 4:16 PM

# **Submission Complete**

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form (NPDES Sanitary Sewer Overflow (SSO) Event Report)

SSO ID SSO-00208712 Submission HPG-D2H2-44VR1 Revision 1 Form Version 1.1

# NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.1

(Submission #: HPG-D2H2-44VR1, version 1)

### **Details**

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID

SSO-00208712

**Submission ID** 

HPG-D2H2-44VR1

Status

Submitting

# Form Input

# **General Instructions**

### **Processing**

NOTE: You should choose the correct status for this SSO notification/report each time you submit a notification/report. If you are able to complete all of the information in the first submittal, please indicate the status of "Submit both the Initial 24-hour notification and 5-day report concurrently."

Indicate which of the following describes the status of this SSO notification/report: Submit both the Initial 24-hour notification and 5-day report concurrently

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?

Regardless of the notification method used to first notify the Department of this SSO event (i.e. AEPACS, SSO hotline, fax, etc), was the initial notification made to the Department within 24 hours of becoming aware of the event?

# Permittee Information

**Permit Number** AL0058394

Permittee City of Huntsville

# Facility/Site Information

**Facility Name** Spring Branch WWTP

**Facility County** Madison

# Assigned SSO ID

Assigned SSO ID SSO-00208712

### **SSO Event - Information**

### Date/Time SSO Event Started:

Date	Time	
3/23/2022	08:45 am	

# Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time	
3/23/2022	03:30 pm	

# Did the SSO occur during wet weather?

Yes

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the **ENTIRE** sewer system? No

# Report Estimated Volume Discharged as

Range

# **Estimated Volume Discharged (Range)**

1,000 < gallons <= 10,000

# Indicate source of discharge event

Manhole

# County in which SSO occurred (check all that apply)

Madison

#### Note

For detailed information on how to place a point on the map, please click the Map Help link below. Also, when reporting for an SSO(s) caused by an extreme weather event, please specify a general location for the SSO(s): Map Help link

# Latitude/Longitude of discharge

34.732720870711496,-86.61062982801029

#### Note

Please specify either the street address or location description for the discharge

#### Street Address

1015 Meadow Drive

#### City

Huntsville

#### State

AL

### **ZIP Code**

35801

### **Location Description**

Intersection of Meadow Drive and Hart Drive.

### Known or suspected cause of the discharge

Inflow in the collection system after a heavy rain event.

### **Destination of discharge**

Creek or River

# Provide the first named creek or river that receives the flow.

Broglan Branch

Did the discharge enter an unnamed tributary prior to entering the first named creek or river listed above?

No

Did the discharge reach a designated swimming water? No

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is: Not Performed

Was the affected area cleaned?

Yes

Was the affected area disinfected?

Yes

Are you aware of any other potential health or environmental impacts? No

# **SSO Event - Corrective Action**

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health. Area was cleaned and disinfected. Investigation will continue to determine the source of inflow

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

Indicate efforts to notify public (check all that apply):

Placement of Signs

Date signs were placed:

3/23/2022

Indicate Other Officials Notified (check all that apply):

County Health Department Other (Please Describe)

County Health Department notification date:

3/23/2022

Please describe the "Other" officials notified:

Storm Water Authority

Other Officials Notification Date:

3/23/2022

Other States notified: NONE PROVIDED

Were any public water supply intake locations affected? No

# **Additional Attachments**

**Additional Attachments** NONE PROVIDED Comment NONE PROVIDED

# **General Comments**

### **General Comments (Optional)**

Area was cleaned and disinfected. Investigation will continue to determine the source of inflow:

# **Status History**

	User	<b>Processing Status</b>
3/23/2022 4:29:53 PM	Randall Stewart	Draft
3/23/2022 4:36:31 PM	Randall Stewart	Signing
3/23/2022 4:36:31 PM	Randall Stewart	Submitting

# Agreements and Signature(s)

### **SUBMISSION AGREEMENTS**

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

I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signed By

Randall Stewart on 03/23/2022 at 4:30 PM

# NPDES Sanitary Sewer Overflow (SSO) **Event Reporting Form**

version 1.3

(Submission #: HPP-X4Z7-AHBKS, version 1)

Digitally signed by: AEPACS Date: 2022.12.13 12:20:00 -06:00 Reason: Submission Data Location: State of Alabama

### **Details**

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID

SSO-00208742

Submission ID

HPP-X4Z7-AHBKS

### Form Input

### **General Instructions**

All publicly or privately owned wastewater treatment plants holding an NPDES permit are required to provide immediate notification to the Alabama Department of Environmental Management (ADEM), county public health officials, the public, and any other affected entity such as public water systems as soon as possible upon becoming aware of any notifiable sanitary sewer overflow (SSO) events.

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) 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.

Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's Alabama Environmental Permitting and Compliance System (AEPACS) system. The follow-up report shall be submitted within five days of becoming aware of the SSO event using the Department's AEPACS system.

#### Special Note:

The Sanitary Sewer Overflow map allows users to see the locations of SSOs that have been reported to the Department. They are displayed on the map for 10 days after the SSO has ceased. The colors indicate the volume of the discharge.

Click on any dot on the map and a popup will display information about the SSO(s).

At the top of the popup that is displayed after clicking on a dot, there is a number that indicates the number of SSOs at that location. Users can cycle through them by clicking on the arrows at the top of the popup.

At the bottom of the popup is a link ("click for eFile") that will take users to SSOs reported from that facility. The eFile entries that appear are sorted by date from most recent to oldest and contain only SSO reports.

Users can zoom in and out by using the +/- buttons at the top left of the map, the scroll on their mouse, or by holding the Shift key down while clicking and dragging a box on the map to zoom in.

The Switch Basemap button at the top right of the page allows users to select a different basemap. Please also be aware that the SSOs reported to the Department will appear on a public map here.

### **Processing**

NOTE: You should choose the correct status for this SSO notification/report EACH time you submit a notification/report.

If you are able to complete all of the information in the first submittal, please indicate the status of Submit both the Initial 24-

Indicate which of the following describes the status of this SSO notification/report:

Submit both the Initial 24-hour notification and 5-day report concurrently

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?

No

Regardless of the notification method used to first notify the Department of this SSO event (i.e. AEPACS, SSO hotline, fax, etc), was the initial notification made to the Department within 24 hours of becoming aware of the event? Yes

### Permittee Information

**Permit Number** 

AL0058394

**Permittee** 

City of Huntsville Water Pollution Control

### Facility/Site Information

**Facility Name** 

Spring Branch WWTP

**Facility County** 

Madison

### Assigned SSO ID

**Assigned SSO ID** 

SSO-00208742

### **SSO Event - Information**

#### Date/Time SSO Event Started:

Date	Time
12/12/2022	12:02 pm

### is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
12/12/2022	12:48 pm

Did the SSO occur during wet weather?

No

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?

#### Note:

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected. Estimated volumes above 1,000,000 gallons must be entered as a VALUE.

### Report Estimated Volume Discharged as

### **Estimated Volume Discharged (in gallons)**

10

#### Indicate source of discharge event

Other (Please Describe)

### Please describe the Other source(s) of the discharge event

Home Bathroom

#### County in which SSO occurred (check all that apply)

Madison

#### Note

For detailed information on how to place a point on the map, please click the Map Help link below. Also, when reporting for an SSO(s) caused by an extreme weather event, please specify a general location for the SSO(s):

Map Help link

#### Latitude/Longitude of discharge

34.7452976,-86.5527268

#### Note

Please specify either the street address or location description for the discharge

#### **Street Address**

721 Chambers Drive

#### City

Huntsville

#### State

AL

### ZIP Code

35613

#### **Location Description**

Bathroom

#### Known or suspected cause of the discharge

Roots/Grease

### **Destination of discharge**

Backup into Building/Residence

#### Did the discharge reach a designated swimming water?

No

### Monitoring of the receiving water (i.e. visual survey or water quality sampling) is:

Not Performed

### Was the affected area cleaned?

Yes

### Was the affected area disinfected?

Yes

#### Are you aware of any other potential health or environmental impacts?

No

### **SSO Event - Corrective Action**

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health.

Sewer mains were cleaned and tv'd to determine the cause. Sewer mains will be put on a more frequent cleaning/inspection

### Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

### Indicate efforts to notify public (check all that apply):

Notice not required

Please explain why notice to the public was not required and, if cited as the reason why no notice was given, also give the reason why the SSO event was not a notifiable SSO:

Backup was confined to a residential bathroom. Homeowner made us aware of the issue.

### Indicate Other Officials Notified (check all that apply):

Notice Not Required

Please explain why notice to the other officials was not required and, if cited as the reason why no notice was given, also give the reason why the SSO event was not a notifiable SSO:

Backup was confined to a residential bathroom. Homeowner made us aware of the issue.

#### Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

### Additional Attachments

#### **Additional Attachments**

NONE PROVIDED
Comment
NONE PROVIDED

### **General Comments**

#### **General Comments (Optional)**

SSO was confined to a residential bathroom. Homeowner notified WPC and SSO was stopped quickly. Restoration company was dispatched to remediate the affected area.

# Agreements and Signature(s)

### **SUBMISSION AGREEMENTS**

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

I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signed By

Randall Stewart on 12/13/2022 at 12:06 PM