305 Fountain Circle
Huntsville, AL 35801

Huntsville, Alabama

Cover Memo

Meeting Type: City Council Regular Meeting **Meeting Date:** 4/23/2026 **File ID:** TMP-6847

Department: Water Pollution Control

Subject: **Type of Action:** Approval/Action

Resolution authorizing the City Council to review the Annual Municipal Water Pollution Prevention (MWPP) Reports and report same to the Alabama Department of Environmental Management.

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: N/A

District: District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5 ☐

Additional Comments:

RESOLUTION NO. 26-____

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 (0 points); Exhibit B – Aldridge Creek WWTP (0 points); Exhibit C – Big Cove WWTP (0 points); Exhibit D – Chase WWTP (0 points); Exhibit E – Magnolia Springs WWTP (40 points), and Exhibit F– Spring Branch WWTP (0 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 2025 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 23rd day of April, 2026.

_____
President of the City Council of
the City of Huntsville, Alabama

APPROVED this the 23rd day of April, 2026.

_____
Mayor of the City of Huntsville,
Alabama

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: WESTERN AREA WWTP NPDES #: AL0049531

MUNICIPALITY: HUNTSVILLE COUNTY: MADISON

CONTACT PERSON: RANDALL STEWART
Responsible Official
DIRECTOR OF WATER POLLUTION CONTROL
Title
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: randall.stewart@huntsvilleal.gov

CHIEF OPERATOR: MARK RITTMAN
Name
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: mark.rittman@huntsvilleal.gov
Date: APRIL 1, 2026

REVIEWED BY: _____
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 2025 (due **May 31,** 2026).

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

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 31st to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463**.

Facility Name: WESTERN AREA WWTP

Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD_5 ($CBOD_5$) loadings received at your facility during the last calendar year.

Month	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD_5 ($CBOD_5$) Concentration (mg/l)	Column 3 Average Loading BOD_5 ($CBOD_5$) (lbs/day**)
January	13.82	50.93	6266.62
February	17.53	58.33	10249.18
March	15.44	71.25	10280.37
April	19.30	101.10	18656.37
May	22.54	72.46	12773.47
June	19.31	87.67	14225.80
July	14.40	63.47	6045.75
August	11.61	52.25	5069.59
September	10.29	51.23	4149.58
October	9.62	61.23	4927.12
November	11.56	50.92	3798.68
December	9.44	74.86	5990.15
Annual Avg.	14.57	66.31	8536.06

** 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_5 ($CBOD_5$) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	Average Design Flow	Average Design BOD_5 ($CBOD_5$) Loading (lbs/day)
Design Criteria	20	33380
90% of the Design Criteria	18	30042

C. How many times did the monthly flow (Column 1) to the WWTP exceed 90% of design flow?

3 (Check the appropriate point total)

■ 0 - 4 = 0 points ☐ 5 or more = 5 points

D. How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?

1 (Check the appropriate point total)

☐ 0 = 0 points ■ 1 – 2 = 5 points ☐ 3 – 4 =10 points ☐ 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?

0 (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 ☐ 1 = 10 points ☐ 2 =20 points ☐ 3 =30 points ☐ 4 =40 points ☐ 5 or more =50 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 = 3

F points = 1

TOTAL POINTS VALUE FOR PART 1 4

Enter this 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.

Facility Name: WESTERN AREA 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_5, ($CBOD_5$) TSS, NH_3-N and/or TKN concentration produced by the facility during the last calendar year.

(1) NPDES Permit Concentration

	Months	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
Permit Limit	1-12	25	30	20	N/A

(2) DMR Concentration

Qtr	Month	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
1	January	6.50	14.93	1.41	3.79
	February	8.00	7.08	1.54	2.95
	March	6.58	4.58	1.37	2.36
2	April	7.89	10.29	0.38	2.44
	May	5.46	4.77	0.86	2.75
	June	4.83	5.00	0.66	3.02
3	July	5.33	4.80	0.34	0.94
	August	3.08	5.17	0.19	1.02
	September	4.85	3.23	0.10	3.65
4	October	8.08	5.50	1.44	1.19
	November	6.67	9.27	1.80	4.24
	December	5.79	12.36	1.80	5.61
	Annual Avg.	6.09	7.25	0.99	2.83

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

(1) NPDES Permit Loading

	Months	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
Permit Limit	1-12	4170	5004	3336	N/A

(2) DMR Loading

Qtr	Month	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
1	January	810	1986	174	372
	February	1492	1440	298	479
	March	931	638	208	466
2	April	1384	1980	74	780
	May	1032	921	162	275
	June	801	823	128	658
3	July	593	532	36	110
	August	299	503	19	97
	September	384	254	8	304
4	October	647	446	118	119
	November	557	794	158	301
	December	462	997	146	405
	Annual Avg.	783	943	127	364

C. 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 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 = 121 points

E. During the past year did the effluent TSS concentration (mg/l) 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

F. During the past year did the TSS 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

G. During the past year did the NH_3-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 year did either the NH_3-N or TKN 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

I. Enter each point value 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

HIGHEST INDIVIDUAL POINT VALUE FOR PART 2 (C-H) 0 (HIGHEST POINT = 121)
Enter this value on Part 11: Summary Sheet.

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? 2025

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

Age = (Last Calendar year) - (Answer to A)

Age 0 = (2025) - (2025)

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:

2 (Factor) x 0 (Age) = 0 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: WESTERN AREA WWTP

Part 4: 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? 0

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? 3

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? 3

D. Add together Answers A and B and subtract Answer C from that total.

A + B – C = 0 (Check 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. 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.) 3

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? 3

H. Add together Answers E and F and subtract Answer G from that total.

E + F – G = 0 (Check 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

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

TOTAL POINT VALUE FOR PART 4 0
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.

Facility Name: WESTERN AREA WWTP

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 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 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

TOTAL POINT VALUE FOR PART 5 0
Enter this value on Part 11: Summary Sheet.

Part 6: Sludge Disposal Practices and Sites

A. Please provide the sludge disposal practices and site information based on available data as requested on the *MWPP Sewage Sludge Survey,* ADEM Form 419.

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 more months	[■]	= 0 points
24 - 35 months	[ ]	= 10 points
12 - 23 months	[ ]	= 20 points
6 - 11 months	[ ]	= 30 points
Less than 6 months	[ ]	= 50 points

TOTAL POINT VALUE FOR PART 6 0
Enter this value on Part 11: Summary Sheet.

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 ($CBOD_5$) loadings to the sewage system could significantly increase? Estimate additional loadings below.

Design Population Equivalent (PE): 7000 Design Flow: 1 MGD Design BOD_5 ($CBOD_5$): 700 lbs/day

List industrial and/or residential developments.

New subdivisions with approximately 5,000 lots. Industrial Usage will grow as well. Currently under WWTP expansion.

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 0 (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 ☐ No = 121 points

TOTAL POINT VALUE FOR PART 8 0 (highest point total = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: WESETRN AREA WWTP

Part 9: Financial Status

A. Are User-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how are O&M costs being financed? ***Include user charge rates***.

Yes

Residential Minimum 0 Plus rate 4.83 /1,000 gal.

Industrial Minimum 0 Plus rate 5.68 /1,000 gal.

Monthly residential rate based on 6,000 gallons usage $ 28.98

B. What financial resources are available to pay for the wastewater improvements and/or reconstruction needs?

Adequate user charge system with A+ bond rating with Standard and Poors.

C. Please attach a rate sheet and the most recent audit, if available.

Part 10: Subjective Evaluation

A. 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 corrosion or differential settling.

B. Describe the general condition of the sewer system (sewer lines, manholes, lift stations).

Clear water intrusion for this facility is estimated at 25%.

C. What sewage system improvements does the community have planned for construction in the next 5 years?

New Process Train

New RAS/WAS Pump Station and Electrical Building

Headworks upgrade

D. 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.

E. What problems, if any, over the last year have threatened treatment or conveyance within the system?

None

F. Is the community presently involved in formal planning for treatment facility upgrading?

Yes. Funding is in place and studies are being conducted to ensure future funds. All projects are approved in public forum.

G. 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? 0

H. 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.

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.

Process train improvements as needed. $250,000.00

Pumping improvements as needed. $250,000.00

L. List any additional comments. (Attach additional sheets if necessary.)

$200,000 was budgeted for routine repairs for this facility in FY24. These funds were allocated for various repairs including pump repairs, process equipment repairs and any other mechanical/electrical repairs needed. In addition, $250,000.00 annually budgeted for the sanitary sewer collection system.

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 Values	Maximum Possible
Part 1	0 points	80 points
Part 2	0 points	121 points
Part 3	0 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	0 points	783 points

2. Check the facility type that best describes the plant's treatment and disposal of wastewater.

- [x] 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.

- [x] 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.**

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

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.) ☐ Yes ■ No

If yes, provide a written explanation for this situation in the space below.

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQA-G63N-M7E0Z, version 1)

Details

Submission Alias	NPDES Sanitary Sewer Overflow (SSO) Event Report
SSO ID	SSO-00212454
Submission ID	HQA-G63N-M7E0Z

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.

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)?
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
Western Area WWTP

Facility County
Madison

Assigned SSO ID

Assigned SSO ID
SSO-00212454

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
02/17/2025	06:54 pm

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
02/17/2025	08:21 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

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
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
34.638165,-86.7370913

Note

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

Street Address
38 Walnut Cove Boulevard

City
Huntsville

State
AL

ZIP Code
35824

Location Description
Lake Forrest Pump Station

Known or suspected cause of the discharge
Pump Failure

Destination of discharge
Ground Absorbed

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.
Pump was repaired and the area was cleaned and disinfected. Any liquid remaining on the ground was vac'd up and taken offsite.

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:
02/17/2025

Indicate Other Officials Notified (check all that apply):
County Health Department

County Health Department notification date:
02/18/2025

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)
The cause of the overflow was due to a pump failure. The pump was repaired and the area was cleaned and disinfected. Any liquid remaining on the ground was vac'd up and taken offsite.

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 02/18/2025 at 12:35 PM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQB-D4K7-XEMBA, version 1)

Details

Submission Alias	NPDES Sanitary Sewer Overflow (SSO) Event Report
SSO ID	SSO-00212806
Submission ID	HQB-D4K7-XEMBA

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.

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)?
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
Western Area WWTP

Facility County
Madison

Assigned SSO ID

Assigned SSO ID
SSO-00212806

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
03/26/2025	02:06 pm

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
03/26/2025	04:15 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

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
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
34.79372860324388,-86.68287351418641

Note

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

Street Address
7050 Camrose Lane NW

City
Huntsville

State
AL

ZIP Code
35806

Location Description
Manhole Behind Property

Known or suspected cause of the discharge
A contractor knocked a ring and cover off of a downstream manhole, causing the manhole to be filled with debris which blocked flow upstream of this point.

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.
Dry Creek

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

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?

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.
Debris was removed from manhole, restoring flow to the wastewater system. Manhole was repaired and the area was cleaned/disinfected.

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:
03/26/2025

Indicate Other Officials Notified (check all that apply):
County Health Department
Other (Please Describe)

County Health Department notification date:
03/27/2025

Please describe the ﷺOtherﷺ officials notified:
Storm Water Authority

Other Officials Notification Date:
03/27/2025

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)
A contractor knocked a ring and cover off of a manhole, causing the manhole to be filled with debris which blocked flow. We removed the debris from the manhole and made the necessary repairs to correct the issues found. The area was cleaned/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.
- ☑ 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 03/27/2025 at 2:03 PM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQF-H6SM-TWR6J, version 1)

Details

Submission Alias	NPDES Sanitary Sewer Overflow (SSO) Event Report
SSO ID	SSO-00213511
Submission ID	HQF-H6SM-TWR6J

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.

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)?
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 Water Pollution Control

Facility/Site Information

Facility Name
Western Area WWTP

Facility County
Madison

Assigned SSO ID

Assigned SSO ID
SSO-00213511

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
09/10/2025	11:03 am

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
09/10/2025	12:36 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

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
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
34.699343333049676,-86.70990932025317

Note

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

Street Address
286 Slaughter Road

City
Madison

State
AL

ZIP Code
35758

Location Description
Manhole located just south of the Paxton Place Apartments.

Known or suspected cause of the discharge
It appears that a contractor left construction materials/grade stakes in a manhole that eventually caught debris to restrict wastewater flow.

Destination of discharge
Ground Absorbed

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 line was jetted and debris was removed from the manhole. Crews are performing TV Inspections on the sewer lines in the area to see if any other debris can be found.

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:
09/10/2025

Indicate Other Officials Notified (check all that apply):
County Health Department
Other (Please Describe)

County Health Department notification date:
09/11/2025

Please describe the ◆Other◆ officials notified:
Storm Water Authority

Other Officials Notification Date:
09/11/2025

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)
Sewer line was jetted and debris was removed from the manhole. Crews are performing TV Inspections on the sewer lines in the area to see if any other debris can be found.

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 09/11/2025 at 10:27 AM

MWPP SEWAGE SLUDGE SURVEY

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

Facility Background Information:

1. Facility Information — Permit Number: AL0049531
   - Name: WESTERN AREA WASTEWATER TREATMENT PLANT
   - Street Address: 733 LANDESS CIRCLE
   - County: MADISON
2. Facility Contact
   - Name: RANDALL STEWART
   - Title: DIRECTOR OF WATER POLLUTION CONTROL
   - Telephone: 256-883-3719
   - Permittee Name: CITY OF HUNTSVILLE
   - Mailing Address: 1800 VERMONT RD
     HUNTSVILLE, AL 35802

Facility Flow Information:

1. Facility Wastewater Treatment Capacity
   - Average Daily Flow: 14.57 MGD
   - Facility Design Capacity: 20 MGD
2. Estimated Septage Quantity Handled (Residuals Removed from Septic Tank Systems)
   - Average Domestic Septage: 0 gallons per month
   - Average Commercial Septage: 0 gallons per month
3. Method of Septage Processing
   - [x] Mixed with Influent Wastewater for Treatment
   - [ ] Mixed with Sewage Sludge
   - [ ] _____
4. Estimated Percentage Contributing Wastewater Flow
   - Residential: 30 %
   - Industrial: 50 %
   - Other: 20 % Describe: COMMERCIAL
5. List type of wastewater treatment process(es) utilized at this facility:
   PRIMARY CLARIFIER, FINE BUBBLE AERATION AND EXTENDED AIR OXIDATION DITCH, SECONDARY CLARIFIER, CHLORINATION
6. Estimated sewage sludge wasting rate at this facility: 15189 lb/day dry weight
   or _____ gallons per day
7. Estimated untreated sludge received from off site: 0 lb/day dry weight
   or _____ gallons per day
8. Estimated percent solids of combined sewage sludge prior to treatment: 70 %

9. List the sewage sludge treatment processes used in preparing sludge for final use or disposal:

	Sludge Quantity (untreated pounds per day)
N/A	

10. Estimate the total volume of sludge generated: 2693 (dry U.S. tons per year)

Sludge Disposal Methods

1. Which of the following describes the current method of sewage sludge disposal for this facility?

	Current Practices		Quantity (dry U.S. tons/year)	Proposed Practices	
	Approved by ADEM Yes	No		*Approved by ADEM* Yes	No
a. ☐ Land Application, Bulk Shipped	☐	☐		☐	☐
☐ Agriculture	☐	☐		☐	☐
☐ Forest	☐	☐		☐	☐
☐ Public Contact	☐	☐		☐	☐
☐ Lawn/Home Garden	☐	☐		☐	☐
b. ☐ Land Application, Bagged/Other Container	☐	☐		☐	☐
☐ Agriculture	☐	☐		☐	☐
☐ Forest	☐	☐		☐	☐
☐ Public Contact	☐	☐		☐	☐
☐ Lawn/Home Garden	☐	☐		☐	☐
c. ☑ Incineration	☐	☐	2693	☐	☐
d. ☐ Subtitle D Landfill (Disposal Only)	☐	☐		☐	☐
e. ☐ Lined Treatment Lagoon or Stabilization Pond	☐	☐		☐	☐
f. ☐ Unlined Lagoon or Stabilization Pond	☐	☐		☐	☐
g. ☐ Other (Please Describe)	☐	☐		☐	☐

2. If "f" was selected above and sludge is stored for two (2) or more years, enter the distance between the surface disposal site and the property line: _____ feet

Pollutant Concentrations:

1. Enter the total concentrations of the following analytes using existing data. **Do not enter TCLP results.**

Analyte	Concentration (mg/kg or ppm)	Sample Type	Sample Date	Detection Level Of Analysis
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				
Ammonium-Nitrogen				
Nitrate-Nitrogen				
Total Kjeldahl Nitrogen				

2. Enter the estimated or determined percent solids of the sewage sludge when sampled for the above analysis: _____%

Treatment Provided for Sewage Sludge at the Facility:

1. Which class of pathogen reduction does the sewage sludge meet at the facility? (As defined in 40 CFR Part 503)

☐ Class A

- ☐ Alternative A1 – Time and Temperature
- ☐ Alternative A2 – Alkaline Treatment
- ☐ Alternative A3 – Analysis and Operation
- ☐ Alternative A4 – Analysis Only
- ☐ Alternative A5 – Process to Further Reduce Pathogens (PFRP)
  - ☐ Heat Drying ☐ Thermophilic Aerobic Digestion ☐ Heat Treatment
  - ☐ Pasteurization ☐ Gamma Ray Irradiation ☐ Beta Ray Irradiation ☐ Composting
- ☐ Alternative A6 – PFRP Equivalent_____

☐ Class B

- ☐ Alternative B1 – Fecal Coliform Count
- ☐ Alternative B2 – Process top Significantly Reduce Pathogens (PSRP)
  - ☐ Aerobic Digestion ☐ Air Drying ☐ Anaerobic Digestion
  - ☐ Composting ☐ Lime Stabilization
- ☐ Alternative B3 – PSRP Equivalent_____

☑ Neither or Unknown

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:

1. If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at this site? ☐ Yes* ☑ No

   *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

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: City of Huntsville Western Area WWTP PLANT GRADE: IV

PERMIT NUMBER: AL0049531

PLANT SUPERINTENDENT: Mark Rittman TEL. # 256-883-3719

SYSTEM MANAGER: Randall Stewart TEL. # 256-883-3719

PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1.	Mark Rittman	IV	C002451	09/30/26
2.	Randall Colwell	IV	C004919	01/31/27
3.	Jeremy Lovell	IV	C003116	05/31/26
4.	Devin Smith	IV	C007990	08/31/28
5.	Lawrence Quarls	IV	C009543	03/31/27
6.		IV		
7.		IV		
8.		IV		
9.				

COLLECTION SYSTEM OPERATORS:

1.	Donald Brown	IC	C006081	10/31/26
2.	Dennis Holt	IC	C009619	09/30/26
3.	Terrell Poindexter	IC	C008173	07/31/28
4.	Sam Rowan	IC	C009546	08/31/26

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	40	1
OPERATOR(S):		
GRADE I-C	80	4
GRADE I		
GRADE II		
GRADE III		
GRADE IV	252	6
DESIGNATED TRAINEE(S)		
LABORATORY		
MAINTENANCE	80	2
OTHER PLANT WORKERS		

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST	1	START TIME	6:00 AM
2ND	1		2:00 PM
3RD	1		
WD	1		
WN	1		

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THURS	FRI	SAT
1ST		8	8	8	8	8	
2ND		8	8	8	8	8	
3RD		8	8	8	8	8	
WD	12	8	8				12
WN	12				8	8	12

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?		

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: ALDRIDGE CREEK WWTP NPDES #: AL0056855

MUNICIPALITY: HUNTSVILLE COUNTY: MADISON

CONTACT PERSON: RANDALL STEWART
Responsible Official
DIRECTOR OF WATER POLLUTION CONTROL
Title
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: randall.stewart@huntsvilleal.gov

CHIEF OPERATOR: SKYLAR RENFROE
Name
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: skylar.renfroe@huntsvilleal.gov
Date: April 1, 2026

REVIEWED BY:
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 2025 (due **May 31,** 2026).

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

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 31st to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463**.

Facility Name: ALDRIDGE CREEK WWTP

Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD_5 ($CBOD_5$) loadings received at your facility during the last calendar year.

Month	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD_5 ($CBOD_5$) Concentration (mg/l)	Column 3 Average Loading BOD_5 ($CBOD_5$) (lbs/day**)
January	5.06	115.57	4752.27
February	7.89	132.50	9239.33
March	5.33	183.33	8436.26
April	6.45	159.05	7763.91
May	8.43	188.23	13025.58
June	4.19	208.00	7205.24
July	3.04	193.60	4724.52
August	4.08	110.92	3683.53
September	4.05	145.15	4954.01
October	4.09	118.15	4071.45
November	4.15	141.50	5194.53
December	4.49	183.29	6610.31
Annual Avg.	5.12	156.61	6638.41

** 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_5 ($CBOD_5$) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	Average Design Flow	Average Design BOD_5 ($CBOD_5$) 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 ☐ 5 or more = 5 points

D. How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?

0 (Check the appropriate point total)

■ 0 = 0 points ☐ 1 – 2 = 5 points ☐ 3 – 4 =10 points ☐ 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?

0 (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 ☐ 1 = 10 points ☐ 2 =20 points ☐ 3 =30 points ☐ 4 =40 points ☐ 5 or more =50 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

TOTAL POINTS VALUE FOR PART 1 0

Enter this 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.

Facility Name: ALDRIDGE CREEK 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_5, ($CBOD_5$) TSS, NH_3-N and/or TKN concentration produced by the facility during the last calendar year.

(1) NPDES Permit Concentration

	Months	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
Permit Limit	1-12	25	30	20	N/A

(2) DMR Concentration

Qtr	Month	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
1	January	4.07	4.50	0.32	2.27
	February	5.00	4.17	0.14	1.84
	March	6.33	3.83	0.03	0.08
2	April	4.93	2.71	2.92	2.03
	May	4.46	2.69	0.23	0.17
	June	4.42	1.92	0.42	4.31
3	July	4.20	2.07	0.05	3.69
	August	2.67	2.83	0.05	0.65
	September	3.54	2.46	0.07	0.41
4	October	2.92	2.36	0.04	0.03
	November	2.00	1.91	0.64	1.29
	December	4.79	1.36	0.06	0.36
	Annual Avg.	4.11	2.73	0.41	1.43

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

(1) NPDES Permit Loading

	Months	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
Permit Limit	1-12	1751	2101	1401	N/A

(2) DMR Loading

Qtr	Month	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
1	January	168	189	13	100
	February	300	267	13	120
	March	283	176	2	5
2	April	243	145	114	80
	May	303	176	16	8
	June	152	66	14	204
3	July	103	50	1	101
	August	88	95	2	22
	September	128	82	2	13
4	October	100	80	1	1
	November	73	68	21	44
	December	182	49	2	12
	Annual Avg.	177	120	17	59

C. 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 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 = 121 points

E. During the past year did the effluent TSS concentration (mg/l) 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

F. During the past year did the TSS 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

G. During the past year did the NH_3-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 year did either the NH_3-N or TKN 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

I. Enter each point value 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

HIGHEST INDIVIDUAL POINT VALUE FOR PART 2 (C-H) 0 (HIGHEST POINT = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: ALDRIDGE CREEK WWTP

Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed? 2025

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

Age = (Last Calendar year) - (Answer to A)

Age 0 = (2025) - (2025)

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:

2 (Factor) x 0 (Age) = 0 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: ALDRIDGE CREEK WWTP

Part 4: 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? 0

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? 1

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? 1

D. Add together Answers A and B and subtract Answer C from that total.

A + B – C = 0 (Check 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. 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.) 0

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 = 0 (Check 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

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

TOTAL POINT VALUE FOR PART 4 0
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.

Facility Name: ALDRIDGE CREEK WWTP

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 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 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

TOTAL POINT VALUE FOR PART 5 0
Enter this value on Part 11: Summary Sheet.

Part 6: Sludge Disposal Practices and Sites

A. Please provide the sludge disposal practices and site information based on available data as requested on the *MWPP Sewage Sludge Survey,* ADEM Form 419.

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 more months	[■]	= 0 points
24 - 35 months	[ ]	= 10 points
12 - 23 months	[ ]	= 20 points
6 - 11 months	[ ]	= 30 points
Less than 6 months	[ ]	= 50 points

TOTAL POINT VALUE FOR PART 6 0
Enter this value on Part 11: Summary Sheet.

Facility Name: ALDRIDGE CREEK 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 Population Equivalent (PE): _____ Design Flow: _____ MGD Design BOD_5 ($CBOD_5$): _____ lbs/day

List industrial and/or residential developments.

The current service area is over 90% developed.

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 0 (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 ☐ No = 121 points

TOTAL POINT VALUE FOR PART 8 0 (highest point total = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: ALDRIDGE CREEK WWTP

Part 9: Financial Status

A. Are User-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how are O&M costs being financed? ***Include user charge rates***.

Yes

Residential Minimum 0 Plus rate 4.83 /1,000 gal.

Industrial Minimum 0 Plus rate 5.68 /1,000 gal.

Monthly residential rate based on 6,000 gallons usage $ 28.98

B. 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 and Poors.

C. Please attach a rate sheet and the most recent audit, if available.

Part 10: Subjective Evaluation

A. 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 corrosion or differential settling.

B. Describe the general condition of the sewer system (sewer lines, manholes, lift stations).

Clear water intrusion for the facility is estimated at 25%.

C. What sewage system improvements does the community have planned for construction in the next 5 years?

WWTP and collection improvements will be determined from ongoing assessments.

D. 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.

E. What problems, if any, over the last year have threatened treatment or conveyance within the system?

None

F. Is the community presently involved in formal planning for treatment facility upgrading?

Yes. Funding is in place and studies are being conducted to ensure future funds. All projects are approved in public forum.

G. 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? 0

H. 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 and seals, Etc. These tasks are preformed from preventative maintenance logs and tracked through department databases.

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.

New Force Main from Liftstation to Headworks $120,000.00

Grit Removal Rehab $50,000.00

L. List any additional comments. (Attach additional sheets if necessary.)

$100,000 was budgeted for the facility in FY2025. These funds were allocated for various repairs including pumps, process equipment and any other mechanical/electrical repairs needed

In addition, $200,000.00 annually 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 0 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 0 points	783 points

2. Check the facility type that best describes the plant's treatment and disposal of wastewater.

- [x] 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.

- [x] 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.**

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

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.) ☐ Yes ■ No

If yes, provide a written explanation for this situation in the space below.

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

Date: 2025.02.14 08:50:53 -06:00
Reason: Submission Data
Location: State of Alabama

(Submission #: HQA-CFEF-QC2F1, version 1)

Details

Submission Alias	NPDES Sanitary Sewer Overflow (SSO) Event Report
SSO ID	SSO-00210739
Submission ID	HQA-CFEF-QC2F1

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.

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)?
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
AL0056855

Permittee
City of Huntsville Water Pollution Control

Facility/Site Information

Facility Name
Aldridge Creek WWTP

Facility County
Madison

Assigned SSO ID

Assigned SSO ID
SSO-00210739

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
02/12/2025	10:07 pm

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
02/13/2025	09:48 am

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

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
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
34.62631092098347,-86.5353906965695

Note

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

Street Address
12018 Queens Place SE

City
Huntsville

State
AL

ZIP Code
35803

Location Description
Manhole at the intersection of Queens Place and Pentolope Drive.

Known or suspected cause of the discharge
Inflow/Infiltration in the Collection System. Received over 4 inches of rain in a 24 hour period.

Destination of discharge
Storm Drain

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.
Aldridge Creek

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 clean and disinfected. SSES work is ongoing to determine 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:
02/13/2025

Indicate Other Officials Notified (check all that apply):
Other (Please Describe)
County Health Department

County Health Department notification date:
02/13/2025

Please describe the ⊘Other⊘ officials notified:
Storm Water Authority

Other Officials Notification Date:
02/13/2025

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 clean and disinfected. SSES work is ongoing to determine source of inflow.

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 02/14/2025 at 8:45 AM

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: ALDRIDGE CREEK WWTP PLANT GRADE: IV

PERMIT NUMBER: AL0056855

PLANT SUPERINTENDENT: Skylar Renfroe TEL. # (256)883-3719

SYSTEM MANAGER: Randall Stewart TEL. # (256)883-3719

PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1	Skylar Renfroe	IV	C009597	9/30/26
2	Grant Gordon	IV	C009899	12/31/27
3	Michael Lloyd	IV	C009539	4/30/27
4	Luke Ramsey	IV	C009279	1/31/28
5	Matthew Towry	IV	C004468	8/31/27
6	Wesley Wheeler	IV	C002654	3/31/27

COLLECTION SYSTEM OPERATORS:

1.	Taylor Baker	IC	C009500	6/30/26
2.	Perrin Cole	IC	C008863	1/31/28
3.	Joshua Pence	IC	C004904	12/31/25
4.	Bryan Sharp	IC	C009238	9/30/25

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	40	1
OPERATOR(S):		
GRADE I-C	120	4
GRADE I		
GRADE II		
GRADE III		
GRADE IV	252	5
DESIGNATED TRAINEE(S)		
LABORATORY		
MAINTENANCE	120	3
OTHER PLANT WORKERS		

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST	2	START TIME	6:00
2ND	1		18:00
3RD			

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THURS	FRI	SAT
1ST	✓	✓	✓	✓	✓	✓	✓
2ND	✓	✓	✓	✓	✓	✓	✓

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?		

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: BIG COVE WWTP NPDES #: AL0055042

MUNICIPALITY: HUNTSVILLE COUNTY: MADISON

CONTACT PERSON: RANDALL STEWART
Responsible Official
DIRECTOR OF WATER POLLUTION CONTROL
Title
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: randall.stewart@huntsvilleal.gov

CHIEF OPERATOR: LYLE GILLILAND
Name
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: lyle.gilliland@huntsvilleal.gov
Date: APRIL 1, 2026

REVIEWED BY:
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 2025 (due **May 31,** 2026).

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

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 31st to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.**

Facility Name: BIG COVE WWTP

Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD_5 ($CBOD_5$) loadings received at your facility during the last calendar year.

Month	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD_5 ($CBOD_5$) Concentration (mg/l)	Column 3 Average Loading BOD_5 ($CBOD_5$) (lbs/day**)
January	3.12	80.22	2063.26
February	3.96	82.40	2739.37
March	3.03	135.75	3186.33
April	3.37	132.73	3621.61
May	4.20	113.77	4007.65
June	2.80	126.43	2869.63
July	2.55	121.30	2482.75
August	2.07	92.71	1530.35
September	1.57	123.23	1609.62
October	1.51	107.05	1386.39
November	1.62	145.00	2119.74
December	1.81	112.43	1688.63
Annual Avg.	2.63	114.42	2442.11

** 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_5 ($CBOD_5$) 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_5 ($CBOD_5$) Loading (lbs/day)
Design Criteria	6.0	6676
90% of the Design Criteria	5.4	6008

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 ☐ 5 or more = 5 points

D. How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?

0 (Check the appropriate point total)

■ 0 = 0 points ☐ 1 – 2 = 5 points ☐ 3 – 4 =10 points ☐ 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?

0 (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 ☐ 1 = 10 points ☐ 2 =20 points ☐ 3 =30 points ☐ 4 =40 points ☐ 5 or more =50 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

TOTAL POINTS VALUE FOR PART 1 0

Enter this 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.

Facility Name: BIG COVE 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_5, ($CBOD_5$) TSS, NH_3-N and/or TKN concentration produced by the facility during the last calendar year.

(1) NPDES Permit Concentration

	Months	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
Permit Limit	12-4	25	30	10	N/A
	5-11	10	30	4	N/A

(2) DMR Concentration

Qtr	Month	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
1	January	5.91	3.17	0.81	4.08
	February	5.55	3.40	0.44	3.57
	March	6.30	2.75	0.05	2.41
2	April	7.09	3.09	0.70	5.81
	May	6.36	3.59	0.80	6.02
	June	6.24	3.05	0.06	9.11
3	July	6.65	3.00	0.08	3.68
	August	4.29	3.86	0.11	1.03
	September	5.95	5.05	0.43	6.32
4	October	6.95	4.17	0.12	5.36
	November	4.72	3.79	0.55	8.79
	December	7.13	2.13	0.41	4.18
	Annual Avg.	6.10	3.42	0.38	5.03

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

(1) NPDES Permit Loading

	Months	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
Permit Limit	12-4	1251	1501	500	N/A
	5-11	500	1501	200	N/A

(2) DMR Loading

Qtr	Month	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
1	January	153	82	21	102
	February	184	157	14	118
	March	150	67	1	69
2	April	198	89	22	120
	May	221	132	27	235
	June	140	70	1	263
3	July	135	61	2	77
	August	72	66	2	19
	September	84	64	7	80
4	October	87	57	2	69
	November	70	55	9	96
	December	110	32	7	58
	Annual Avg.	134	78	10	109

C. 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 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 = 121 points

E. During the past year did the effluent TSS concentration (mg/l) 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

F. During the past year did the TSS 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

G. During the past year did the NH_3-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 year did either the NH_3-N or TKN 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

I. Enter each point value 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

HIGHEST INDIVIDUAL POINT VALUE FOR PART 2 (C-H) 0 (HIGHEST POINT = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: BIG COVE WWTP

Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed? 2025

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

Age = (Last Calendar year) - (Answer to A)

Age 0 = (2025) - (2025)

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:

2 (Factor) x 0 (Age) = 0 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 COVE WWTP

Part 4: 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? 0

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. 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? 0

D. Add together Answers A and B and subtract Answer C from that total.

A + B – C = 0 (Check the appropriate point total.)

- [x] 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. 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.) 0

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 = 0 (Check the appropriate point total.)

- [x] 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

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

TOTAL POINT VALUE FOR PART 4 0
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.

Facility Name: BIG COVE WWTP

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 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 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

TOTAL POINT VALUE FOR PART 5 0
Enter this value on Part 11: Summary Sheet.

Part 6: Sludge Disposal Practices and Sites

A. Please provide the sludge disposal practices and site information based on available data as requested on the *MWPP Sewage Sludge Survey,* ADEM Form 419.

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 more months	[■]	= 0 points
24 - 35 months	[ ]	= 10 points
12 - 23 months	[ ]	= 20 points
6 - 11 months	[ ]	= 30 points
Less than 6 months	[ ]	= 50 points

TOTAL POINT VALUE FOR PART 6 0
Enter this value on Part 11: Summary Sheet.

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 Population Equivalent (PE): 3000 Design Flow: 0.50 MGD Design BOD_5 ($CBOD_5$): 600 lbs/day

List industrial and/or residential developments.

New subdivisions with estimated 1500 lots.

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 0 (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 ☐ No = 121 points

TOTAL POINT VALUE FOR PART 8 0 (highest point total = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: BIG COVE WWTP

Part 9: Financial Status

A. Are User-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how are O&M costs being financed? ***Include user charge rates***.

Yes

Residential Minimum 0 Plus rate 4.83 /1,000 gal.

Industrial Minimum 0 Plus rate 5.68 /1,000 gal.

Monthly residential rate based on 6,000 gallons usage $ 28.98

B. What financial resources are available to pay for the wastewater improvements and/or reconstruction needs?

Adequate user charge system with A+ bond rating with Standard and Poors.

C. Please attach a rate sheet and the most recent audit, if available.

Part 10: Subjective Evaluation

A. 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 corrosion or differential settling.

B. Describe the general condition of the sewer system (sewer lines, manholes, lift stations).

Clear water intrusion for this facility is estimated at 25%.

C. What sewage system improvements does the community have planned for construction in the next 5 years?

Upgrades to process train equipment

Upgrades to pumping equipment

D. 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.

E. What problems, if any, over the last year have threatened treatment or conveyance within the system?

None

F. Is the community presently involved in formal planning for treatment facility upgrading?

Yes. Funding is in place and studies are being conducted to ensure future funds. All projects are approved in public forum.

G. 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? 0

H. 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.

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.

Force Main Upgrade $60,000.00

Pumping Equipment $50,000.00

L. List any additional comments. (Attach additional sheets if necessary.)

$175,000 was budgeted for routine repairs to this facility in FY25. These funds were allocated for various repairs including pump repairs, process equipment repairs and any other mechanical/electrical repairs needed. In addition, approximately $50,000.00 annually budgeted for the sanitary sewer collection system.

Facility Name: BIG COVE 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 0 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 0 points	783 points

2. Check the facility type that best describes the plant's treatment and disposal of wastewater.

- [x] 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.

- [x] 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.**

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

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.) ☐ Yes ■ No

If yes, provide a written explanation for this situation in the space below.

MWPP SEWAGE SLUDGE SURVEY

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

Facility Background Information:

1. Facility Information

Permit Number: AL0055042

Name: BIG COVE WASTEWATER TREATMENT PLANT

Street Address: 260 ROUNDBAR DR.

County: MADISON

2. Facility Contact

Name: RANDALL STEWART

Title: DIRECTOR OF WATER POLLUTION CONTROL

Telephone: 256-883-3719

Permittee Name: CITY OF HUNTSVILLE

Mailing Address: 1800 VERMONT RD

HUNTSVILLE, AL 35802

Facility Flow Information:

1. Facility Wastewater Treatment Capacity

Average Daily Flow: 2.63 MGD

Facility Design Capacity: 6.00 MGD

2. Estimated Septage Quantity Handled (Residuals Removed from Septic Tank Systems)

Average Domestic Septage: 0 gallons per month

Average Commercial Septage: 0 gallons per month

3. Method of Septage Processing

- [x] Mixed with Influent Wastewater for Treatment
- [ ] Mixed with Sewage Sludge
- [ ] _____

4. Estimated Percentage Contributing Wastewater Flow

Residential: 95 %

Industrial: 0 %

Other: 5 % Describe: COMMERCIAL

5. List type of wastewater treatment process(es) utilized at this facility:

EXTENDED AIR OXIDATION DITCH, SECONDARY CLARIFIER, CHLORINATION

6. Estimated sewage sludge wasting rate at this facility: 1518 lb/day dry weight

or _____ gallons per day

7. Estimated untreated sludge received from off site: 0 lb/day dry weight

or _____ gallons per day

8. Estimated percent solids of combined sewage sludge prior to treatment: 70 %

9. List the sewage sludge treatment processes used in preparing sludge for final use or disposal:

	Sludge Quantity (untreated pounds per day)
N/A	

10. Estimate the total volume of sludge generated: 341 (dry U.S. tons per year)

Sludge Disposal Methods

1. Which of the following describes the current method of sewage sludge disposal for this facility?

	Current Practices		Quantity (dry U.S. tons/year)	Proposed Practices	
	Approved by ADEM Yes	No		*Approved by ADEM* Yes	No
a. ☐ Land Application, Bulk Shipped	☐	☐		☐	☐
☐ Agriculture	☐	☐		☐	☐
☐ Forest	☐	☐		☐	☐
☐ Public Contact	☐	☐		☐	☐
☐ Lawn/Home Garden	☐	☐		☐	☐
b. ☐ Land Application, Bagged/Other Container	☐	☐		☐	☐
☐ Agriculture	☐	☐		☐	☐
☐ Forest	☐	☐		☐	☐
☐ Public Contact	☐	☐		☐	☐
☐ Lawn/Home Garden	☐	☐		☐	☐
c. ☑ Incineration	☐	☐	341	☐	☐
d. ☐ Subtitle D Landfill (Disposal Only)	☐	☐		☐	☐
e. ☐ Lined Treatment Lagoon or Stabilization Pond	☐	☐		☐	☐
f. ☐ Unlined Lagoon or Stabilization Pond	☐	☐		☐	☐
g. ☐ Other (Please Describe)	☐	☐		☐	☐

2. If "f" was selected above and sludge is stored for two (2) or more years, enter the distance between the surface disposal site and the property line: _____ feet

Pollutant Concentrations:

1. Enter the total concentrations of the following analytes using existing data. **Do not enter TCLP results.**

Analyte	Concentration (mg/kg or ppm)	Sample Type	Sample Date	Detection Level Of Analysis
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				
Ammonium-Nitrogen				
Nitrate-Nitrogen				
Total Kjeldahl Nitrogen				

2. Enter the estimated or determined percent solids of the sewage sludge when sampled for the above analysis: _____%

Treatment Provided for Sewage Sludge at the Facility:

1. Which class of pathogen reduction does the sewage sludge meet at the facility? (As defined in 40 CFR Part 503)

☐ Class A

- ☐ Alternative A1 – Time and Temperature
- ☐ Alternative A2 – Alkaline Treatment
- ☐ Alternative A3 – Analysis and Operation
- ☐ Alternative A4 – Analysis Only
- ☐ Alternative A5 – Process to Further Reduce Pathogens (PFRP)
  - ☐ Heat Drying ☐ Thermophilic Aerobic Digestion ☐ Heat Treatment
  - ☐ Pasteurization ☐ Gamma Ray Irradiation ☐ Beta Ray Irradiation ☐ Composting
- ☐ Alternative A6 – PFRP Equivalent_____

☐ Class B

- ☐ Alternative B1 – Fecal Coliform Count
- ☐ Alternative B2 – Process top Significantly Reduce Pathogens (PSRP)
  - ☐ Aerobic Digestion ☐ Air Drying ☐ Anaerobic Digestion
  - ☐ Composting ☐ Lime Stabilization
- ☐ Alternative B3 – PSRP Equivalent_____

☑ Neither or Unknown

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:

1. If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at this site? ☐ Yes* ☑ No

   *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

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: BIG COVE WWTP PLANT GRADE: IV

PERMIT NUMBER: AL0055042

PLANT SUPERINTENDENT: Lyle Gilliland TEL. # 256-883-3719

SYSTEM MANAGER: Randall Stewart TEL. # 256-883-3719

PLANT OPERATORS:

NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1. Lyle Gilliland	IV	C000559	06/30/28
2. Kenneth Barecky	IV	C006511	6/30/26
3. Joseph Goss	IV	C006469	1/31/28
4. Dustin Yarbrough	IV	C004265	4/30/28
5 DeAngelo Smith	IV	C009239	4/30/27
6	IV		
7			

COLLECTION SYSTEM OPERATORS:

1. Christopher Beck	IC	C008674	1/31/25
2. Mike Duffy	IC	C000482	8/31/25
3. Michael Hall	IC	C004613	1/31/2025
4. David Sloan	IC	C008971	7/31/2026

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	40	1
OPERATOR(S):		
GRADE I-C	60	4
GRADE I		
GRADE II		
GRADE III		
GRADE IV	200	6
DESIGNATED TRAINEE(S)		
LABORATORY		
MAINTENANCE	40	2
OTHER PLANT WORKERS		

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST	1
2ND	1
3RD	1
WD	1
WN	1

START TIME: 1ST 6:00 AM; 2ND 6:00 PM

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THURS	FRI	SAT
1ST		8	8	8	8	8	
2ND		8	8	8	8	8	
3RD		8	8	8	8	8	
WD	12	8	8				12
WN	12				8	8	12

ADEM USE ONLY

	YES	NO
1. DOES PLANT OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?	X	
2. DOES COLLECTION SYSTEM OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?	X	

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: CHASE WWTP NPDES #: AL0057428

MUNICIPALITY: HUNTSVILLE COUNTY: MADISON

CONTACT PERSON: RANDALL STEWART
Responsible Official
DIRECTOR OF WATER POLLUTION CONTROL
Title
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: randall.stewart@huntsvilleal.gov

CHIEF OPERATOR: LYLE GILLILAND
Name
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: lyle.gilliland@huntsvilleal.gov
Date: APRIL 1, 2026

REVIEWED BY: _____
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 2025 (due **May 31,** 2026).

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

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 31st to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.**

Facility Name: CHASE WWTP

Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD_5 ($CBOD_5$) loadings received at your facility during the last calendar year.

Month	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD_5 ($CBOD_5$) Concentration (mg/l)	Column 3 Average Loading BOD_5 ($CBOD_5$) (lbs/day**)
January	1.80	91.86	1381.69
February	2.41	110.25	2584.01
March	2.04	50.08	819.11
April	2.24	89.99	1685.71
May	2.62	80.85	1753.56
June	2.06	98.58	1687.85
July	1.86	67.27	1032.27
August	1.23	71.75	745.65
September	1.28	85.08	957.69
October	1.27	70.85	793.08
November	1.28	75.33	909.40
December	1.54	76.93	1029.49
Annual Avg.	1.80	80.74	1281.63

** 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_5 ($CBOD_5$) 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_5 ($CBOD_5$) 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?

0 (Check the appropriate point total)

■ 0 - 4 = 0 points ☐ 5 or more = 5 points

D. How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?

0 (Check the appropriate point total)

■ 0 = 0 points ☐ 1 – 2 = 5 points ☐ 3 – 4 =10 points ☐ 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?

0 (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?

_____ (Check the appropriate point total)

■ 0 = 0 points ☐ 1 = 10 points ☐ 2 =20 points ☐ 3 =30 points ☐ 4 =40 points ☐ 5 or more =50 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

TOTAL POINTS VALUE FOR PART 1 0

Enter this 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.

Facility Name: CHASE 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_5, ($CBOD_5$) TSS, NH_3-N and/or TKN concentration produced by the facility during the last calendar year.

(1) NPDES Permit Concentration

	Months	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
Permit Limit	5-11	20	30	10	N/A
	12-4	25	30	20	N/A

(2) DMR Concentration

Qtr	Month	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
1	January	6.21	3.21	0.12	3.34
	February	7.25	3.33	0.09	2.92
	March	7.17	3.33	0.04	2.87
2	April	5.91	2.43	0.18	3.87
	May	5.31	3.62	0.12	3.07
	June	5.25	3.92	0.11	4.35
3	July	6.87	2.80	0.11	3.86
	August	4.33	4.08	0.09	2.01
	September	5.31	2.77	0.06	6.27
4	October	5.62	3.29	0.12	6.12
	November	4.83	3.00	0.09	3.91
	December	5.57	1.71	0.20	2.71
	Annual Avg.	5.80	3.12	0.11	3.78

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

(1) NPDES Permit Loading

	Months	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
Permit Limit	5-11	667	1000	333	N/A
	12-4	834	1000	667	N/A

(2) DMR Loading

Qtr	Month	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
1	January	93	48	2	48
	February	164	79	2	57
	March	119	57	1	59
2	April	109	44	3	59
	May	113	76	3	69
	June	91	68	2	97
3	July	106	43	2	59
	August	45	41	1	21
	September	64	30	1	82
4	October	63	37	1	64
	November	59	38	1	37
	December	70	22	2	34
	Annual Avg.	91	49	2	57

C. 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 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 = 121 points

E. During the past year did the effluent TSS concentration (mg/l) 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

F. During the past year did the TSS 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

G. During the past year did the NH_3-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 year did either the NH_3-N or TKN 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

I. Enter each point value 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

HIGHEST INDIVIDUAL POINT VALUE FOR PART 2 (C-H) 0 (HIGHEST POINT = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: CHASE WWTP

Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed? 2025

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

Age = (Last Calendar year) - (Answer to A)

Age 0 = (2025) - (2025)

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:

2 (Factor) x 0 (Age) = 0 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

Part 4: 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? 0

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. 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? 0

D. Add together Answers A and B and subtract Answer C from that total.

A + B – C = 0 (Check the appropriate point total.)

- [x] 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. 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.) 0

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 = 0 (Check the appropriate point total.)

- [x] 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

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

TOTAL POINT VALUE FOR PART 4 0
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.

Facility Name: CHASE WWTP

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 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 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

TOTAL POINT VALUE FOR PART 5 0
Enter this value on Part 11: Summary Sheet.

Part 6: Sludge Disposal Practices and Sites

A. Please provide the sludge disposal practices and site information based on available data as requested on the *MWPP Sewage Sludge Survey,* ADEM Form 419.

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 more months	[■]	= 0 points
24 - 35 months	[ ]	= 10 points
12 - 23 months	[ ]	= 20 points
6 - 11 months	[ ]	= 30 points
Less than 6 months	[ ]	= 50 points

TOTAL POINT VALUE FOR PART 6 0
Enter this value on Part 11: Summary Sheet.

Facility Name: CHASE 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 Population Equivalent (PE): _____ Design Flow: _____ MGD Design BOD_5 ($CBOD_5$): _____ lbs/day

List industrial and/or residential developments.

Service area is approximately 85% developed.

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 0 (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 ☐ No = 121 points

TOTAL POINT VALUE FOR PART 8 0 (highest point total = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: CHASE WWTP

Part 9: Financial Status

A. Are User-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how are O&M costs being financed? ***Include user charge rates***.

Yes

Residential Minimum 0 Plus rate 4.83 /1,000 gal.

Industrial Minimum 0 Plus rate 5.68 /1,000 gal.

Monthly residential rate based on 6,000 gallons usage $ 28.98

B. What financial resources are available to pay for the wastewater improvements and/or reconstruction needs?

Adequate user charge system with A+ bond rating with Standard and Poors.

C. Please attach a rate sheet and the most recent audit, if available.

Part 10: Subjective Evaluation

A. 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 corrosion or differential settling.

B. Describe the general condition of the sewer system (sewer lines, manholes, lift stations).

Clear water intrusion for this facility is estimated at 15%.

C. What sewage system improvements does the community have planned for construction in the next 5 years?

WWTP improvements will be determined through ongoing assessments.

D. 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.

E. What problems, if any, over the last year have threatened treatment or conveyance within the system?

None

F. Is the community presently involved in formal planning for treatment facility upgrading?

Yes. Funding is in place and studies are being conducted to ensure future funds. All projects are approved in public forum.

G. 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? 0

H. Does the plant have a written plan for preventive maintenance on major equipment items? If yes, describe.

Yes. Electrical: Ohm-Meg, Amp check. Mechanical: Lubrication of all bearings, seals, etc. These tasks are preformed from preventative maintenance logs and tracked through department databases.

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.

GEAR BOX REPLACEMENT $50,000.00

PUMP REPAIRS $20,000

L. List any additional comments. (Attach additional sheets if necessary.)

$100,000 was budgeted for routine repairs to this facility in FY25. These funds were allocated for various repairs including pump repairs, process equipment repairs and any other mechanical/electrical repairs needed. In addition, approximately $50,000.00 annually budgeted for the sanitary sewer collection system.

Facility Name: CHASE 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 0 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 0 points	783 points

2. Check the facility type that best describes the plant's treatment and disposal of wastewater.

- [x] 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.

- [x] 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.**

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

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.) ☐ Yes ■ No

If yes, provide a written explanation for this situation in the space below.

MWPP SEWAGE SLUDGE SURVEY

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

Facility Background Information:

1. Facility Information

Permit Number: AL0049531

Name: CHASE AREA WASTEWATER TREATMENT PLANT

Street Address: 909 WESS TAYLOR RD

County: MADISON

2. Facility Contact

Name: RANDALL STEWART

Title: DIRECTOR OF WATER POLLUTION CONTROL

Telephone: 256-883-3719

Permittee Name: CITY OF HUNTSVILLE

Mailing Address: 1800 VERMONT RD

HUNTSVILLE, AL 35802

Facility Flow Information:

1. Facility Wastewater Treatment Capacity

Average Daily Flow: 1.80 MGD

Facility Design Capacity: 4.00 MGD

2. Estimated Septage Quantity Handled (Residuals Removed from Septic Tank Systems)

Average Domestic Septage: 0 gallons per month

Average Commercial Septage: 0 gallons per month

3. Method of Septage Processing

- [x] Mixed with Influent Wastewater for Treatment
- [ ] Mixed with Sewage Sludge
- [ ] _____

4. Estimated Percentage Contributing Wastewater Flow

Residential: 15 %

Industrial: 85 %

Other: _____ % Describe: _____

5. List type of wastewater treatment process(es) utilized at this facility:

EXTENDED AIR OXIDATION DITCH, SECONDARY CLARIFIER, CHLORINATION

6. Estimated sewage sludge wasting rate at this facility: 1500 lb/day dry weight

or _____ gallons per day

7. Estimated untreated sludge received from off site: 0 lb/day dry weight

or _____ gallons per day

8. Estimated percent solids of combined sewage sludge prior to treatment: 70 %

9. List the sewage sludge treatment processes used in preparing sludge for final use or disposal:

	Sludge Quantity (untreated pounds per day)
N/A	

10. Estimate the total volume of sludge generated: 361 (dry U.S. tons per year)

Sludge Disposal Methods

1. Which of the following describes the current method of sewage sludge disposal for this facility?

	Current Practices		Quantity (dry U.S. tons/year)	Proposed Practices	
	Approved by ADEM Yes	No		*Approved by ADEM* Yes	No
a. ☐ Land Application, Bulk Shipped	☐	☐		☐	☐
☐ Agriculture	☐	☐		☐	☐
☐ Forest	☐	☐		☐	☐
☐ Public Contact	☐	☐		☐	☐
☐ Lawn/Home Garden	☐	☐		☐	☐
b. ☐ Land Application, Bagged/Other Container	☐	☐		☐	☐
☐ Agriculture	☐	☐		☐	☐
☐ Forest	☐	☐		☐	☐
☐ Public Contact	☐	☐		☐	☐
☐ Lawn/Home Garden	☐	☐		☐	☐
c. ☑ Incineration	☐	☐	361	☐	☐
d. ☐ Subtitle D Landfill (Disposal Only)	☐	☐		☐	☐
e. ☐ Lined Treatment Lagoon or Stabilization Pond	☐	☐		☐	☐
f. ☐ Unlined Lagoon or Stabilization Pond	☐	☐		☐	☐
g. ☐ Other (Please Describe)	☐	☐		☐	☐

2. If "f" was selected above and sludge is stored for two (2) or more years, enter the distance between the surface disposal site and the property line: _____ feet

Pollutant Concentrations:

1. Enter the total concentrations of the following analytes using existing data. **Do not enter TCLP results.**

Analyte	Concentration (mg/kg or ppm)	Sample Type	Sample Date	Detection Level Of Analysis
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				
Ammonium-Nitrogen				
Nitrate-Nitrogen				
Total Kjeldahl Nitrogen				

2. Enter the estimated or determined percent solids of the sewage sludge when sampled for the above analysis: _____%

Treatment Provided for Sewage Sludge at the Facility:

1. Which class of pathogen reduction does the sewage sludge meet at the facility? (As defined in 40 CFR Part 503)

☐ Class A

- ☐ Alternative A1 – Time and Temperature
- ☐ Alternative A2 – Alkaline Treatment
- ☐ Alternative A3 – Analysis and Operation
- ☐ Alternative A4 – Analysis Only
- ☐ Alternative A5 – Process to Further Reduce Pathogens (PFRP)
  - ☐ Heat Drying ☐ Thermophilic Aerobic Digestion ☐ Heat Treatment
  - ☐ Pasteurization ☐ Gamma Ray Irradiation ☐ Beta Ray Irradiation ☐ Composting
- ☐ Alternative A6 – PFRP Equivalent_____

☐ Class B

- ☐ Alternative B1 – Fecal Coliform Count
- ☐ Alternative B2 – Process top Significantly Reduce Pathogens (PSRP)
  - ☐ Aerobic Digestion ☐ Air Drying ☐ Anaerobic Digestion
  - ☐ Composting ☐ Lime Stabilization
- ☐ Alternative B3 – PSRP Equivalent_____

☑ Neither or Unknown

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:

1. If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at this site? ☐ Yes* ☑ No

   *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

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: CHASE AREA WWTP PLANT GRADE: III

PERMIT NUMBER: AL0057428

PLANT SUPERINTENDENT: Lyle Gilliland TEL. # 256-883-3719

SYSTEM MANAGER: Randall Stewart TEL. # 256-883-3719

PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1.	Lyle Gilliland	IV	C000559	06/30/28
2.	Noah Perry	IV	C006649	08/31/28
3.	Jorge Estrada	IV	C000230	4/30/28
4.				
5.				
6.				
7.				
8.				
9.				
10.				

COLLECTION SYSTEM OPERATORS:

1.	Jeb Aycock	IC	C001642	1/31/25
2.	Johnathan Houston	IC	C008971	8/31/26
3.	Stan Patterson	IC	C007629	11/30/25
4.				

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	40	1
OPERATOR(S):	80	2
GRADE I-C	20	4
GRADE I		
GRADE II		
GRADE III		
GRADE IV		
DESIGNATED TRAINEE(S)		
LABORATORY		
MAINTENANCE	40	2
OTHER PLANT WORKERS		

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST 2 START TIME 6:00 AM

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THURS	FRI	SAT
1ST	8	8	8	8	8	8	8

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?		

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: MAGNOLIA SPRINGS WWTP NPDES #: AL0072435

MUNICIPALITY: HUNTSVILLE COUNTY: LIMESTONE

CONTACT PERSON: RANDALL STEWART
Responsible Official
DIRECTOR WATER POLLUTION CONTROL
Title
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: randall.stewart@huntsvilleal.gov

CHIEF OPERATOR: MARK RITTMAN
Name
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: mark.rittman@huntsvilleal.gov
Date: April 1, 2026

REVIEWED BY: _____
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 2025 (due **May 31,** 2026).

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

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 31st to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.**

Facility Name: MAGNOLIA SPRINGS WWTP

Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD_5 ($CBOD_5$) loadings received at your facility during the last calendar year.

Month	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD_5 ($CBOD_5$) Concentration (mg/l)	Column 3 Average Loading BOD_5 ($CBOD_5$) (lbs/day**)
January	No	Discharge From	Site
February	No	Discharge From	Site
March	No	Discharge From	Site
April	No	Discharge From	Site
May	No	Discharge From	Site
June	No	Discharge From	Site
July	No	Discharge From	Site
August	No	Discharge From	Site
September	No	Discharge From	Site
October	No	Discharge From	Site
November	No	Discharge From	Site
December	No	Discharge From	Site
Annual Avg.	No	Discharge From	Site

** 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_5 ($CBOD_5$) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	Average Design Flow	Average Design BOD_5 ($CBOD_5$) Loading (lbs/day)
Design Criteria	0.25	300
90% of the Design Criteria	0.23	270

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 ☐ 5 or more = 5 points

D. How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?

0 (Check the appropriate point total)

■ 0 = 0 points ☐ 1 – 2 = 5 points ☐ 3 – 4 =10 points ☐ 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?

0 (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 ☐ 1 = 10 points ☐ 2 =20 points ☐ 3 =30 points ☐ 4 =40 points ☐ 5 or more =50 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

TOTAL POINTS VALUE FOR PART 1 0

Enter this 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.

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_5, ($CBOD_5$) TSS, NH_3-N and/or TKN concentration produced by the facility during the last calendar year.

(1) NPDES Permit Concentration

	Months	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
Permit Limit	12-4	25	30	10.6	N/A
	5-11	25	30	4.8	N/A

(2) DMR Concentration

Qtr	Month	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
1	January	No	Discharge	From	Site
	February	No	Discharge	From	Site
	March	No	Discharge	From	Site
2	April	No	Discharge	From	Site
	May	No	Discharge	From	Site
	June	No	Discharge	From	Site
3	July	No	Discharge	From	Site
	August	No	Discharge	From	Site
	September	No	Discharge	From	Site
4	October	No	Discharge	From	Site
	November	No	Discharge	From	Site
	December	No	Discharge	From	Site
	Annual Avg.	No	Discharge	From	Site

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

(1) NPDES Permit Loading

	Months	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
Permit Limit	12-4	52.1	62.5	22.1	N/A
	11-5	52.1	62.5	10.0	N/A

(2) DMR Loading

Qtr	Month	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
1	January	No	Discharge	From	Site
	February	No	Discharge	From	Site
	March	No	Discharge	From	Site
2	April	No	Discharge	From	Site
	May	No	Discharge	From	Site
	June	No	Discharge	From	Site
3	July	No	Discharge	From	Site
	August	No	Discharge	From	Site
	September	No	Discharge	From	Site
4	October	No	Discharge	From	Site
	November	No	Discharge	From	Site
	December	No	Discharge	From	Site
	Annual Avg.	No	Discharge	From	Site

C. 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 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 = 121 points

E. During the past year did the effluent TSS concentration (mg/l) 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

F. During the past year did the TSS 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

G. During the past year did the NH_3-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 year did either the NH_3-N or TKN 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

I. Enter each point value 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

HIGHEST INDIVIDUAL POINT VALUE FOR PART 2 (C-H) 0 (HIGHEST POINT = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: MAGNOLIA SPRINGS 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:

Age = (Last Calendar year) - (Answer to A)

Age 20 = (2025) - (2005)

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:

2.0 (Factor) x 20 (Age) = 40 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: MAGNOLIA SPRINGS WWTP

Part 4: 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? 0

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. 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? 0

D. Add together Answers A and B and subtract Answer C from that total.

A + B – C = 0 (Check the appropriate point total.)

- [x] 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. 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.) 0

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 = 0 (Check the appropriate point total.)

- [x] 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

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

TOTAL POINT VALUE FOR PART 4 0
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.

Facility Name: MAGNOLIA SPRINGS WWTP

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 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 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

TOTAL POINT VALUE FOR PART 5 0
Enter this value on Part 11: Summary Sheet.

Part 6: Sludge Disposal Practices and Sites

A. Please provide the sludge disposal practices and site information based on available data as requested on the *MWPP Sewage Sludge Survey,* ADEM Form 419.

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 more months	[■]	= 0 points
24 - 35 months	[ ]	= 10 points
12 - 23 months	[ ]	= 20 points
6 - 11 months	[ ]	= 30 points
Less than 6 months	[ ]	= 50 points

TOTAL POINT VALUE FOR PART 6 0
Enter this value on Part 11: Summary Sheet.

Facility Name: MAGNOLIA SPRINGS 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 Population Equivalent (PE): _____ Design Flow: _____ MGD Design BOD_5 ($CBOD_5$): _____ lbs/day

List industrial and/or residential developments.

Service Area is over 95% developed.

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 0 (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 ☐ No = 121 points

TOTAL POINT VALUE FOR PART 8 0 (highest point total = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: MAGNOLIA SPRINGS WWTP

Part 9: Financial Status

A. Are User-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how are O&M costs being financed? ***Include user charge rates***.

Yes

Residential Minimum 0 Plus rate 4.83 /1,000 gal.

Industrial Minimum 0 Plus rate 5.68 /1,000 gal.

Monthly residential rate based on 6,000 gallons usage $ 28.98

B. 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 and Poors.

C. Please attach a rate sheet and the most recent audit, if available.

Part 10: Subjective Evaluation

A. 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 corrosion or differential settling.

B. Describe the general condition of the sewer system (sewer lines, manholes, lift stations).

Clear water intrusion for the facility is estimated at 15% .

C. What sewage system improvements does the community have planned for construction in the next 5 years?

WWTP improvements will be determined from ongoing assessments.

D. 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 31 years.

E. What problems, if any, over the last year have threatened treatment or conveyance within the system?

None

F. Is the community presently involved in formal planning for treatment facility upgrading?

Yes. Funding is in place and studies are being conducted to ensure future needs. All projects are approved in public forum.

G. 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? 0

H. 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.

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.

L. List any additional comments. (Attach additional sheets if necessary.)

Facility Name: MAGNOLIA SPRINGS 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	40 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	40 points	783 points

2. Check the facility type that best describes the plant's treatment and disposal of wastewater.

- [x] 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.

- [x] 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.**

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

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.) ☐ Yes ■ No

If yes, provide a written explanation for this situation in the space below.

MWPP SEWAGE SLUDGE SURVEY

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

Facility Background Information:

1. Facility Information

Permit Number: AL0072435

Name: MAGNOLIA SPRINGS WASTEWATER TREATMENT PLANT

Street Address: 1910 OLD RAIL ROAD BED ROAD

County: LIMESTONE

2. Facility Contact

Name: RANDALL STEWART

Title: DIRECTOR OF WATER POLLUTION CONTROL

Telephone: 256-883-3719

Permittee Name: CITY OF HUNTSVILLE

Mailing Address: 1800 VERMONT RD

HUNTSVILLE, AL 35802

Facility Flow Information:

1. Facility Wastewater Treatment Capacity

Average Daily Flow: 0 MGD

Facility Design Capacity: 0.25 MGD

2. Estimated Septage Quantity Handled (Residuals Removed from Septic Tank Systems)

Average Domestic Septage: 0 gallons per month

Average Commercial Septage: 0 gallons per month

3. Method of Septage Processing

- [x] Mixed with Influent Wastewater for Treatment
- [ ] Mixed with Sewage Sludge
- [ ] _____

4. Estimated Percentage Contributing Wastewater Flow

Residential: 0 %

Industrial: 0 %

Other: _____ % Describe: _____

5. List type of wastewater treatment process(es) utilized at this facility:

SCREENING, AERATION, SECONDARY CLARIFIER, CHLORINATION

6. Estimated sewage sludge wasting rate at this facility: 0 lb/day dry weight

or _____ gallons per day

7. Estimated untreated sludge received from off site: 0 lb/day dry weight

or _____ gallons per day

8. Estimated percent solids of combined sewage sludge prior to treatment: 0 %

9. List the sewage sludge treatment processes used in preparing sludge for final use or disposal:

	Sludge Quantity (untreated pounds per day)
N/A	

10. Estimate the total volume of sludge generated: 0 (dry U.S. tons per year)

Sludge Disposal Methods

1. Which of the following describes the current method of sewage sludge disposal for this facility?

	Current Practices		Quantity (dry U.S. tons/year)	Proposed Practices	
	Approved by ADEM			*Approved by ADEM*	
	Yes	*No*		*Yes*	*No*
a. ☐ Land Application, Bulk Shipped	☐	☐		☐	☐
☐ Agriculture	☐	☐		☐	☐
☐ Forest	☐	☐		☐	☐
☐ Public Contact	☐	☐		☐	☐
☐ Lawn/Home Garden	☐	☐		☐	☐
b. ☐ Land Application, Bagged/Other Container	☐	☐		☐	☐
☐ Agriculture	☐	☐		☐	☐
☐ Forest	☐	☐		☐	☐
☐ Public Contact	☐	☐		☐	☐
☐ Lawn/Home Garden	☐	☐		☐	☐
c. ☑ Incineration	☐	☐	0	☐	☐
d. ☐ Subtitle D Landfill (Disposal Only)	☐	☐		☐	☐
e. ☐ Lined Treatment Lagoon or Stabilization Pond	☐	☐		☐	☐
f. ☐ Unlined Lagoon or Stabilization Pond	☐	☐		☐	☐
g. ☐ Other (Please Describe)	☐	☐		☐	☐

2. If "f" was selected above and sludge is stored for two (2) or more years, enter the distance between the surface disposal site and the property line: _____ feet

Pollutant Concentrations:

1. Enter the total concentrations of the following analytes using existing data. **Do not enter TCLP results.**

Analyte	Concentration (mg/kg or ppm)	Sample Type	Sample Date	Detection Level Of Analysis
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				
Ammonium-Nitrogen				
Nitrate-Nitrogen				
Total Kjeldahl Nitrogen				

2. Enter the estimated or determined percent solids of the sewage sludge when sampled for the above analysis: _____%

Treatment Provided for Sewage Sludge at the Facility:

1. Which class of pathogen reduction does the sewage sludge meet at the facility? (As defined in 40 CFR Part 503)

☐ Class A

- ☐ Alternative A1 – Time and Temperature
- ☐ Alternative A2 – Alkaline Treatment
- ☐ Alternative A3 – Analysis and Operation
- ☐ Alternative A4 – Analysis Only
- ☐ Alternative A5 – Process to Further Reduce Pathogens (PFRP)
  - ☐ Heat Drying ☐ Thermophilic Aerobic Digestion ☐ Heat Treatment
  - ☐ Pasteurization ☐ Gamma Ray Irradiation ☐ Beta Ray Irradiation ☐ Composting
- ☐ Alternative A6 – PFRP Equivalent_____

☐ Class B

- ☐ Alternative B1 – Fecal Coliform Count
- ☐ Alternative B2 – Process top Significantly Reduce Pathogens (PSRP)
  - ☐ Aerobic Digestion ☐ Air Drying ☐ Anaerobic Digestion
  - ☐ Composting ☐ Lime Stabilization
- ☐ Alternative B3 – PSRP Equivalent_____

☑ Neither or Unknown

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:

1. If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at this site? ☐ Yes* ☑ No

   *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

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: Magnolia Springs WWTP PLANT GRADE: II

PERMIT NUMBER: AL0072435

PLANT SUPERINTENDENT: Mark Rittman TEL. # 256-883-3719

SYSTEM MANAGER: Randll Stewart TEL. # 256-883-3719

PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1.	Mark Rittman	IV	C002451	3/31/26
2.	Randall Stewart	IV	C002344	7/31/27
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

COLLECTION SYSTEM OPERATORS:

1.				
2.				
3.				
4.				

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	40	2
OPERATOR(S):		
GRADE I-C		
GRADE I		
GRADE II		
GRADE III		
GRADE IV		
DESIGNATED TRAINEE(S)		
LABORATORY		
MAINTENANCE		
OTHER PLANT WORKERS		

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

		START TIME
1ST		
2ND		
3RD		

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THURS	FRI	SAT
1ST							
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?		

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: SPRING BRANCH WWTP NPDES #: AL0058394

MUNICIPALITY: HUNTSVILLE COUNTY: MADISON

CONTACT PERSON: RANDALL STEWART
Responsible Official
DIRECTOR WATER POLLUTION CONTRL
Title
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: randall.stewart@huntsvilleal.gov

CHIEF OPERATOR: WES BAUGH
Name
Telephone #: 256-883-3719 Fax #: 256-883-3682
Email Address: wes.baugh@huntsvilleal.gov
Date: April 1, 2026

REVIEWED BY: _____
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 20025 (due **May 31,** 2026).

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

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 31st to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.**

Facility Name: SPRING BRANCH WWTP

Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD_5 ($CBOD_5$) loadings received at your facility during the last calendar year.

Month	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD_5 ($CBOD_5$) Concentration (mg/l)	Column 3 Average Loading BOD_5 ($CBOD_5$) (lbs/day**)
January	19.61	108.79	16941.28
February	26.24	80.33	18713.51
March	20.72	118.67	18975.74
April	24.37	120.93	23189.81
May	31.72	106.15	27574.10
June	21.06	138.50	24338.27
July	15.96	130.87	17954.05
August	14.58	101.17	12590.24
September	15.22	107.23	14049.08
October	15.00	113.54	14721.89
November	15.32	120.33	16122.44
December	15.75	116.64	15286.74
Annual Avg.	19.63	113.60	18371.43

** 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_5 ($CBOD_5$) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	Average Design Flow	Average Design BOD_5 ($CBOD_5$) Loading (lbs/day)
Design Criteria	41.0	68429
90% of the Design Criteria	36.9	61586

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 ☐ 5 or more = 5 points

D. How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?

0 (Check the appropriate point total)

■ 0 = 0 points ☐ 1 – 2 = 5 points ☐ 3 – 4 =10 points ☐ 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?

0 (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 ☐ 1 = 10 points ☐ 2 =20 points ☐ 3 =30 points ☐ 4 =40 points ☐ 5 or more =50 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

TOTAL POINTS VALUE FOR PART 1 0

Enter this 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.

Facility Name: SPRING BRANCH 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_5, ($CBOD_5$) TSS, NH_3-N and/or TKN concentration produced by the facility during the last calendar year.

(1) NPDES Permit Concentration

	Months	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
Permit Limit	1-12	25	30	20	N/A

(2) DMR Concentration

Qtr	Month	BOD_5 ($CBOD_5$) (mg/l)	TSS (mg/l)	NH_3-N (mg/l)	TKN (mg/l)
1	January	8.50	7.14	1.47	2.17
	February	8.75	7.58	1.53	3.25
	March	11.50	5.17	1.91	3.19
2	April	8.14	4.36	4.95	5.14
	May	7.46	7.92	1.63	3.10
	June	6.67	6.25	3.50	11.30
3	July	6.20	5.93	1.35	4.87
	August	4.67	8.17	1.28	6.78
	September	5.23	3.92	0.15	4.00
4	October	9.85	6.43	2.03	4.66
	November	5.50	3.45	1.62	6.97
	December	8.21	8.00	0.30	3.87
	Annual Avg.	7.56	6.19	1.81	4.94

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

(1) NPDES Permit Loading

	Months	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
Permit Limit	1-12	8548	10258	6838	N/A

(2) DMR Loading

Qtr	Month	BOD_5 ($CBOD_5$) (lbs/day)	TSS (lbs/day)	NH_3-N (lbs/day)	TKN (lbs/day)
1	January	1326	1143	240	337
	February	2435	3052	367	694
	March	1981	877	321	677
2	April	1618	893	863	818
	May	1985	2188	430	998
	June	1128	1086	604	2372
3	July	835	792	177	671
	August	578	1040	160	1024
	September	715	564	21	594
4	October	1274	800	244	557
	November	722	495	226	833
	December	1061	1010	37	485
	Annual Avg.	1305	1162	307	838

C. 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 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 = 121 points

E. During the past year did the effluent TSS concentration (mg/l) 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

F. During the past year did the TSS 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

G. During the past year did the NH_3-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 year did either the NH_3-N or TKN 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

I. Enter each point value 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

HIGHEST INDIVIDUAL POINT VALUE FOR PART 2 (C-H) 0 (HIGHEST POINT = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: SPRING BRANCH WWTP

Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed? 2025

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

Age = (Last Calendar year) - (Answer to A)

Age 0 = (2025) - (2025)

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:

2.0 (Factor) x 0 (Age) = 0 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

A. How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to heavy rain? 0

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? 3

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? 3

D. Add together Answers A and B and subtract Answer C from that total.

A + B – C = 0 (Check the appropriate point total.)

- [x] 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. 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.) 3

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? 3

H. Add together Answers E and F and subtract Answer G from that total.

E + F – G = 0 (Check the appropriate point total.)

- [x] 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

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

TOTAL POINT VALUE FOR PART 4 0
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.

Facility Name: SPRING BRANCH WWTP

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 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 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

TOTAL POINT VALUE FOR PART 5 0
Enter this value on Part 11: Summary Sheet.

Part 6: Sludge Disposal Practices and Sites

A. Please provide the sludge disposal practices and site information based on available data as requested on the *MWPP Sewage Sludge Survey,* ADEM Form 419.

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 more months	[■]	= 0 points
24 - 35 months	[ ]	= 10 points
12 - 23 months	[ ]	= 20 points
6 - 11 months	[ ]	= 30 points
Less than 6 months	[ ]	= 50 points

TOTAL POINT VALUE FOR PART 6 0
Enter this value on Part 11: Summary Sheet.

Facility Name: SPRING BRANCH 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 Population Equivalent (PE): _____ Design Flow: _____ MGD Design BOD_5 ($CBOD_5$): _____ lbs/day

List industrial and/or residential developments.

_____

_____

_____

_____

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 0 (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 ☐ No = 121 points

TOTAL POINT VALUE FOR PART 8 0 (highest point total = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: SPRING BRANCH WWTP

Part 9: Financial Status

A. Are User-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how are O&M costs being financed? ***Include user charge rates***.

YES

Residential Minimum 0 Plus rate 4.83 /1,000 gal.

Industrial Minimum 0 Plus rate 6.68 /1,000 gal.

Monthly residential rate based on 6,000 gallons usage $ 28.98

B. 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 and Poors.

C. Please attach a rate sheet and the most recent audit, if available.

Part 10: Subjective Evaluation

A. 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 corrosion or differential settling.

B. Describe the general condition of the sewer system (sewer lines, manholes, lift stations).

Clear water intrusion for the facility is estimated at 25%

C. What sewage system improvements does the community have planned for construction in the next 5 years?

WWTP and collection system improvements will be determined from ongoing assessments.

D. 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.

E. What problems, if any, over the last year have threatened treatment or conveyance within the system?

None

F. Is the community presently involved in formal planning for treatment facility upgrading?

Yes. Funding is in place and studies are being conducted to ensure future needs. All projects are approved in public form

G. 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? 0

H. 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 beraings, seals, Etc. These tasks are performed from preventative maintenace logs and tracked through department databases.

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.

Digester Clean Out $ 328,319.00

New Blower Install $ 356,040.00

L. List any additional comments. (Attach additional sheets if necessary.)

$500,000.00 was budgeted for this facility in FY2025. These funds were allocated for various repairs including pumps, process equipment and any other mechanical/eletrical repairs needed.

In addition, $300,000.00 annually budgeted for the collection system.

Facility Name: SPRING BRANCH 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	0 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	0 points	783 points

2. Check the facility type that best describes the plant's treatment and disposal of wastewater.

- [x] 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.

- [x] 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.**

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

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.) ☐ Yes ■ No

If yes, provide a written explanation for this situation in the space below.

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

Date: 2025.02.14 08:54:51 -06:00
Reason: Submission Data
Location: State of Alabama

(Submission #: HQA-CEF3-26NZA, version 1)

Details

Submission Alias	NPDES Sanitary Sewer Overflow (SSO) Event Report
SSO ID	SSO-00212178
Submission ID	HQA-CEF3-26NZA

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.

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)?
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-00212178

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
02/13/2025	10:58 am

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
02/13/2025	02:36 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

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
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
34.72194573901726,-86.59869230564446

Note

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

Street Address
216 Seminole Drive

City
Huntsville

State
AL

ZIP Code
35802

Location Description
Manhole located behind the Johnson Towers Complex.

Known or suspected cause of the discharge
Inflow/Infiltration in the Collection System. Received over 4 inches of rain in a 24 hour period.

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.
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 clean and disinfected. SSES work is ongoing to determine 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:
02/13/2025

Indicate Other Officials Notified (check all that apply):
Other (Please Describe)
County Health Department

County Health Department notification date:
02/13/2025

Please describe the ⊡Other⊡ officials notified:
Storm Water Authority

Other Officials Notification Date:
02/13/2025

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 clean and disinfected. SSES work is ongoing to determine source of inflow.

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 02/14/2025 at 8:49 AM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQC-C15F-H1EX2, version 1)

Details

Submission Alias	NPDES Sanitary Sewer Overflow (SSO) Event Report
SSO ID	SSO-00212766
Submission ID	HQC-C15F-H1EX2

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.

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)?
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-00212766

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
05/05/2025	05:36 am

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
05/05/2025	08:15 am

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

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
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
34.71442272339847,-86.64118509056992

Note

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

Street Address
5101 Governors House Drive

City
Huntsville

State
AL

ZIP Code
35805

Location Description
Manhole on the NW side of property.

Known or suspected cause of the discharge
Pump Malfunction

Destination of discharge
Storm Drain

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.
McDonald Creek

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.
Pump was repaired an put back into service.

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:
05/05/2025

Indicate Other Officials Notified (check all that apply):
County Health Department
Other (Please Describe)

County Health Department notification date:
05/05/2025

Please describe the ⊡Other⊡ officials notified:
Storm Water Authority

Other Officials Notification Date:
05/05/2025

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 was repaired and put back into service. The affected 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.
- ☑ 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 05/05/2025 at 6:30 PM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

Date: 2025.05.14 10:51:10 -05:00
Reason: Submission Data
Location: State of Alabama

(Submission #: HQC-JVSE-7S2BQ, version 1)

Details

Submission Alias	NPDES Sanitary Sewer Overflow (SSO) Event Report
SSO ID	SSO-00213196
Submission ID	HQC-JVSE-7S2BQ

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.

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)?
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-00213196

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
05/13/2025	01:00 pm

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
05/13/2025	03:15 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

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
Range

Estimated Volume Discharged (Range)
<=1,000 gal

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
34.73832646958401,-86.55394437078401

Note

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

Street Address
412 Owens Drive

City
Huntsville

State
AL

ZIP Code
35801

Location Description
Manhole in the street, near the SW corner of 412 Owens Drive.

Known or suspected cause of the discharge
Roots in the gravity line from a tree at 415 Owens Drive.

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.
Fagan Creek

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.
The roots in the sewer line were cleared using a root saw. Affected area was cleaned and disinfected. Surrounding sewer lines will be televised to see if any other lines have the same issues.

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:
05/13/2025

Indicate Other Officials Notified (check all that apply):
County Health Department
Other (Please Describe)

County Health Department notification date:
05/14/2025

Please describe the ⊡Other⊡ officials notified:
Storm Water Authority

Other Officials Notification Date:
05/14/2025

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)
The roots in the sewer line were cleared using a root saw. Affected area was cleaned and disinfected. Surrounding sewer lines will be televised to see if any other lines have the same issues.

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 05/14/2025 at 10:46 AM

MWPP SEWAGE SLUDGE SURVEY

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

Facility Background Information:

1. Facility Information

Permit Number: AL058394

Name: Spring Branch WWTP

Street Address: 1800 Vermont Rd

County: Madison

2. Facility Contact

Name: Wes Baugh

Title: Plant Supervisor

Telephone: 256-883-3719

Permittee Name: Spring Branch WWTP

Mailing Address: 1800 Vermont Rd Huntsville,AL 35802

Facility Flow Information:

1. Facility Wastewater Treatment Capacity

Average Daily Flow: 19 MGD

Facility Design Capacity: 41 MGD

2. Estimated Septage Quantity Handled (Residuals Removed from Septic Tank Systems)

Average Domestic Septage: 300,000 gallons per month

Average Commercial Septage: 100,000 gallons per month

3. Method of Septage Processing

- [x] Mixed with Influent Wastewater for Treatment
- [ ] Mixed with Sewage Sludge
- [ ] _____

4. Estimated Percentage Contributing Wastewater Flow

Residential: 85 %

Industrial: 5 %

Other: 10 % Describe: Commercial Flow

5. List type of wastewater treatment process(es) utilized at this facility:

Primary Clarifier, Fine Bubble Diffuser Aeration, Secondary Clarifier, Chlorination

6. Estimated sewage sludge wasting rate at this facility: 12,000 lb/day dry weight

or _____ gallons per day

7. Estimated untreated sludge received from off site: 0 lb/day dry weight

or _____ gallons per day

8. Estimated percent solids of combined sewage sludge prior to treatment: 70 %

9. List the sewage sludge treatment processes used in preparing sludge for final use or disposal:

	Sludge Quantity (untreated pounds per day)
N/A	

10. Estimate the total volume of sludge generated: 2,330 (dry U.S. tons per year)

Sludge Disposal Methods

1. Which of the following describes the current method of sewage sludge disposal for this facility?

	Current Practices		Quantity (dry U.S. tons/year)	Proposed Practices	
	Approved by ADEM Yes	No		*Approved by ADEM* Yes	No
a. ☐ Land Application, Bulk Shipped	☐	☐		☐	☐
☐ Agriculture	☐	☐		☐	☐
☐ Forest	☐	☐		☐	☐
☐ Public Contact	☐	☐		☐	☐
☐ Lawn/Home Garden	☐	☐		☐	☐
b. ☐ Land Application, Bagged/Other Container	☐	☐		☐	☐
☐ Agriculture	☐	☐		☐	☐
☐ Forest	☐	☐		☐	☐
☐ Public Contact	☐	☐		☐	☐
☐ Lawn/Home Garden	☐	☐		☐	☐
c. ☐ Incineration	☐	☐	2,330	☑	☐
d. ☐ Subtitle D Landfill (Disposal Only)	☐	☐		☐	☐
e. ☐ Lined Treatment Lagoon or Stabilization Pond	☐	☐		☐	☐
f. ☐ Unlined Lagoon or Stabilization Pond	☐	☐		☐	☐
g. ☐ Other (Please Describe)	☐	☐		☐	☐

2. If "f" was selected above and sludge is stored for two (2) or more years, enter the distance between the surface disposal site and the property line: _____ feet

Pollutant Concentrations:

1. Enter the total concentrations of the following analytes using existing data. **Do not enter TCLP results.**

Analyte	Concentration (mg/kg or ppm)	Sample Type	Sample Date	Detection Level Of Analysis
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				
Ammonium-Nitrogen				
Nitrate-Nitrogen				
Total Kjeldahl Nitrogen				

2. Enter the estimated or determined percent solids of the sewage sludge when sampled for the above analysis: _____%

Treatment Provided for Sewage Sludge at the Facility:

1. Which class of pathogen reduction does the sewage sludge meet at the facility? (As defined in 40 CFR Part 503)

☐ Class A

- ☐ Alternative A1 – Time and Temperature
- ☐ Alternative A2 – Alkaline Treatment
- ☐ Alternative A3 – Analysis and Operation
- ☐ Alternative A4 – Analysis Only
- ☐ Alternative A5 – Process to Further Reduce Pathogens (PFRP)
  - ☐ Heat Drying ☐ Thermophilic Aerobic Digestion ☐ Heat Treatment
  - ☐ Pasteurization ☐ Gamma Ray Irradiation ☐ Beta Ray Irradiation ☐ Composting
- ☐ Alternative A6 – PFRP Equivalent_____

☑ Class B

- ☐ Alternative B1 – Fecal Coliform Count
- ☐ Alternative B2 – Process top Significantly Reduce Pathogens (PSRP)
  - ☐ Aerobic Digestion ☐ Air Drying ☑ Anaerobic Digestion
  - ☐ Composting ☐ Lime Stabilization
- ☐ Alternative B3 – PSRP Equivalent_____

☐ Neither or Unknown

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:

1. If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at this site? ☐ Yes* ☑ No

   *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

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: Spring Branch WWTP PLANT GRADE: IV

PERMIT NUMBER: AL0058394

PLANT SUPERINTENDENT: Wesley Baugh TEL. # 256-883-3719

SYSTEM MANAGER: Randall Stewart TEL. # 256-883-3719

PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1	Wesley Baugh	IV	C006624	8/31/25
2	Trenton Anton	IV	C009231	11/30/26
3	Kason Furnas	IV	C006203	7/31/25
4	Barrie Livingston	IV	C000295	8/31/2025
5	DeAngelo Smith	IV	C009239	4/30/27
6	Jacob Swaim	IV	C010216	6/30/27
7				
8				
9				

COLLECTION SYSTEM OPERATORS:

1	Robin Christopher	IC	C007609	10/31/25
2	Randall Goode	IC	C009529	7/31/26
3	Greg Fine	IC	C009232	7/31/26
4	Langley Pullen	IC	C009597	9/30/26

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	40	1
OPERATOR(S):		
GRADE I-C	40	4
GRADE I		
GRADE II		
GRADE III		
GRADE IV	252	7
DESIGNATED TRAINEE(S)		
LABORATORY	80	2
MAINTENANCE	80	2
OTHER PLANT WORKERS	31	1

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST	10	START TIME	6:00A
2ND	1		6:00P

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THURS	FRI	SAT
1ST	12	12	12	12	12	12	12
2ND	12	12	12	12	12	12	12

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?		