



Alabama Department of Environmental Management
adem.alabama.gov

1400 Coliseum Blvd. 36110-2400 ■ Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7700 ■ FAX (334) 271-7950

DECEMBER 16, 2022

Ray Hardin
General Manager
Decatur Utilities
P.O. Box 2232
Decatur, AL 35609

RE: Draft Permit
NPDES Permit No. AL0052221
Decatur Utilities WTP
Morgan County, Alabama

Dear Mr. Hardin:

Transmitted herein is a draft of the referenced permit.

We would appreciate your comments on the permit within **30 days** of the date of this letter. Please direct any comments of a technical or administrative nature to the undersigned.

By copy of this letter and the draft permit, we are also requesting comments within the same time frame from EPA.

Please be aware that Part I.C.1.c of your permit requires participation in the Department's Alabama Environmental Permitting and Compliance System (AEPACS) for submittal of DMRs upon issuance of this permit unless valid justification as to why you cannot participate is submitted in writing. AEPACS allows ADEM to electronically validate and acknowledge receipt of the data. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. Please note that all AEPACS users can create the electronic DMRs; however, only AEPACS users with certifier permissions will be able to submit the electronic DMRs to ADEM.

Our records indicate that you have utilized the Department's web-based electronic environmental (E2) reporting system for submittal of discharge monitoring reports (DMRs). The Department transitioned from the E2 Reporting System to the Alabama Environmental Permitting and Compliance System (AEPACS) for the submittal of DMRs on November 15, 2021. AEPACS is an electronic system that allows facilities to apply for and maintain permits as well as submit other required applications, registrations, and certifications. In addition, the system allows facilities to submit required compliance reports or other information to the Department. The Department has used the E2 User account information to set up a similar User Profile in AEPACS based on the following criteria:

1. The user has logged in to E2 since October 1, 2019; and
2. The E2 user account is set up using a unique email address.

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

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



Mobile Branch
2204 Perimeter Road
Mobile, AL 36615-1131
(251) 450-3400
(251) 479-2593 (FAX)

Mobile-Coastal
3664 Dauphin Street, Suite B
Mobile, AL 36608
(251) 304-1176
(251) 304-1189 (FAX)

E2 users that met the above criteria will only need to establish an ADEM Web Portal account (<https://prd.adem.alabama.gov/awp>) under the same email address as their E2 account to have the same permissions in AEPACS as they did in E2. They will also automatically be linked to the same facilities they were in E2.

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

Should you have any questions, please contact the undersigned slee@adem.alabama.gov

Sincerely,

A handwritten signature in cursive script, appearing to read "Sandra Lee", with a long horizontal flourish extending to the right.

Sandra Lee
Municipal Section
Water Division

Enclosure

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



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: DECATUR UTILITIES
P.O. BOX 2232
DECATUR, AL 35609

FACILITY LOCATION: DECATUR UTILITIES WTP
1900 MARKET STREET NE
DECATUR, ALABAMA
MORGAN COUNTY

PERMIT NUMBER: AL0052221

RECEIVING WATERS: TENNESSEE RIVER (WHEELER LAKE)

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

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

Draft

Alabama Department of Environmental Management

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PART I. DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

1. DSN 0011 : Old Leaf Screen

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 001, which is described more fully in the Permittee’s application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
pH (00400) Effluent Gross Value	****	****	****	6.0 Minimum Daily	****	9.0 Maximum Daily	S.U.	Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) See note (4) Effluent Gross Value	****	****	****	****	30.0 Monthly Average	45.0 Maximum Daily	mg/l	Monthly	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) See notes (3,4) Effluent Gross Value	****	****	****	****	****	(Report) Maximum Daily	mg/l	Monthly	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	****	****	****	****	Daily	Calculated	Not Seasonal
Chlorine, Total Residual (50060) Effluent Gross Value	****	****	****	****	****	(Report) Maximum Daily	mg/l	Monthly	Grab	Not Seasonal

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

- (1) Sample Frequency – See also Part I.B.2
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
- (2) S = Summer (April – October)
W = Winter (November - March)
ECS = E. coli Summer (May - October)
ECW = E. coli Winter (November - April)
- (3) Monitoring for Total Phosphorus is applicable if phosphate-based corrosion inhibitors are utilized at the plant. If monitoring is not applicable during the monitoring period, enter *9 on the monthly DMR.
- (4) If only one sampling event occurs during a month, the sample result shall be reported on the monthly DMR as both the monthly average and the daily maximum.

2. DSN 0021 : Leaf Screen

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 002, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	9.0 Maximum Daily	S.U.	Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) See note (4) Effluent Gross Value	*****	*****	*****	*****	30.0 Monthly Average	45.0 Maximum Daily	mg/l	Monthly	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) See notes (3,4) Effluent Gross Value	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Monthly	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Calculated	Not Seasonal
Chlorine, Total Residual (50060) Effluent Gross Value	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Monthly	Grab	Not Seasonal

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

- (1) Sample Frequency – See also Part I.B.2
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
- (2) S – Summer (April – October)
W – Winter (November - March)
ECS = E. coli Summer (May - October)
ECW – E. coli Winter (November - April)
- (3) Monitoring for Total Phosphorus is applicable if phosphate-based corrosion inhibitors are utilized at the plant. If monitoring is not applicable during the monitoring period, enter *9 on the monthly DMR.
- (4) If only one sampling event occurs during a month, the sample result shall be reported on the monthly DMR as both the monthly average and the daily maximum.

3. DSN 0031 : Filter Backwash

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 003, which is described more fully in the Permittee’s application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Sample Freq See note (1)	Sample Type	Seasonal See note (2)
pH (00400) Effluent Gross Value	*****	*****	*****	6.0 Minimum Daily	*****	9.0 Maximum Daily	S.U.	Monthly	Grab	Not Seasonal
Solids, Total Suspended (00530) See note (4) Effluent Gross Value	*****	*****	*****	*****	30.0 Monthly Average	45.0 Maximum Daily	mg/l	Monthly	Grab	Not Seasonal
Phosphorus, Total (As P) (00665) See notes (3,4) Effluent Gross Value	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Monthly	Grab	Not Seasonal
Flow, In Conduit or Thru Treatment Plant (50050) Effluent Gross Value	(Report) Monthly Average	(Report) Maximum Daily	MGD	*****	*****	*****	*****	Daily	Calculated	Not Seasonal
Chlorine, Total Residual (50060) Effluent Gross Value	*****	*****	*****	*****	*****	(Report) Maximum Daily	mg/l	Monthly	Grab	Not Seasonal

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

- (1) Sample Frequency - See also Part I.B.2
See Permit Requirements for Effluent Toxicity Testing in Part IV.B.
- (2) S = Summer (April – October)
W = Winter (November - March)
ECS – E. coli Summer (May - October)
ECW – E. coli Winter (November - April)
- (3) Monitoring for Total Phosphorus is applicable if phosphate-based corrosion inhibitors are utilized at the plant. If monitoring is not applicable during the monitoring period, enter *9 or “NODI=9” (if hard copy) on the monthly DMR.
- (4) If only one sampling event occurs during a month, the sample result shall be reported on the monthly DMR as both the monthly average and the daily maximum.

B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

1. Representative Sampling

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

2. Measurement Frequency

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

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

3. Test Procedures

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

- a. For parameters with an EPA established Minimum Level (ML), report the measured value if the analytical result is at or above the ML and report "0" for values below the ML. Test procedures for the analysis of pollutants shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). If more than one method for analysis of a substance is approved for use, a method having a minimum level lower than the permit limit shall be used. If the minimum level of all methods is higher than the permit limit, the method having the lowest minimum level shall be used and a report of less than the minimum level shall be reported as zero and will constitute compliance; however, should EPA approve a method with a lower minimum level during the term of this permit the Permittee shall use the newly approved method.
- b. For pollutants parameters without an established ML, an interim ML may be utilized. The interim ML shall be calculated as 3.18 times the Method Detection Level (MDL) calculated pursuant to 40 CFR Part 136, Appendix B.

Permittees may develop an effluent matrix-specific ML, where an effluent matrix prevents attainment of the established ML. However, a matrix specific ML shall be based upon proper laboratory method and technique. Matrix-specific MLs must be approved by the Department, and may be developed by the Permittee during permit issuance, re-issuance, modification, or during compliance schedule.

In either case the measured value should be reported if the analytical result is at or above the ML and "0" reported for values below the ML.

- c. For parameters without an EPA established ML, interim ML, or matrix-specific ML, a report of less than the detection limit shall constitute compliance if the detection limit of all analytical methods is higher than the permit limit. For the purpose of calculating a monthly average, "0" shall be used for values reported less than the detection limit.

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

4. Recording of Results

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

- a. The facility name and location, point source number, date, time and exact place of sampling;
- b. The name(s) of person(s) who obtained the samples or measurements;
- c. The dates and times the analyses were performed;
- d. The name(s) of the person(s) who performed the analyses;
- e. The analytical techniques or methods used, including source of method and method number; and
- f. The results of all required analyses.

5. Records Retention and Production

- a. The Permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the above reports or the application for this permit, for a period of at least three years from the date of the sample measurement, report or application. This period may be extended by request of the Director at any time. If litigation or other enforcement action, under the AWPCA and/or the FWPCA, is ongoing which involves any of the above records, the records shall be kept until the litigation is resolved. Upon the written request of the Director or his designee, the Permittee shall provide the Director with a copy of any record required to be retained by this paragraph. Copies of these records should not be submitted unless requested.
- b. All records required to be kept for a period of three years shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.

6. Reduction, Suspension or Termination of Monitoring and/or Reporting

- a. The Director may, with respect to any point source identified in Provision I.A. of this permit, authorize the Permittee to reduce, suspend or terminate the monitoring and/or reporting required by this permit upon the submission of a written request for such reduction, suspension or termination by the Permittee, supported by sufficient data which demonstrates to the satisfaction of the Director that the discharge from such point source will continuously meet the discharge limitations specified in Provision I.A. of this permit.
- b. It remains the responsibility of the Permittee to comply with the monitoring and reporting requirements of this permit until written authorization to reduce suspend or terminate such monitoring and/or reporting is received by the Permittee from the Director.

7. Monitoring Equipment and Instrumentation

All equipment and instrumentation used to determine compliance with the requirements of this permit shall be installed, maintained, and calibrated in accordance with the manufacturer's instructions or, in the absence of manufacturer's instructions, in accordance with accepted practices. At a minimum, flow measurement devices shall be calibrated at least once every 12 months.

C. DISCHARGE REPORTING REQUIREMENTS

1. Reporting of Monitoring Requirements

- a. The Permittee shall conduct the required monitoring in accordance with the following schedule:
 - (1) MONITORING REQUIRED MORE FREQUENTLY THAN MONTHLY AND MONTHLY shall be conducted during the first full month following the effective date of coverage under this permit and every month thereafter.
 - (2) QUARTERLY MONITORING shall be conducted at least once during each calendar quarter. Calendar quarters are the periods of January through March, April through June, July through September, and October through December. The Permittee shall conduct the quarterly monitoring during the first complete calendar quarter following the effective date of this permit and is then required to monitor once during each quarter

thereafter. Quarterly monitoring should be reported on the last DMR due for the quarter (i.e., March, June, September and December DMRs).

- (3) SEMIANNUAL MONITORING shall be conducted at least once during the period of January through June and at least once during the period of July through December. The Permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e., June and December DMRs).
 - (4) ANNUAL MONITORING shall be conducted at least once during the period of January through December. The Permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter. Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.
- b. The Permittee shall submit discharge monitoring reports (DMRs) in accordance with the following schedule:
- (1) REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (2) REPORTS OF QUARTERLY TESTING shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the first complete calendar quarter the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (3) REPORTS OF SEMIANNUAL TESTING shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
 - (4) REPORTS OF ANNUAL TESTING shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period, unless otherwise directed by the Department.
- c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b. electronically.
- (1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's electronic system (this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the date specified in Provision I.C.1.b., unless otherwise directed by the Department.

If the Department's electronic system is down on the 28th day of the month in which the DMR is due or is down for an extended period of time, as determined by the Department, when a DMR is required to be submitted, the permittee may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the Department's electronic system resuming operation, the permittee shall enter the data into the Department's electronic system, unless an alternate timeframe is approved by the Department. A comment should be included on the electronic DMR submittal verifying the original submittal date (date of the fax, copy of dated e-mail, or hand-delivery stamped date), if applicable.
 - (2) The permittee may submit a request to the Department for a temporary electronic reporting waiver for DMR submittals. The waiver request should include the permit number; permittee name; facility/site name; facility address; name, address, and contact information for the responsible official or duly authorized representative; a detailed statement regarding the basis for requesting such a waiver; and the duration for which the waiver is requested. Approved electronic reporting waivers are not transferrable.

A permittee with an approved electronic reporting waiver for DMRs may submit hard copy DMRs for the period that the approved electronic reporting waiver request is effective. The permittee shall submit the Department-approved DMR forms to the address listed in Provision I.C.1.e.

- (3) If a permittee is allowed to submit a hard copy DMR, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit.
 - (4) If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A. of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR and the increased frequency shall be indicated on the DMR.
 - (5) In the event no discharge from a point source identified in Provision I.A. of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR.
- d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and Regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear the following certification:

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

- e. Discharge Monitoring Reports required by this permit, the AWPCA, and the Department's Rules that are being submitted in hard copy shall be addressed to:

**Alabama Department of Environmental Management
Office of Water Services, Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Certified and Registered Mail containing Discharge Monitoring Reports shall be addressed to:

**Alabama Department of Environmental Management
Office of Water Services, Water Division
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400**

- f. All other correspondence and reports required to be submitted by this permit, the AWPCA, and the Department's Rules shall be addressed to:

**Alabama Department of Environmental Management
Municipal Section, Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Certified and Registered Mail containing Discharge Monitoring Reports shall be addressed to:

**Alabama Department of Environmental Management
Municipal Section, Water Division
1400 Coliseum Boulevard**

- g. If this permit is a re-issuance, then the Permittee shall continue to submit DMRs in accordance with the requirements of their previous permit until such time as DMRs are due as discussed in Part I.C.1.b. above.

2. Noncompliance Notifications and Reports

- a. The Permittee shall notify the Department if, for any reason, the Permittee's discharge:

- (1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I.A. of this permit which is denoted by an "(X)";
- (2) Potentially threatens human health or welfare;
- (3) Threatens fish or aquatic life;
- (4) Causes an in-stream water quality criterion to be exceeded;
- (5) Does not comply with an applicable toxic pollutant effluent standard or prohibition established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a);
- (6) Contains a quantity of a hazardous substance that may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);
- (7) Exceeds any discharge limitation for an effluent parameter listed in Part I.A. as a result of an unanticipated bypass or upset; or
- (8) Is an unpermitted direct or indirect discharge of a pollutant to a water of the state. (Note that unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision.)

The Permittee shall orally or electronically provide notification of any of the above occurrences, describing the circumstances and potential effects, to the Director or Designee within 24-hours after the Permittee becomes aware of the occurrence of such discharge. In addition to the oral or electronic notification, the Permittee shall submit a report to the Director or Designee, as provided in Provision I.C.2.c. or I.C.2.e., no later than five days after becoming aware of the occurrence of such discharge or occurrence.

- b. If, for any reason, the Permittee's discharge does not comply with any limitation of this permit, then the Permittee shall submit a written report to the Director or Designee, as provided in Provision I.C.2.c below. This report must be submitted with the next Discharge Monitoring Report required to be submitted by Provision I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.
- c. Except for notifications and reports of notifiable SSOs which shall be submitted in accordance with the applicable Provisions of this permit, the Permittee shall submit the reports required under Provisions I.C.2.a. and b. to the Director or Designee on ADEM Form 421, available on the Department's website (<http://www.adem.state.al.us/DeptForms/Form421.pdf>). The completed Form must document the following information:
 - (1) A description of the discharge and cause of noncompliance;
 - (2) The period of noncompliance, including exact dates, times, and duration of the noncompliance. If the noncompliance is not corrected by the due date of the written report, then the Permittee shall provide an estimated date by which the noncompliance will be corrected; and
 - (3) A description of the steps taken by the Permittee and the steps planned to be taken by the Permittee to reduce or eliminate the noncompliant discharge and to prevent its recurrence.
- d. Immediate notification

The Permittee shall provide notification to the Director, the public, the county health department, and any other affected entity such as public water systems, as soon as possible upon becoming aware of any notifiable sanitary sewer overflow. Notification to the Director shall be completed utilizing the Department's web-based electronic environmental SSO reporting system in accordance with Provision I.C.2.e.
- e. The Permittee shall report illicit or anomalous discharge events on Form 421, available on the Department's website (<http://www.adem.state.al.us/DeptForms/Form421.pdf>), in accordance with Part I.C.2.a. This form is available on the ADEM web page or upon request from the Permittee.

D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

1. Anticipated Noncompliance

The Permittee shall give the Director written advance notice of any planned changes or other circumstances regarding a facility which may result in noncompliance with permit requirements.

2. Termination of Discharge

The Permittee shall notify the Director, in writing, when all discharges from any point source(s) identified in Provision I. A. of this permit have permanently ceased. This notification shall serve as sufficient cause for instituting procedures for modification or termination of the permit.

3. Updating Information

- a. The Permittee shall inform the Director of any change in the Permittee's mailing address or telephone number or in the Permittee's designation of a facility contact or office having the authority and responsibility to prevent and abate violations of the AWPCA, the Department's Rules and the terms and conditions of this permit, in writing, no later than ten (10) days after such change. Upon request of the Director or his designee, the Permittee shall furnish the Director with an update of any information provided in the permit application.
- b. If the Permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information with a written explanation for the mistake and/or omission.

4. Duty to Provide Information

The Permittee shall furnish to the Director, within a reasonable time, any information which the Director or his designee may request to determine whether cause exists for modifying, revoking and re-issuing, suspending, or terminating this permit, in whole or in part, or to determine compliance with this permit.

E. SCHEDULE OF COMPLIANCE

1. Compliance with discharge limits

The Permittee shall achieve compliance with the discharge limitations specified in Provision I. A in accordance with the following schedule:

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. Schedule

No later than 14 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

PART II. OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES

A. OPERATIONAL AND MANAGEMENT REQUIREMENTS

1. Facilities Operation and Maintenance

The Permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the Permittee to achieve compliance with the conditions of the permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities only when necessary to achieve compliance with the conditions of the permit.

2. Best Management Practices

- a. Dilution water shall not be added to achieve compliance with discharge limitations except when the Director or his designee has granted prior written authorization for dilution to meet water quality requirements.
- b. The Permittee shall prepare, implement, and maintain a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 C.F.R. Section 112 if required thereby.
- c. The Permittee shall prepare, submit for approval and implement a Best Management Practices (BMP) Plan for containment of any or all process liquids or solids, in a manner such that these materials do not present a significant potential for discharge, if so required by the Director or his designee. When submitted and approved, the BMP Plan shall become a part of this permit and all requirements of the BMP Plan shall become requirements of this permit.

3. Certified Operator

The Permittee shall not operate any wastewater treatment plant unless the competency of the operator to operate such plant has been duly certified by the Director pursuant to AWPCA, and meets the requirements specified in ADEM Administrative Code, Rule 335-10-1.

B. OTHER RESPONSIBILITIES

1. Duty to Mitigate Adverse Impacts

The Permittee shall promptly take all reasonable steps to mitigate and minimize or prevent any adverse impact on human health or the environment resulting from noncompliance with any discharge limitation specified in Provision I.A. of this permit, including such accelerated or additional monitoring of the discharge and/or the receiving water body as necessary to determine the nature and impact of the non-complying discharge.

2. Right of Entry and Inspection

- a. The Permittee shall allow the Director, or an authorized representative, upon the presentation of proper credentials and other documents as may be required by law to:
 - (1) Enter upon the Permittee's premises where a regulated facility or activity or point source is located or conducted, or where records must be kept under the conditions of the permit;
 - (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of the permits.
 - (3) Inspect any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under the permit; and
 - (4) Sample or monitor, for the purposes of assuring permit compliance or as otherwise authorized by the AWPCA, any substances or parameters at any location.

C. BYPASS AND UPSET

1. Bypass

- a. Any bypass is prohibited except as provided in b. and c. below:
- b. A bypass is not prohibited if:

- (1) It does not cause any discharge limitation specified in Provision I.A. of this permit to be exceeded;
 - (2) It enters the same receiving stream as the permitted outfall and;
 - (3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.
- c. A bypass is not prohibited and need not meet the discharge limitations specified in Provision I.A. of this permit if:
- (1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;
 - (2) There are no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime (this condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance); and
 - (3) The Permittee submits a written request for authorization to bypass to the Director at least ten (10) days prior to the anticipated bypass (if possible), the Permittee is granted such authorization, and the Permittee complies with any conditions imposed by the Director to minimize any adverse impact on human health or the environment resulting from the bypass.
- d. The Permittee has the burden of establishing that each of the conditions of Provision II.C.1. b or c have been met to qualify for an exception to the general prohibition against bypassing contained in a. and an exemption, where applicable, from the discharge limitations specified in Provision I.A. of this permit.

2. Upset

- a. A discharge which results from an upset need not meet the discharge limitations, specified in Provision I. A. of this permit if:
- (1) No later than 24-hours after becoming aware of the occurrence of the upset, the Permittee orally reports the occurrence and circumstances of the upset to the Director or his designee; and
 - (2) No later than five (5) days after becoming aware of the occurrence of the upset, the Permittee furnishes the Director with evidence, including properly signed, contemporaneous operating logs, or other relevant evidence, demonstrating that:
 - (i) An upset occurred;
 - (ii) The Permittee can identify the specific cause(s) of the upset;
 - (iii) The Permittee's facility was being properly operated at the time of the upset; and
 - (iv) The Permittee promptly took all reasonable steps to minimize any adverse impact on human health or the environment resulting from the upset.
- b. The Permittee has the burden of establishing that each of the conditions of Provision II C. 2. a. of this permit have been met to qualify for an exemption from the discharge limitations specified in Provision I. A. of this permit.

D. DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES

1. Duty to Comply

- a. The Permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the AWPCA and the FWPCA and is grounds for enforcement action, for permit termination, revocation and re-issuance, suspension, modification, or denial of a permit renewal application.
- b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a Permittee in an enforcement action.
- c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.

- d. The Permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.
- e. Nothing in this permit shall be construed to preclude or negate the Permittee's responsibility to apply for, obtain, or comply with other Federal, State, or Local Government permits, certifications, or licenses or to preclude from obtaining other federal, state, or local approvals, including those applicable to other ADEM programs and regulations.

2. Removed Substances

Solids, sludge, filter backwash, or any other pollutant or other waste removed in the course of treatment or control of wastewaters shall be disposed of in a manner that complies with all applicable Department Rules.

3. Loss or Failure of Treatment Facilities

Upon the loss or failure of any treatment facilities, including but not limited to the loss or failure of the primary source of power of the treatment facility, the Permittee shall, where necessary to maintain compliance with the discharge limitations specified in Provision I.A. of this permit, or any other terms or conditions of this permit, cease, reduce, or otherwise control production and/or all discharges until treatment is restored. If control of discharge during loss or failure of the primary source of power is to be accomplished by means of alternate power sources, standby generators, or retention of inadequately treated effluent, the Permittee must furnish to the Director within six months a certification that such control mechanisms have been installed.

4. Compliance with Statutes and Rules

- a. This permit has been issued under ADEM Administrative Code, Chapter 335-6-6. All provisions of this chapter, that are applicable to this permit, are hereby made a part of this permit. A copy of this chapter may be obtained for a small charge from the Office of General Counsel, Alabama Department of Environmental Management, 1400 Coliseum Boulevard Montgomery, Alabama 36110-2059.
- b. This permit does not authorize the noncompliance with or violation of any Laws of the State of Alabama or the United States of America or any regulations or rules implementing such laws. FWPCA, 33 U.S.C. Section 1319, and Code of Alabama 1975, Section 22-22-14.

E. PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE

1. Duty to Reapply or Notify of Intent to Cease Discharge

- a. If the Permittee intends to continue to discharge beyond the expiration date of this permit, the Permittee shall file a complete permit application for re-issuance of this permit at least 180 days prior to its expiration. If the Permittee does not intend to continue discharge beyond the expiration of this permit, the Permittee shall submit written notification of this intent which shall be signed by an individual meeting the signatory requirements for a permit application as set forth in ADEM Administrative Code Rule 335-6-6-.09.
- b. Failure of the Permittee to apply for re-issuance at least 180 days prior to permit expiration will void the automatic continuation of the expiring permit provided by ADEM Administrative Code Rule 335-6-6-.06 and should the permit not be reissued for any reason any discharge after expiration of this permit will be an unpermitted discharge.

2. Change in Discharge

Prior to any facility expansion, process modification or any significant change in the method of operation of the Permittee's treatment works, the Permittee shall provide the Director with information concerning the planned expansion, modification or change. The Permittee shall apply for a permit modification at least 180 days prior to any facility expansion, process modification, any significant change in the method of operation of the Permittee's treatment works or other actions that could result in the discharge of additional pollutants or increase the quantity of a discharged pollutant or could result in an additional discharge point. This condition applies to pollutants that are or that are not subject to discharge limitations in this permit. No new or increased discharge may begin until the Director has authorized it by issuance of a permit modification or a reissued permit.

3. Transfer of Permit

This permit may not be transferred or the name of the Permittee changed without notice to the Director and subsequent modification or revocation and re-issuance of the permit to identify the new Permittee and to incorporate any other changes as may be required under the FWPCA or AWPCA. In the case of a change in name, ownership or control of

the Permittee's premises only, a request for permit modification in a format acceptable to the Director is required at least 30 days prior to the change. In the case of a change in name, ownership or control of the Permittee's premises accompanied by a change or proposed change in effluent characteristics, a complete permit application is required to be submitted to the Director at least 180 days prior to the change. Whenever the Director is notified of a change in name, ownership or control, he may decide not to modify the existing permit and require the submission of a new permit application.

4. Permit Modification and Revocation

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

5. Termination

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

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

- b. The Permittee's misrepresentation or failure to disclose fully all relevant facts in the permit application or during the permit issuance process or the Permittee's misrepresentation of any relevant facts at any time;
- c. Materially false or inaccurate statements or information in the permit application or the permit;
- d. A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;
- e. The Permittee's discharge threatens human life or welfare or the maintenance of water quality standards;
- f. Permanent closure of the facility generating the wastewater permitted to be discharged by this permit or permanent cessation of wastewater discharge;
- g. New or revised requirements of any applicable standard or limitation that is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA that the Director determines cannot be complied with by the Permittee.
- h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

6. Suspension

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

7. Stay

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

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

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

G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

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

H. PROHIBITIONS

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

1. Pollutants which create a fire or explosion hazard in the treatment works;
2. Pollutants which will cause corrosive structural damage to the treatment works, or dischargers with a pH lower than 5.0 s.u., unless the works are specifically designed to accommodate such discharges;
3. Solid or viscous pollutants in amounts which will cause obstruction of flow in sewers, or other interference with the treatment works;

4. Pollutants, including oxygen demanding pollutants, released in a discharge of such volume or strength as to cause interference in the treatment works;
5. Heat in amounts which will inhibit biological activity in the treatment plant resulting in interference or in such quantities that the temperature of the treatment plant influent exceeds 40°C (104° F) unless the treatment plant is designed to accommodate such heat;
6. Pollutants in amounts which exceed any applicable pretreatment standard under Section 307 of FWPCA or any approved revisions thereof.

PART III. ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. CIVIL AND CRIMINAL LIABILITY

1. Tampering

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

2. False Statements

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

3. Permit Enforcement

- a. Any NPDES permit issued or reissued by the Department is a permit for the purpose of the AWPCA and the FWPCA and as such any terms, conditions, or limitations of the permit are enforceable under state and federal law.
- b. Any person required to have a NPDES permit pursuant to ADEM Administrative Code Chapter 335-6-6 and who discharges pollutants without said permit, who violates the conditions of said permit, who discharges pollutants in a manner not authorized by the permit, or who violates applicable orders of the Department or any applicable rule or standard of the Department, is subject to any one or combination of the following enforcement actions under applicable state statutes.
 - (1) An administrative order requiring abatement, compliance, mitigation, cessation, clean-up, and/or penalties;
 - (2) An action for damages;
 - (3) An action for injunctive relief; or
 - (4) An action for penalties.
- c. If the Permittee is not in compliance with the conditions of an expiring or expired permit the Director may choose to do any or all of the following provided the Permittee has made a timely and complete application for re-issuance of the permit:
 - (1) Initiate enforcement action based upon the permit which has been continued;
 - (2) Issue a notice of intent to deny the permit re-issuance. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;
 - (3) Reissue the new permit with appropriate conditions; or
 - (4) Take other actions authorized by these rules and AWPCA.

4. Relief from Liability

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

B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

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

C. PROPERTY AND OTHER RIGHTS

This permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to persons or property or invasion of other private rights, or any infringement of federal, state, or local

laws or regulations, nor does it authorize or approve the construction of any physical structures or facilities or the undertaking of any work in any waters of the state or of the United States.

D. AVAILABILITY OF REPORTS

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

E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES

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

F. COMPLIANCE WITH WATER QUALITY STANDARDS

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

G. GROUNDWATER

Unless specifically authorized under this permit, this permit does not authorize the discharge of pollutants to groundwater. Should a threat of groundwater contamination occur, the Director may require groundwater monitoring to properly assess

the degree of the problem, and the Director may require that the Permittee undertake measures to abate any such discharge and/or contamination.

H. DEFINITIONS

1. **Average monthly discharge limitation** – means the highest allowable average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during that month (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
2. **Average weekly discharge limitation** - means the highest allowable average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
3. **Arithmetic Mean** – means the summation of the individual values of any set of values divided by the number of individual values.
4. **AWPCA** – means the Alabama Water Pollution Control Act.
5. **BOD** – means the five-day measure of the pollutant parameter biochemical oxygen demand.
6. **Bypass** – means the intentional diversion of waste streams from any portion of a treatment facility.
7. **CBOD** – means the five-day measure of the pollutant parameter carbonaceous biochemical oxygen demand.
8. **Daily discharge** – means the discharge of a pollutant measured during any consecutive 24-hour period in accordance with the sample type and analytical methodology specified by the discharge permit.
9. **Daily maximum** – means the highest value of any individual sample result obtained during a day.
10. **Daily minimum** – means the lowest value of any individual sample result obtained during a day.
11. **Day** – means any consecutive 24-hour period.
12. **Department** – means the Alabama Department of Environmental Management.
13. **Director** – means the Director of the Department.
14. **Discharge** – means "[t]he addition, introduction, leaking, spilling or emitting of any sewage, industrial waste, pollutant or other waste into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(9).
15. **Discharge Monitoring Report (DMR)** – means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
16. **DO** – means dissolved oxygen.
17. **8HC** – means 8-hour composite sample, including any of the following:
 - a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 1 hour over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
 - b. A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
18. **EPA** – means the United States Environmental Protection Agency.
19. **FC** – means the pollutant parameter fecal coliform.
20. **Flow** – means the total volume of discharge in a 24-hour period.
21. **FWPCA** – means the Federal Water Pollution Control Act.
22. **Geometric Mean** – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the

logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).

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

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

I. SEVERABILITY

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

PART IV. ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. WATER TREATMENT PLANT OTHER REQUIREMENTS

1. Prohibitions

- a. Wastewater from water treatment plants shall not be discharged directly to the receiving stream, but shall be discharged to a wastewater settling basin or other method of treatment with appropriate solids separation and handling facilities.
- b. Water treatment flocculators, settlers, sedimentation basins and other water treatment tanks shall not be drained directly to the receiving stream, but shall be drained to a wastewater settling basin or other method of treatment. The Permittee shall also provide appropriate solids separation and handling facilities.

2. Sampling and Analyses

- a. Wastewater samples pursuant to Part I.A. shall be collected at the outlet of the wastewater settling basin following either filter backwash or flocculator/sedimentation basin draining and/or cleaning.
- b. Wastewater composite samples shall consist of a mixture of four (4) equal volume grab samples collected at equal time intervals during discharge from the wastewater settling basin containing filter backwash wastewater or during drainage from the flocculator/sedimentation basin, with the maximum length of time between first and last samples not to exceed six (6) hours.
- c. Sufficient volume of wastewater samples shall be collected for all required sample preservation and analyses.
- d. Total Residual Chlorine requirements
 - (1) Wastewater samples for TRC analyses shall be a grab sample collected during the last of four time intervals as required by Part IV.A.2.b.
 - (2) TRC shall be determined within 15 minutes after collection of the sample.
- e. Grab samples for pH shall be collected as stated in Part IV. A.2.d.(1).
- f. Flow shall be reported as the amount backwashed, drained, or used for cleaning, as recorded by daily plant logs.

3. Chlorine Test Methods

Testing for TRC shall be conducted according to either the amperometric titration method or the DPD colorimetric method as specified in Section 408(C) or (E), Standard Methods for the Examination of Water and Wastewater, 16th Edition. If chlorine is not detected using one of these methods, the Permittee shall report on the DMR form the analytical results for TRC as being measured at less than the detection level for the test method selected. The Permittee shall then be considered to be in compliance with the daily maximum concentration limit for TRC.

4. Removed Substances

Solids, sludges, filter backwash, or any other pollutant or waste removed in the course of treatment or control of wastewaters shall be disposed in a manner that complies with State and Federal regulations as outlined in applicable guidance entitled Management of Water Treatment Plant Residuals, EPA/625/R-95/008 (most current edition).

5. Exceptions

For water treatment plants that have not yet installed wastewater settling basins or other treatment plant facilities, sampling procedures should be as follows until the wastewater settling basins or other treatment facilities are installed.

- a. Water treatment filter backwash samples shall be collected once per month from the filter backwash trough or pressure filter backwash drain.
 - (1) Wastewater composite samples shall consist of a mixture of equal volume grab samples collected once per minute for ten (10) minutes after the backwash pumps have been started, or, if backwash duration is less than ten (10) minutes, once per minute until the end of the backwash period.
 - (2) Grab samples for TRC analysis shall be collected during the tenth (10th) minute of the filter backwash, or, if backwash duration is less than ten (10) minutes, during the last minute of backwash, and determined within 15 minutes after collection.

- b. The water treatment flocculator, sedimentation basin, and other tank drains shall be sampled once per discharge event resulting from cleanout/washout operations and after the initial draining of flocculator, basins, or other tanks.

NPDES PERMIT RATIONALE

NPDES Permit No: **AL0052221**

Date: October 21, 2022
Revision Date: January 13, 2023

Permit Applicant: Decatur Utilities
P.O. Box 2232
Decatur, AL 35609

Location: **Decatur Utilities WTP**
1900 Market Street NE
Decatur, AL 35601

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

Basis for Limitations: Water Quality Model: NA
Reissuance with no modification: pH, TSS
Instream calculation at 7Q10: NA
Toxicity based: NA
Secondary Treatment Levels: NA
Other (described below): pH, TSS, TRC

Major: No

Description of Discharge:

Feature ID	Description	Receiving Water	WBC	303(d)	TMDL
001	Old Leaf Screen	Tennessee River (Wheeler Lake)	Public Water Supply (PWS),Swimming and Other Whole Body Water-Contact Sports (S),Fish and Wildlife (F&W)	Yes	No
002	Leaf Screen	Tennessee River (Wheeler Lake)	Public Water Supply (PWS),Swimming and Other Whole Body Water-Contact Sports (S),Fish and Wildlife (F&W)	Yes	No
003	Filter Backwash	Tennessee River (Wheeler Lake)	Public Water Supply (PWS),Swimming and Other Whole Body Water-Contact Sports (S),Fish and Wildlife (F&W)	Yes	No

Discussion: This is a permit reissuance due to expiration.

The pH daily minimum and daily maximum limits of 6.0 and 9.0 S.U, respectively, were developed to be supportive of the water-use classification of the receiving stream.

Total Residual Chlorine (TRC) on a monitor only basis. The present levels for TRC in the discharge are not expected to cause an exceedance in water quality standards.

The Permittee is also required to monitor and report effluent test results for Total Phosphorus (TP). Monitoring for Total Phosphorus is applicable if phosphate-based corrosion inhibitors are utilized at the plant.

The Total Suspended Solids (TSS) of 30.0 mg/L is based on Best Professional Judgment (BPJ) and achievable Water Treatment Plant wastewater levels.

The frequency of monitoring for all parameters except flow is once per month. Flow is to be calculated seven days a week.

No toxicity testing is required because the facility is a water treatment plant.


The receiving stream is Tennessee River (Wheeler Lake). It is a Tier I stream and is listed on the most recent 303(d) list for nutrients. Total Phosphorous monitoring is included in this permit so that sufficient information will be available regarding nutrient contribution from this point source for nutrient TMDL development. The discharge from the Permittee is not expected to cause or contribute to the nutrient impairment due to the historical effluent Total Phosphorus and flow levels compared to the receiving stream flow. The discharge is within close proximity to a segment of the Tennessee River (Wheeler Lake) that is impaired for PFOS. The discharge from the Water Treatment Plant is not expected to cause or contribute to the PFOS impairment in the Tennessee River (Wheeler Lake). There are no TMDLs affecting this discharge.

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

Revision 1-13-2023: The Permittee submitted a letter dated January 6, 2023 requesting that the sampling type for Outfalls 0011-0013 be Grab for TSS and Phosphorus instead of Grab-4 due to the intermittent nature of the discharges from the facility. The sampling type has been updated to Grab for TSS and Phosphorus for Outfalls 0011-0013.

Prepared by: Sandra Lee

EPA Identification Number 100000055049	NPDES Permit Number AL0052221	Facility Name Decatur Utilities WTP	Form Approved 03/05/19 OMB No. 2040-0004
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Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION
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SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))

Activities Requiring an NPDES Permit	1.1	Applicants <i>Not</i> Required to Submit Form 1	
	1.1.1	Is the facility a new or existing publicly owned treatment works? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. <input checked="" type="checkbox"/> No	1.1.2 Is the facility a new or existing treatment works treating domestic sewage? If yes, STOP. Do NOT complete Form 1. Complete Form 2S. <input checked="" type="checkbox"/> No
	1.2	Applicants <i>Required</i> to Submit Form 1	
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input checked="" type="checkbox"/> No	1.2.2 Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input type="checkbox"/> No
	1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge? <input type="checkbox"/> Yes → Complete Form 1 and Form 2D. <input checked="" type="checkbox"/> No	1.2.4 Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E. <input checked="" type="checkbox"/> No
	1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater? <input type="checkbox"/> Yes → Complete Form 1 and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). <input checked="" type="checkbox"/> No	

SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))

Name, Mailing Address, and Location	2.1	Facility Name		
		Decatur Utilities Water Treatment Plant		
	2.2	EPA Identification Number		
		100000055049		
	2.3	Facility Contact		
		Name (first and last) Tom Cleveland	Title Water Resources Manager	Phone number (256) 301-4605
		Email address TCleveland@decaturutilities.com		
2.4	Facility Mailing Address			
	Street or P.O. box P.O. Box 2232			
	City or town Decatur	State AL	ZIP code 35609	

EPA Identification Number 10000055049		NPDES Permit Number AL0052221	Facility Name Decatur Utilities WTP	Form Approved 03/05/19 OMB No. 2040-0004
Name, Mailing Address, and Location Continued	2.5	Facility Location		
		Street, route number, or other specific identifier 1900 Market Street NE		
		County name Morgan	County code (if known)	
		City or town Decatur	State AL	ZIP code 35601
SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))				
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)
		4941	Water Treatment Plant	
	3.2	NAICS Code(s)		Description (optional)
		221310	Water Supply	
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))				
Operator Information	4.1	Name of Operator		
		Decatur Utilities		
	4.2	Is the name you listed in Item 4.1 also the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	4.3	Operator Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input checked="" type="checkbox"/> Other public (specify) <u>Municipal</u> <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____		
Operator Information Continued	4.4	Phone Number of Operator		
		(256) 301-4605		
Operator Information Continued	4.5	Operator Address		
		Street or P.O. Box P.O. Box 2232		
		City or town Decatur	State AL	ZIP code 35609
		Email address of operator TCleveland@decaturutilities.com		
SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))				
Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

EPA Identification Number 10000055049	NPDES Permit Number AL0052221	Facility Name Decatur Utilities WTP
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Form Approved 03/05/19
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SECTION 6: EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)		
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) AL0052221	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> UIC (underground injection of fluids)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)	

SECTION 7: MAP (40 CFR 122.21(f)(7))

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)
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SECTION 8: NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business. Treatment and distribution of drinking water for sale to domestic, commercial, and industrial users.
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SECTION 9: COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

Cooling Water Intake Structures	9.1	Does your facility use cooling water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)


SECTION 10: VARIANCE REQUESTS (40 CFR 122.21(f)(10))


Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)
		<input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) <input checked="" type="checkbox"/> Not applicable

EPA Identification Number 10000055049	NPDES Permit Number AL0052221	Facility Name Decatur Utilities WTP
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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 4: Operator Information	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 5: Indian Land	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
11.2	<p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>		
	Name (print or type first and last name) Ray Hardin	Official title General Manager	
	Signature 	Date signed 2/15/22	

Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS
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SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.			
	Outfall Number	Receiving Water Name	Latitude		Longitude
	0011	Tennessee River	34°	36'	14.83" N
	0021	Tennessee River	34°	36'	14.52" N
	0031	Tennessee River	34°	36'	14.78" N

SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))

Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.		
	Outfall Number 0011			
	Operations Contributing to Flow			
	Operation		Average Flow	
	Old Leaf Screen		0.0815 mgd	
	(this outfall is no longer in operation)		mgd	
	This average flow is an estimate		mgd	
			mgd	
	Treatment Units			
	Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge
	N/A		N/A	N/A

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EPA Identification Number 10000055049		NPDES Permit Number AL0052221	Facility Name Decatur Utilities WTP	Form Approved 03/05/19 OMB No. 2040-0004	
Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** 0021			
	Operations Contributing to Flow				
	Operation		Average Flow		
	Leaf Screen		0.163 mgd		
			mgd		
			mgd		
			mgd		
	Treatment Units				
	Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
	Screen washing with potable water and discharged to river		1-T	N/A	
	Outfall Number 0031				
	Operations Contributing to Flow				
	Operation		Average Flow		
Filter backwash for Filters 1-40		0.996 mgd			
		mgd			
		mgd			
		mgd			
Treatment Units					
Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge		
Backwash of dual media filters with potable water and		1-Q	N/A		
returned to river		2-E	N/A		
System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 4.			
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 5.						
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
				Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
		0021	Leaf Screen	7 days/week	12 months/year	0.163 mgd	0.288 mgd	730 days
			(intermittent)	days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
		0031	Filter Backwash	5 days/week	12 months/year	0.996 mgd	5.363 mgd	502 days
			(intermittent)	days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
	0011	Old Leaf Screen	days/week	months/year	0.0815 mgd	0.144 mgd	days	
		no longer in operation	days/week	months/year	mgd	mgd	days	
		Flows are estimated	days/week	months/year	mgd	mgd	days	

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.					
	5.2	Provide the following information on applicable ELGs.					
		ELG Category	ELG Subcategory			Regulatory Citation	
Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.					
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.					
		Outfall Number	Operation, Product, or Material			Quantity per Day	Unit of Measure

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EPA Identification Number
10000055049

NPDES Permit Number
AL0052221

Facility Name
Decatur Utilities WTP

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SECTION 6. IMPROVEMENTS (40 CFR 122.21(g)(6))

Upgrades and Improvements	6.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 6.3.			
	6.2	Briefly identify each applicable project in the table below.			
		Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates Required Projected
		N/A			
6.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (optional item) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable				

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.			
	Table A. Conventional and Non-Conventional Pollutants			
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.3.		
	7.2	If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application. Outfall Number _____ Outfall Number _____ Outfall Number _____		
	7.3	Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.		
	Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants			
	7.4	Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.8.		
	7.5	Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	7.6	List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.		
		Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)	
N/A		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide	
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide	
	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide		

Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input checked="" type="checkbox"/> No	
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Table C. Certain Conventional and Non-Conventional Pollutants		
	7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Table D. Certain Hazardous Substances and Asbestos		
	7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)		
	7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))		
	Used or Manufactured Toxics	8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.
		8.2	List the pollutants below.
1.		4.	7.
2.		5.	8.
3.	6.	9.	

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SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10.			
	9.2	Identify the tests and their purposes below.			
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

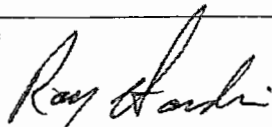
SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.			
	10.2	Provide information for each contract laboratory or consulting firm below.			
			Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Name of laboratory/firm	Southern Environmental Testing		
		Laboratory address	2919 Fairgrounds Road SW Decatur, AL 35603		
Phone number	(256) 280-2567				
Pollutant(s) analyzed	Fluoride, Nitrite-Nitrogen, Nitrate-Nitrogen, Nitrate plus Nitrite-Nitrogen, Sulfate, ADMI Color, BOD, COD, MBAS Foaming Agents, Ammonia, TOC, Aluminum...	(continued) Barium, Copper, Magnesium, Bromodichloromethane, Chloroform, Dibromochloromethane			

SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information	11.1	Has the NPDES permitting authority requested additional information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 12.			
	11.2	List the information requested and attach it to this application.			
		1.		4.	
		2.		5.	
	3.		6.		

SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Outfall Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input checked="" type="checkbox"/>	Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 5: Production	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Improvements	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
	<input checked="" type="checkbox"/>	Section 7: Effluent and Intake Characteristics	<input type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> w/ other attachments <input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table C <input checked="" type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ analytical results as an attachment
	<input checked="" type="checkbox"/>	Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 11: Additional Information	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
12.2	Certification Statement		
	<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
	Name (print or type first and last name)	Official title	
	Ray Hardin	General Manager	
	Signature 	Date signed 2/15/22	

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TABLE A. CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))

Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (Optional)	
			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.								
1. Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration		THIS OUTFALL	IS NOT IN	OPERATION		
		Mass						
2. Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration						
		Mass						
3. Total organic carbon (TOC)	<input type="checkbox"/>	Concentration						
		Mass						
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration						
		Mass						
5. Ammonia (as N)	<input type="checkbox"/>	Concentration						
		Mass						
6. Flow	<input type="checkbox"/>	Rate						
7.	<input type="checkbox"/>	Temperature (winter)	°C	°C				
	<input type="checkbox"/>	Temperature (summer)	°C	°C				
8.	<input type="checkbox"/>	pH (minimum)	Standard units	s.u.				
	<input type="checkbox"/>	pH (maximum)	Standard units	s.u.				

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

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))'

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.										

Section 1. Toxic Metals, Cyanide, and Total Phenols

					THIS	OUTFALL	IS NOT IN	OPERATION		
1.1	Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					
1.2	Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					
1.3	Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					
1.4	Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					
1.5	Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					
1.6	Copper, total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					
1.7	Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					
1.8	Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					
1.9	Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					
1.10	Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					
1.11	Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
					Mass					

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
1.12	Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)

2.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.9 2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.10 Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.11 Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.12 1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.13 1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.14 1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.15 1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.16 1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.17 Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.18 Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.19 Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.20 Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.21 1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
2.22	Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.23	Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.24	1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.25	1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.26	1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.27	Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.28	Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)												
3.1	2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.2	2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.3	2,4-dimethylphenol (105-87-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.4	4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.5	2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
3.6	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.8	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.9	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base/Neutral Compounds)												
4.1	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.7	3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.8	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.9	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.14	4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.15	Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.16	2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.18	Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B: TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.30 1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

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TABLE B: TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.33	Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.34	Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.35	Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.36	Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.38	Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.39	Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.40	Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.41	N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.43	N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.44	Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.45	Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.46	1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)												
5.1	Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.2	α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.3	β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.4	γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.5	δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.6	Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.11	α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B: TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v)) ¹											
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
5.12 β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.13 Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.14 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v)) ¹										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

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

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TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))

Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (Optional)		
			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
<input type="checkbox"/> Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.									
1. Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration	mg/L	ND			1		
		Mass	lbs	ND			1		
2. Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	mg/L	ND			1		
		Mass	lbs	ND			1		
3. Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	mg/L	1.71			1		
		Mass	lbs	2.32			1		
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	0	0	0	25		
		Mass	lbs	0	0	0	25		
5. Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	ND			1		
		Mass	lbs	ND			1		
6. Flow	<input type="checkbox"/>	Rate	MGD	0.288	0.267	0.163	730		
7. Temperature	<input type="checkbox"/>	winter	°C	°C	14		1		
		summer	°C	°C	N/A		N/A		
8. pH	<input type="checkbox"/>	minimum	Standard units	s.u.	7.44		7.61	25	
		maximum	Standard units	s.u.	7.75		7.61	25	

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

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.										
Section 1. Toxic Metals, Cyanide, and Total Phenols										
1.1 Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.2 Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.3 Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.4 Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.5 Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.6 Copper, total (7440-50-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	ND			1	
					Mass	lbs	ND			1
1.7 Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.8 Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.9 Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.10 Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.11 Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
1.12	Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)

2.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	1.01			1		
					Mass	lbs	0.001			1		
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B: TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v)) ¹											
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	21.8			1	
					Mass	lbs	0.030			1	
2.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	4.63			1	
					Mass	lbs	0.006			1	
2.12	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.13	1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.14	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.15	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.16	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.17	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.18	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.19	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.20	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.21	1,1,2,2-tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.23 Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.24 1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)										
3.1 2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
3.2 2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
3.3 2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
3.4 4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
3.5 2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))											
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
3.6	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.8	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.9	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base/Neutral Compounds)											
4.1	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.7	3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.8	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.9	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.14	4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.15	Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.16	2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.18	Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))											
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.30 1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.33	Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.34	Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.35	Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.36	Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.38	Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.39	Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.40	Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.41	N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.43	N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.44	Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.45	Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR.122.21(g)(7)(v))

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.46	1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)												
5.1	Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.2	α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.3	β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.4	γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.5	δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.6	Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.11	α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v)) ¹											
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
5.12 β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.13 Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.14 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
5.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v)) ¹										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

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

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TABLE C. CERTAIN CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for <i>each</i> pollutant.									
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for <i>each</i> pollutant.									
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
2. Chlorine, total residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	2.72	2.72	2.12	25	
			Mass	lbs	3.70	3.70	2.88	25	
3. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ADMI	ND			1	
			Mass						
4. Fecal coliform	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
5. Fluoride (16984-48-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	ND			1	
			Mass	lbs	ND			1	
6. Nitrate-nitrite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	ND			1	
			Mass	lbs	ND			1	
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
8. Oil and grease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
9. Phosphorus (as P), total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.374	0.374	0.165	25	
			Mass	lbs	0.508	0.508	0.224	25	
10. Sulfate (as SO ₄) (14808-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	13.9			1	
			Mass	lbs	18.90			1	
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))

	Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12.	Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
13.	Surfactants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	ND			1	
				Mass	lbs	ND			1	
14.	Aluminum, total (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	ND			1	
				Mass	lbs	ND			1	
15.	Barium, total (7440-39-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.0235			1	
				Mass	lbs	0.0319			1	
16.	Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
17.	Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
18.	Iron, total (7439-89-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
19.	Magnesium, total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	4.94			1	
				Mass	lbs	6.72			1	
20.	Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
21.	Manganese, total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
22.	Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
23.	Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
24. Radioactivity									
Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						

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

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))					
	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.	Acetaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.	Allyl alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.	Allyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.	Amyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.	Aniline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7.	Benzonitrile	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8.	Benzyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9.	Butyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10.	Butylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11.	Captan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12.	Carbaryl	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13.	Carbofuran	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14.	Carbon disulfide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15.	Chlorpyrifos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16.	Coumaphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
17.	Cresol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
18.	Crotonaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19.	Cyclohexane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))					
	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
21.	Diazinon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
22.	Dicamba	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
23.	Dichlobenil	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
24.	Dichlone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
25.	2,2-dichloropropionic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
26.	Dichlorvos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
27.	Diethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28.	Dimethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
29.	Dinitrobenzene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
30.	Diquat	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
31.	Disulfoton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
32.	Diuron	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
33.	Epichlorohydrin	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
34.	Ethion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
35.	Ethylene diamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
36.	Ethylene dibromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
37.	Formaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
38.	Furfural	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))					
	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
40.	Isoprene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
41.	Isopropanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
42.	Kelthane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
43.	Kepone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
44.	Malathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
45.	Mercaptodimethur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
46.	Methoxychlor	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
47.	Methyl mercaptan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
48.	Methyl methacrylate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
49.	Methyl parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
50.	Mevinphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
51.	Mexacarbate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
52.	Monoethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
53.	Monomethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
54.	Naled	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
55.	Naphthenic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
56.	Nitrotoluene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
57.	Parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
59.	Phosgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
60.	Propargite	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
61.	Propylene oxide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
62.	Pyrethrins	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
63.	Quinoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
64.	Resorcinol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
65.	Strontium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
66.	Strychnine	<input type="checkbox"/>	<input type="checkbox"/>		
67.	Styrene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
69.	TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
71.	Trichlorofon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
72.	Triethanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
73.	Triethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
74.	Trimethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
75.	Uranium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
76.	Vanadium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
77.	Vinyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
78.	Xylene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
79.	Xylenol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
80.	Zirconium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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

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TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))

Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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TABLE A: CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))¹

	Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (Optional)	
				Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/>	Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.								
1.	Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration	mg/L	ND			1	
			Mass	lbs	ND			1	
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	mg/L	10.4			1	
			Mass	lbs	86.39	41.53	0.25	1	
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	mg/L	2.62			1	
			Mass	lbs	21.76			1	
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	5.0	5.0	0.30	25	
			Mass	lbs	41.53	41.53	2.49	25	
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	ND			1	
			Mass	lbs	ND			1	
6.	Flow	<input type="checkbox"/>	Rate	MGD	5.363	1.699	0.996	502	
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C	14			1	
	Temperature (summer)	<input type="checkbox"/>	°C	°C	N/A			N/A	
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	6.75		7.21	25	
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	7.51		7.21	25	

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

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS: (40 CFR 122.21(g)(7)(v))

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.										
Section 1. Toxic Metals, Cyanide, and Total Phenols										
1.1 Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.2 Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.3 Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.4 Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.5 Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.6 Copper, total (7440-50-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	ND			1	
					Mass	lbs	ND			1
1.7 Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.8 Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.9 Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.10 Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					
1.11 Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass					

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
1.12	Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)

2.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	1.29			1		
					Mass	lbs	0.011			1		
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B: TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v)) ¹										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.9 2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.10 Chloroform (67-66-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	29.7			1	
				Mass	lbs	0.247			1	
2.11 Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	7.32			1	
				Mass	lbs	0.061			1	
2.12 1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.13 1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.14 1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.15 1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.16 1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.17 Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.18 Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.19 Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.20 Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.21 1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.23 Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.24 1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
Section 3: Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)										
3.1 2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
3.2 2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
3.3 2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
3.4 4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
3.5 2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

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TABLE B: TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
3.6	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.8	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.9	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
Section 4: Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)												
4.1	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))											
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.7 3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.8 Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.9 Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.10 Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.11 Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.19 Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B: TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))											
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.30 1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
4.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							

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TABLE B: TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.33	Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.34	Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.35	Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.36	Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.38	Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.39	Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.40	Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.41	N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.43	N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.44	Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.45	Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.46 1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Section 5: Organic Toxic Pollutants (GC/MS Fraction—Pesticides)										
5.1 Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.2 α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.3 β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.4 γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.5 δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.7 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.8 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.9 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.10 Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.11 α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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TABLE B: TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
5.12	β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.13	Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.14	Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.15	Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.16	Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.17	Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.18	PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.19	PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.20	PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.21	PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.22	PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.23	PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.24	PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
5.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							

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

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TABLE C: CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for <i>each</i> pollutant.									
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for <i>each</i> pollutant.									
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
2. Chlorine, total residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	1.02	1.02	0.32	25	
			Mass	lbs	8.47	8.47	2.66	25	
3. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ADMI	ND			1	
			Mass						
4. Fecal coliform	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
5. Fluoride (16984-48-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	ND			1	
			Mass	lbs	ND			1	
6. Nitrate-nitrite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	ND			1	
			Mass	lbs	ND			1	
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
8. Oil and grease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
9. Phosphorus (as P), total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	28.6	28.6	1.157	25	
			Mass	lbs	237.57	237.57	9.611	25	
10. Sulfate (as SO ₄) (14808-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	18.2			1	
			Mass	lbs	151.18			1	
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
13. Surfactants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	ND			1	
			Mass	lbs	ND			1	
14. Aluminum, total (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	5.30			1	
			Mass	lbs	44.03			1	
15. Barium, total (7440-39-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.026			1	
			Mass	lbs	0.216			1	
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
18. Iron, total (7439-89-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
19. Magnesium, total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	5.13			1	
			Mass	lbs	42.61			1	
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
21. Manganese, total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
24. Radioactivity									
Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						

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

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.	Acetaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.	Allyl alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.	Allyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.	Amyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.	Aniline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7.	Benzonitrile	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8.	Benzyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9.	Butyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10.	Butylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11.	Captan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12.	Carbaryl	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13.	Carbofuran	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14.	Carbon disulfide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15.	Chlorpyrifos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16.	Coumaphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
17.	Cresol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
18.	Crotonaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19.	Cyclohexane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number 100000055049	NPDES Permit Number AL0052221	Facility Name Decatur Utilities WTP	Outfall Number 0031
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE D: CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))					
	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
21.	Diazinon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
22.	Dicamba	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
23.	Dichlobenil	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
24.	Dichlone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
25.	2,2-dichloropropionic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
26.	Dichlorvos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
27.	Diethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28.	Dimethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
29.	Dinitrobenzene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
30.	Diquat	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
31.	Disulfoton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
32.	Diuron	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
33.	Epichlorohydrin	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
34.	Ethion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
35.	Ethylene diamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
36.	Ethylene dibromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
37.	Formaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
38.	Furfural	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number 10000055049	NPDES Permit Number AL0052221	Facility Name Decatur Utilities WTP	Outfall Number 0031
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
40.	Isoprene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
41.	Isopropanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
42.	Kelthane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
43.	Kepone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
44.	Malathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
45.	Mercaptodimethur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
46.	Methoxychlor	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
47.	Methyl mercaptan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
48.	Methyl methacrylate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
49.	Methyl parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
50.	Mevinphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
51.	Mexacarbate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
52.	Monoethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
53.	Monomethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
54.	Naled	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
55.	Naphthenic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
56.	Nitrotoluene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
57.	Parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number 100000055049	NPDES Permit Number AL0052221	Facility Name Decatur Utilities WTP	Outfall Number 0031
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
59.	Phosgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
60.	Propargite	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
61.	Propylene oxide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
62.	Pyrethrins	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
63.	Quinoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
64.	Resorcinol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
65.	Strontium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
66.	Strychnine	<input type="checkbox"/>	<input type="checkbox"/>		
67.	Styrene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
69.	TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
71.	Trichlorofon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
72.	Triethanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
73.	Triethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
74.	Trimethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
75.	Uranium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
76.	Vanadium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number 100000055049	NPDES Permit Number AL0052221	Facility Name Decatur Utilities WTP	Outfall Number 0031
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
77.	Vinyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
78.	Xylene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
79.	Xylenol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
80.	Zirconium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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

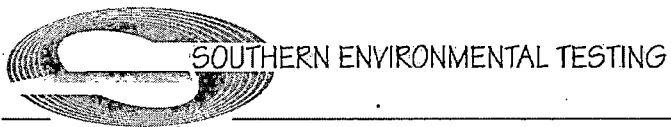
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EPA Identification Number 100000055049	NPDES Permit Number AL0052221	Facility Name Decatur Utilities WTP	Outfall Number 0031
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))

Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



January 02, 2022

Ricky McWhorter
Decatur Utilities Wastewater
1002 Central Parkway SW
Decatur, AL 35603

We appreciate the opportunity to provide our services to you on this project. Please find attached the data for the sample(s) listed below:

Lab ID	Sample Description	Date Collected	Date Submitted
DB08487-01	Outfall 0021 Permit Renewal	12/21/2021	12/22/2021

This cover page and the attached chain-of-custody record(s) are integral parts of your report. Southern Environmental Testing considers this report your official record. This information shall remain in Southern Environmental Testing's active database for a period of one (1) calendar year before archiving. Any replacement of this information after archiving may result in an administrative fee to cover the cost of retrieval.

If you have any questions or would like more information regarding these analyses, please call our Decatur facility at (256) 280-2567 or our Florence facility at (256) 740-5532.

A handwritten signature in cursive script that reads "Margaret Aiken".

Margaret Aiken
Project Manager

Reviewed by:

3103 Northington Court
Florence, AL 35630
(256) 740-5532

PO Box 487
Florence, AL 35630
(256) 740-5529 Fax

2919 Fairgrounds Road SW
Decatur, AL 35603
(256) 280-2567

PO Box 2084
Decatur, AL 35602
(256) 350-0686 Fax



SAMPLE RESULTS REPORT

Report Date/Time: 01/02/2022 12:42

REPORT TO
Ricky McWhorter Decatur Utilities Wastewater 1002 Central Parkway SW Decatur, AL 35603

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

Analyte Name	Result	Units	Qualifier	Regulatory Limit
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Sample Point: Outfall 0021 Permit Re Sample ID: DB08487-01 Collected: 12/21/2021 Submitted: 12/22/2021

Anions by IC

Fluoride	<1.00	mg/l		
Nitrite-Nitrogen	<0.600	mg/l		
Nitrate-Nitrogen	<2.00	mg/l		
Nitrate plus Nitrite-Nitrogen	<2.60	mg/l		
Sulfate	13.9	mg/l		

Inorganics

ADMI Color	<5.00			
Biochemical Oxygen Demand	<2.00	mg/l		
Chemical Oxygen Demand	<10.0	mg/l		
MBAS (Foaming Agents)	<0.0250	mg/l		
Ammonia-Nitrogen	<0.100	mg/l		
Total Organic Carbon	1.71	mg/l	M	

Metals by ICP-MS

Total Aluminum	<0.125	mg/l		
Total Barium	0.0235	mg/l		
Total Copper	<0.0125	mg/l		
Total Magnesium	4.94	mg/l		

Volatiles by EPA 624

Bromodichloromethane	4.63	ug/l		
Chloroform	21.8	ug/l		
Dibromochloromethane	1.01	ug/l		

3103 Northington Court
 Florence, AL 35630
 (256) 740-5532

PO Box 487
 Florence, AL 35630
 (256) 740-5529 Fax

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 Decatur, AL 35603
 (256) 280-2567

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The contents of this report apply to the sample(s) analyzed in accordance with the chain of custody document. Results are only representative of the sample(s) received and information supplied by the client may affect the validity of results. No duplication of this report is allowed, except in its entirety.



SAMPLE RESULTS REPORT

Report Date/Time: 01/02/2022 12:42

REPORT TO
<p>Ricky McWhorter Decatur Utilities Wastewater 1002 Central Parkway SW Decatur, AL 35603</p>

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

All calculations are performed prior to rounding per EPA and *Standard Methods* requirements. Calibration data for field analyses conducted by SET or *ENERSOLV* personnel are available upon request.

Data Qualifiers

M Sample matrix precluded reliable matrix spike/matrix spike duplicate recovery and/or precision. Non-homogeneity of sample or presence of interfering substances may result in spike recoveries outside acceptance limits.
 < Less than reporting limit

Analysis Information

Lab Number	Analysis	Referenced Method	Analyst	SET Facility	Collection Date/Time	Analysis Start Date/Time	Analysis End Date/Time (BOD, CBOD, Coliforms)
DB08487-01	Aluminum	EPA 200.8 Rev. 5.4/6020A	DD	Decatur	12/21/2021 08:32	12/23/2021 14:03	
DB08487-01	Barium	EPA 200.8 Rev. 5.4/6020A	DD	Decatur	12/21/2021 08:32	12/23/2021 14:03	
DB08487-01	Total Copper	EPA 200.8 Rev. 5.4/6020A	DD	Decatur	12/21/2021 08:32	12/23/2021 14:03	
DB08487-01	Magnesium	EPA 200.8 Rev. 5.4/6020A	DD	Decatur	12/21/2021 08:32	12/23/2021 14:03	
DB08487-01	Fluoride	EPA 300.0, Rev 2.1	LLW	Decatur	12/21/2021 08:32	12/22/2021 10:59	
DB08487-01	Nitrate-Nitrogen	EPA 300.0, Rev 2.1	LLW	Decatur	12/21/2021 08:32	12/22/2021 10:59	
DB08487-01	Nitrite-Nitrogen	EPA 300.0, Rev 2.1	LLW	Decatur	12/21/2021 08:32	12/22/2021 10:59	
DB08487-01	Sulfate	EPA 300.0, Rev 2.1	LLW	Decatur	12/21/2021 08:32	12/22/2021 10:59	
DB08487-01	Volatile Organic Analytes	EPA 624.1	AGD	Florence	12/21/2021 08:32	12/22/2021 15:45	
DB08487-01	Ammonia-Nitrogen	FIAlab 100	RAC	Decatur	12/21/2021 08:32	12/23/2021 06:00	
DB08487-01	Chemical Oxygen Demand	Hach 8000	RAC	Decatur	12/21/2021 08:32	12/23/2021 05:20	
DB08487-01	ADMI Color	SM 2120-E	SH	Decatur	12/21/2021 08:32	12/22/2021 14:05	
DB08487-01	Biochemical Oxygen Demand	SM 5210 B-2011	MS	Decatur	12/21/2021 08:32	12/22/2021 15:08	12/27/2021 09:15
DB08487-01	Total Organic Carbon	SM 5310C-2011	LLW	Decatur	12/21/2021 08:32	12/23/2021 13:10	
DB08487-01	MBAS (Foaming Agents)	SM 5540C-2011	JW	Decatur	12/21/2021 08:32	12/22/2021 10:15	

3103 Northington Court
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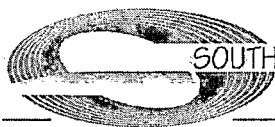
SOUTHERN ENVIRONMENTAL TESTING
ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD
 2919 FAIRGROUND ROAD SW, DECATUR, AL 35603
 3103 NORTHINGTON COURT, FLORENCE, AL 35630
 (256) 350-0846 www.setesting.com

COMPANY/CLIENT NAME Enersolv		CLIENT P.O. NUMBER		ESC PROJECT NAME ENE - 13996		REQUESTED ANALYSES														
CLIENT POINT OF CONTACT Darrin Miller		CLIENT PHYSICAL ADDRESS 2220 Bellline Road		CITY/STATE/ZIP Decatur, Al 35601																
CLIENT EMAIL dmiller@enersolv.com		PHONE NUMBER		OTHER INFORMATION Decatur Utilites																
SAMPLE COLLECTED BY <i>Hagler Wiley</i>		EXPEDITED REPORT DELIVERY (SURCHARGE)		DATE DUE (REQUIRED)																
SET LAB NUMBER	SAMPLE DESCRIPTION			SAMPLE TRANSFER/GRAB DATE	SAMPLE TRANSFER/GRAB TIME	GRAB	COMP	BOD	COD, NH3	TOC	CU, AL, BA, MG	624	Color	Fluoride	NN	SO4	MBAS			
DB08487-01	Outfall 0021			12/21/21	7:32	*	X	X	X	X	X	X	X	X	X	X	X			

Comments: Chloroform, Chlorodibromomethane, Dibromochloromethane run on 624 ONLY**
 (69-66-3) (75-27-4) (124-48-1)
 Collector to complete shaded areas, as applicable
 WATER PLANT
 SAMPLE TEMPERATURE RECEIVED @ 8.0

COMPOSITE SAMPLER INFO	FIELD INFORMATION						Qty	Type	pH	Parameters
	SM 4500H+B		SM 4500-CI D		SM 4500-O G		SM 2550B			
Start Date	pH	TRC	DO	Temp		1	250mL HDPE HN03		Metals	
	su	mg/l	mg/l	deg C	14	1	250mL HDPE H3PO4		TOC	
Start Time	Date	Date	Date	Date	12/21/21	1	250mL HDPE H2SO4		COD, NH3	
Stop Date	Time	Time	Time	Time	7:32	1	1 Liter HDPE		BOD, COLOR, FLU, NN, SO4	
Stop Time	Analyst	Analyst	Analyst	Analyst	HW	1	500mL HDPE		MBAS	
						3	40mL Voa		624	

RELINQUISHED BY: (SIGNATURE) <i>Hagler Wiley</i>	DATE 12/21/21	TIME 956	RELINQUISHED BY: (SIGNATURE) <i>Tim Jones</i>	DATE 12/22/21	TIME 1350	RELINQUISHED BY: (SIGNATURE) <i>J Boss</i>	DATE 12/22/21	TIME 1515
RECEIVED BY: (SIGNATURE) <i>Tim Jones</i>	DATE 12/22/21	TIME 0956	RECEIVED BY: (SIGNATURE) <i>J P</i>	DATE 12/22/21	TIME 1350	RECEIVED BY: (SIGNATURE)	DATE	TIME
RECEIVED FOR LABORATORY USE BY: (SIGNATURE) <i>H. Gump</i>	DATE 12/22/21	TIME 1515	SAMPLE STATUS: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Exception					



January 02, 2022

Ricky McWhorter
Decatur Utilities Wastewater
1002 Central Parkway SW
Decatur, AL 35603

We appreciate the opportunity to provide our services to you on this project. Please find attached the data for the sample(s) listed below:

Lab ID	Sample Description	Date Collected	Date Submitted
DB08488-01	Outfall 0031 Permit Renewal	12/21/2021	12/22/2021

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Margaret Aiken
Project Manager

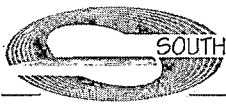
Reviewed by:

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Florence, AL 35630
(256) 740-5532

PO Box 487
Florence, AL 35630
(256) 740-5529 Fax

2919 Fairgrounds Road SW
Decatur, AL 35603
(256) 280-2567

PO Box 2084
Decatur, AL 35602
(256) 350-0686 Fax



SAMPLE RESULTS REPORT

Report Date/Time: 01/02/2022 12:43

REPORT TO
Ricky McWhorter Decatur Utilities Wastewater 1002 Central Parkway SW Decatur, AL 35603

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Analyte Name	Result	Units	Qualifier	Regulatory Limit
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Sample Point: Outfall 0031 Permit Re

Sample ID: DB08488-01

Collected: 12/21/2021

Submitted: 12/22/2021

Anions by IC

Fluoride	<1.00	mg/l		
Nitrite-Nitrogen	<0.600	mg/l		
Nitrate-Nitrogen	<2.00	mg/l		
Nitrate plus Nitrite-Nitrogen	<2.60	mg/l		
Sulfate	18.2	mg/l		

Inorganics

ADMI Color	<5.00			
Biochemical Oxygen Demand	<2.00	mg/l		
Chemical Oxygen Demand	10.4	mg/l		
MBAS (Foaming Agents)	<0.0250	mg/l		
Ammonia-Nitrogen	<0.100	mg/l		
Total Organic Carbon	2.62	mg/l		

Metals by ICP-MS

Total Aluminum	5.30	mg/l		
Total Barium	0.0259	mg/l		
Total Copper	<0.0125	mg/l		
Total Magnesium	5.13	mg/l		

Volatiles by EPA 624

Bromodichloromethane	7.32	ug/l		
Chloroform	29.7	ug/l		
Dibromochloromethane	1.29	ug/l		

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 (256) 740-5532

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SAMPLE RESULTS REPORT

Report Date/Time: 01/02/2022 12:43

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Ricky McWhorter Decatur Utilities Wastewater 1002 Central Parkway SW Decatur, AL 35603

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Data Qualifiers

< Less than reporting limit

Analysis Information

Lab Number	Analysis	Referenced Method	Analyst	SET Facility	Collection Date/Time	Analysis Start Date/Time	Analysis End Date/Time (BOD, CBOD, Coliforms)
DB08488-01	Aluminum	EPA 200.8 Rev. 5.4/6020A	DD	Decatur	12/21/2021 08:30	12/23/2021 14:03	
DB08488-01	Barium	EPA 200.8 Rev. 5.4/6020A	DD	Decatur	12/21/2021 08:30	12/23/2021 14:03	
DB08488-01	Total Copper	EPA 200.8 Rev. 5.4/6020A	DD	Decatur	12/21/2021 08:30	12/23/2021 14:03	
DB08488-01	Magnesium	EPA 200.8 Rev. 5.4/6020A	DD	Decatur	12/21/2021 08:30	12/23/2021 14:03	
DB08488-01	Fluoride	EPA 300.0, Rev 2.1	LLW	Decatur	12/21/2021 08:30	12/22/2021 11:11	
DB08488-01	Nitrate-Nitrogen	EPA 300.0, Rev 2.1	LLW	Decatur	12/21/2021 08:30	12/22/2021 11:11	
DB08488-01	Nitrite-Nitrogen	EPA 300.0, Rev 2.1	LLW	Decatur	12/21/2021 08:30	12/22/2021 11:11	
DB08488-01	Sulfate	EPA 300.0, Rev 2.1	LLW	Decatur	12/21/2021 08:30	12/22/2021 11:11	
DB08488-01	Volatile Organic Analytes	EPA 624.1	AGD	Florence	12/21/2021 08:30	12/22/2021 15:45	
DB08488-01	Ammonia-Nitrogen	FIAlab 100	RAC	Decatur	12/21/2021 08:30	12/23/2021 06:00	
DB08488-01	Chemical Oxygen Demand	Hach 8000	RAC	Decatur	12/21/2021 08:30	12/23/2021 05:20	
DB08488-01	ADMI Color	SM 2120-E	SH	Decatur	12/21/2021 08:30	12/22/2021 14:05	
DB08488-01	Biochemical Oxygen Demand	SM 5210 B-2011	MS	Decatur	12/21/2021 08:30	12/22/2021 15:08	12/27/2021 09:15
DB08488-01	Total Organic Carbon	SM 5310C-2011	LLW	Decatur	12/21/2021 08:30	12/23/2021 13:51	
DB08488-01	MBAS (Foaming Agents)	SM 5540C-2011	JW	Decatur	12/21/2021 08:30	12/22/2021 10:15	

3103 Northington Court
 Florence, AL 35630
 (256) 740-5532

PO Box 487
 Florence, AL 35630
 (256) 740-5529 Fax

2919 Fairgrounds Road SW
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PO Box 2084
 Decatur, AL 35602
 (256) 350-0686 Fax

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

version 1.7

(Submission #: HPF-J3GH-8GT2M, version 1)

Digitally signed by:
GlobalSign RSA OV SSL CA 2018
Date: 2022.02.18 11:39:05 -06:00
Reason: Submission Data
Location: State of Alabama

Details

Submission ID HPF-J3GH-8GT2M

Form Input

General Instructions

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

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

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

- (1) Permit Transfers
- (2) Permittee/Facility Name Changes
- (3) Minor Modifications

This modification may not be used for changes that would result in changes to permit conditions

- (4) Major Modifications (No Effluent Limit Change)
- (5) Major Modifications (Effluent Limit Change)
- (6) Reissuances

Reissuance of a permit due to approaching expiration

Revocation and Reissuance of permit prior to its scheduled expiration

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

Applicable Fees:

Permit Transfers and/or Permittee/Facility Name Changes

\$800

Minor Modifications

\$800

Major Modifications (No Effluent Limit Change)

\$3,140 (Major Sources)

\$2,250 (Minor Sources or Public Water Supply Treatment Plants)

Major Modifications (Effluent Limit Change)

\$7,060 (Major Sources)

\$4,290 (Minor Sources or Public Water Supply Treatment Plants)

Reissuances

\$7,060 (Major Sources)

\$4,290 (Minor Sources or Public Water Supply Treatment Plants)

[For assistance, please click here to determine the permit engineer responsible for the site or call \(334\) 271-7810.](#)

Processing Information

Purpose of Application

Reissuance of Permit Due to Approaching Expiration

Please indicate if the Permittee is applying for a permit transfer and/or name change in addition to permit modification or reissuance:

None

Action Type

Reissuance

Briefly describe any planned changes at the facility that are included in this reissuance application:

None

Do you have additional contacts associated with this site?

No

Permit Information

Permit Number

AL0052221

Current Permittee Name

Decatur Utilities

Permittee

Permittee Name

Decatur Utilities

Mailing Address

P.O. Box 2232

Decatur, AL 35609

Is the Operator the same as the Permittee?

Yes

Has the Operator's scope of responsibility changed?

No

Responsible Official

Prefix

Mr.

First Name Last Name

Ray Hardin

Title

General Manager

Organization Name

Decatur Utilities

Phone Type Number Extension

Business 2565521472

Email

Rhardin@decaturutilities.com

Mailing Address

P.O. Box 2232

Decatur, AL 35609-2232

Existing Permit Contacts

Affiliation Type	Contact Information	Remove?
Permittee	Decatur Utilities	NONE PROVIDED
Responsible Official,Notification Recipient	Ray Hardin, Decatur Utilities WTP	NONE PROVIDED
Emergency Contact,Engineer	Tom Cleveland, Decatur Utilities	NONE PROVIDED

Facility/Site Information

Facility/Site Name

Decatur Utilities Water Treatment Plant

Organization/Ownership Type

Water/Sewer/Utility District or Board

The Facility/Site Address is the physical location of the treatment plant. Do not enter a PO Box. Do not enter the address of the office of the Permittee if different from the treatment plant.

Facility/Site Physical Location Address

1900 Market Street NE

Decatur, AL 35601

Facility/Site County

Morgan

Facility/Site Contact

Prefix

Mr.

First Name Last Name

Hagler *Wiley*

Title

Water Plant Superintendent

Organization Name

Decatur Utilities

Phone Type Number Extension

Business 2565521428

Email

hwiley@decaturutilities.com

Note

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

Detailed Directions to the Facility/Site

NONE PROVIDED

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

[Map Instruction Help](#)

Facility/Site Front Gate Latitude and Longitude

34.602299,-86.963194

Primary SIC Code

4941-Water Supply

Primary NAICS Code

221310-Water Supply and Irrigation Systems

Emergency Contact

Prefix

Mr.

First Name Last Name

Tom Cleveland

Title

Water Resources Manager

Phone Type Number Extension

Business 2563014605

Email

Tcleveland@decaturutilities.com

Does the facility have a designated Environmental Contact who is different than the Facility Contact or Emergency Contact listed above?

No

Enforcement History

Has the applicant been issued any Notices of Violation, Orders (Consent or Administrative/Unilateral), or Judicial Actions (Complaint, Settlement Agreement, Consent Decree, or Court Order) concerning water pollution or other permit violations within the State of Alabama in the past five years?

Yes

Identify all Notices of Violation, Orders (Consent or Administrative/Unilateral), or Judicial Actions (Complaint, Settlement Agreement, Consent Decree, or Court Order) concerning water pollution or other permit violations, if any, against the Applicant within the State of Alabama in the past five years.

Facility/Site Name	Permit Number	Type of Action	Date of Action
Decatur Utilities	AL0048593	Settlement Agreement	3/31/2021

Wastewater Treatment & Discharge Information

Please indicate which type of operations occur at this facility:

Public Water Supply Treatment Facility

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

1.159

Process Flow Schematic

[WTP - Process Flow Schematic.pdf - 02/18/2022 10:05 AM](#)

Comment

NONE PROVIDED

Do you share an outfall with another facility?

No

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

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

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

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

Schematic Diagram

WTP - Process Flow Schematic.pdf - 02/18/2022 10:05 AM

Comment

There is a flow meter on Outfall 0031 (See attached schematic above)

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

No

Treatment Methods (Public Water Supply)

Please select all treatment/disposal processes that apply:

Chemical Treatment Processes

Please select all Chemical Treatment Processes that apply:

Dechlorination

Waste Storage & Disposal Information

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

Yes

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

Description of Waste	Description of Storage Location	Disposal Location
Residual Basin Sludge	Sludge handling facility located in the northeast corner of WTP property	Off-site

Coastal Zone Information

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County?

No

Anti-Degradation Evaluation

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

No

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

No

EPA Application Forms

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a POTW or other TWTDS depending on the number and types of discharges or outfalls.

The EPA application forms must be submitted as follows:

1. Applicants for new or existing discharges of sanitary wastewater from Publicly-Owned Treatment Works (POTW) and Other Treatment Works Treating Domestic Sewage (TWTDS) must submit Form 2A. If the facility design capacity is equal to or greater than 1 MGD, Form 2F is also required.
2. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and Form 2F.
3. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 1 and Form 2C.
4. Applicants that generate sewage sludge, derive a material from sewage sludge, or dispose of sewage sludge must submit Part 2 of Form 2S.

The EPA application forms are found on the Department's website [here](#).

EPA Form 1

[EPA Form 1.pdf - 02/18/2022 10:06 AM](#)

Comment

NONE PROVIDED

EPA Form 2C

[EPA Form 2C.pdf - 02/18/2022 10:13 AM](#)

Comment

NONE PROVIDED

Other attachments (as needed)

[WTP - TOPO Map.pdf - 02/18/2022 10:25 AM](#)

[WTP - Line Drawing.pdf - 02/18/2022 10:26 AM](#)

[Analytical Report - Form 2C - Outfall 0021.pdf - 02/18/2022 10:28 AM](#)

[Analytical Report - Form 2C - Outfall 0031.pdf - 02/18/2022 10:28 AM](#)

Comment

Attachments List: Topographic Map (EPA Form 1), WTP Line Drawing (EPA Form 2C), Analytical Report - Outfall 0021 (EPA Form 2C), Analytical Report - Outfall 0031 (EPA Form 2C)

Engineering Report/BMP Plan Requirements

Engineering Report/BMP Plan Requirements

NONE PROVIDED

Comment

NONE PROVIDED

Outfalls (1 of 3)

Outfall: 001

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

No

Outfall Identifier

001

Is this Outfall equipped with a diffuser?

No

What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)?

0

Receiving Water

Tennessee River (Wheeler Lake)

Does the discharge enter the named receiving water via an unnamed tributary?

NONE PROVIDED

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

[Map Instruction Help](#)

Location of Outfall or Discharge Point/Receiving Water

34.60416700000000, -86.95833300000000

[A list of the 303\(d\) impaired waters can be found here.](#)

303(d) Segment?

No

[A list of waters subject to a TMDL can be found here.](#)

TMDL Segment?

No

Outfalls (2 of 3)

Outfall: 002

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

No

Outfall Identifier

002

Is this Outfall equipped with a diffuser?

No

What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)?

0.163

Receiving Water

Tennessee River (Wheeler Lake)

Does the discharge enter the named receiving water via an unnamed tributary?

NONE PROVIDED

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

[Map Instruction Help](#)

Location of Outfall or Discharge Point/Receiving Water

34.60416700000000, -86.95833300000000

[A list of the 303\(d\) impaired waters can be found here.](#)

303(d) Segment?

No

[A list of waters subject to a TMDL can be found here.](#)

TMDL Segment?

No

Outfalls (3 of 3)

Outfall: 003

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

No

Outfall Identifier

003

Is this Outfall equipped with a diffuser?

No

What is this Outfall's 2-Year Average Flow (in millions of gallons per day, MGD)?

0.996

Receiving Water

Tennessee River (Wheeler Lake)

Does the discharge enter the named receiving water via an unnamed tributary?

NONE PROVIDED

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

[Map Instruction Help](#)

Location of Outfall or Discharge Point/Receiving Water

34.60416700000000, -86.95833300000000

[A list of the 303\(d\) impaired waters can be found here.](#)

303(d) Segment?

No

[A list of waters subject to a TMDL can be found here.](#)

TMDL Segment?

No

Fee

Fee

4290

Note: Additional Fees may be assessed after the review of the application is complete. These fees may include any of the following:

Modeling with Data Collection (10 Stations) - \$60,390

Modeling with Data Collection (5 Stations) - \$49,315

Modeling - desktop - \$4,855

Review of Model Performed by Others - \$2,705

Seasonal Limits - \$4,855/additional season

Biomonitoring & Toxicity Limits - \$1,015

Please contact your area engineer if you have any questions about which additional fees may be assessed for this application.

Application Preparer

Application Preparer

Prefix

NONE PROVIDED

First Name Last Name

Hagler Wiley

Title

Water Plant Superintendent

Organization Name

Decatur Utilities

Phone Type Number Extension

Business 2565521428

Email

hwiley@decaturutilities.com

Address

PO Box 2232

Decatur, AL 35609-2232

Agreements and Signature(s)

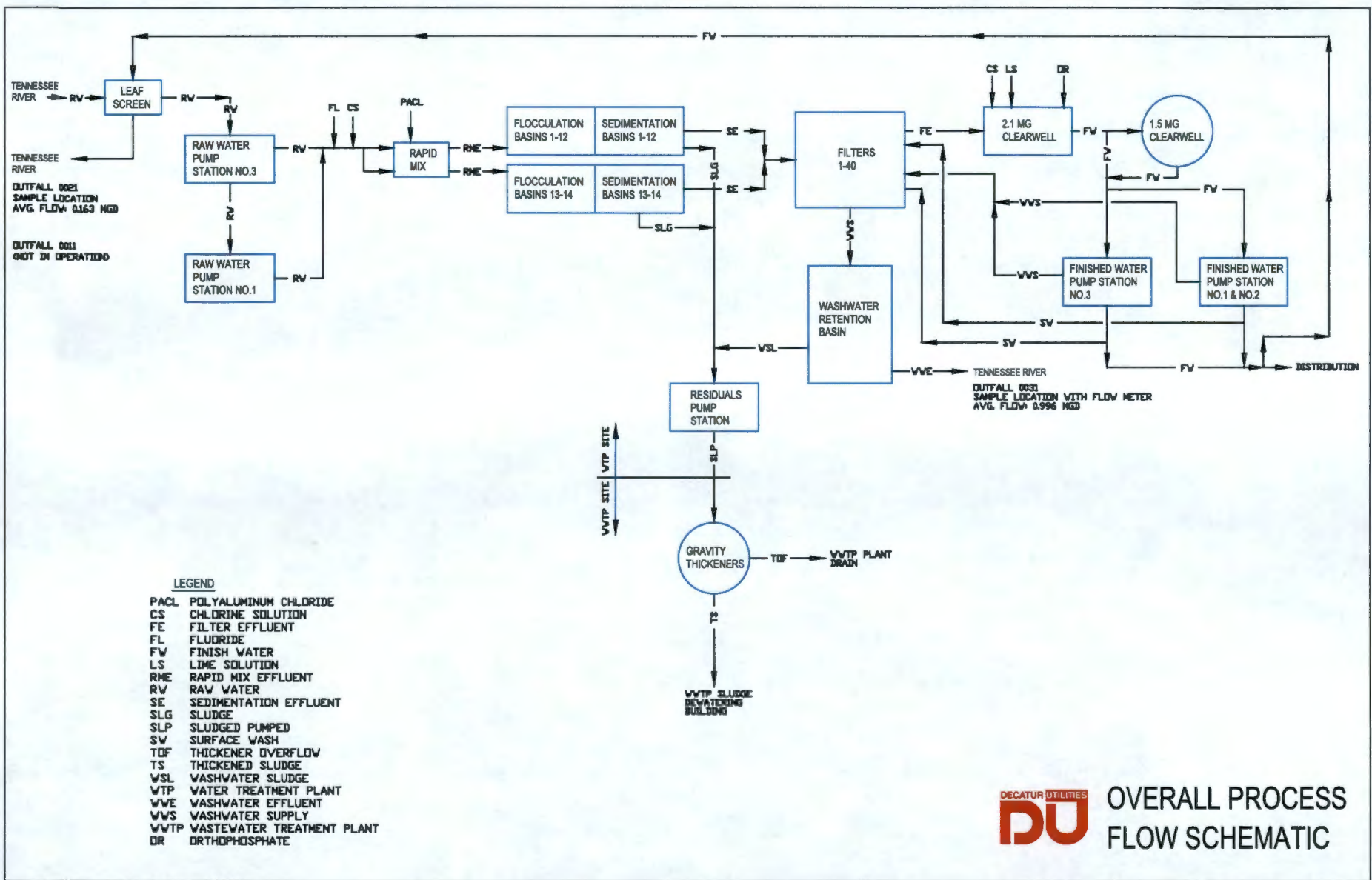
SUBMISSION AGREEMENTS

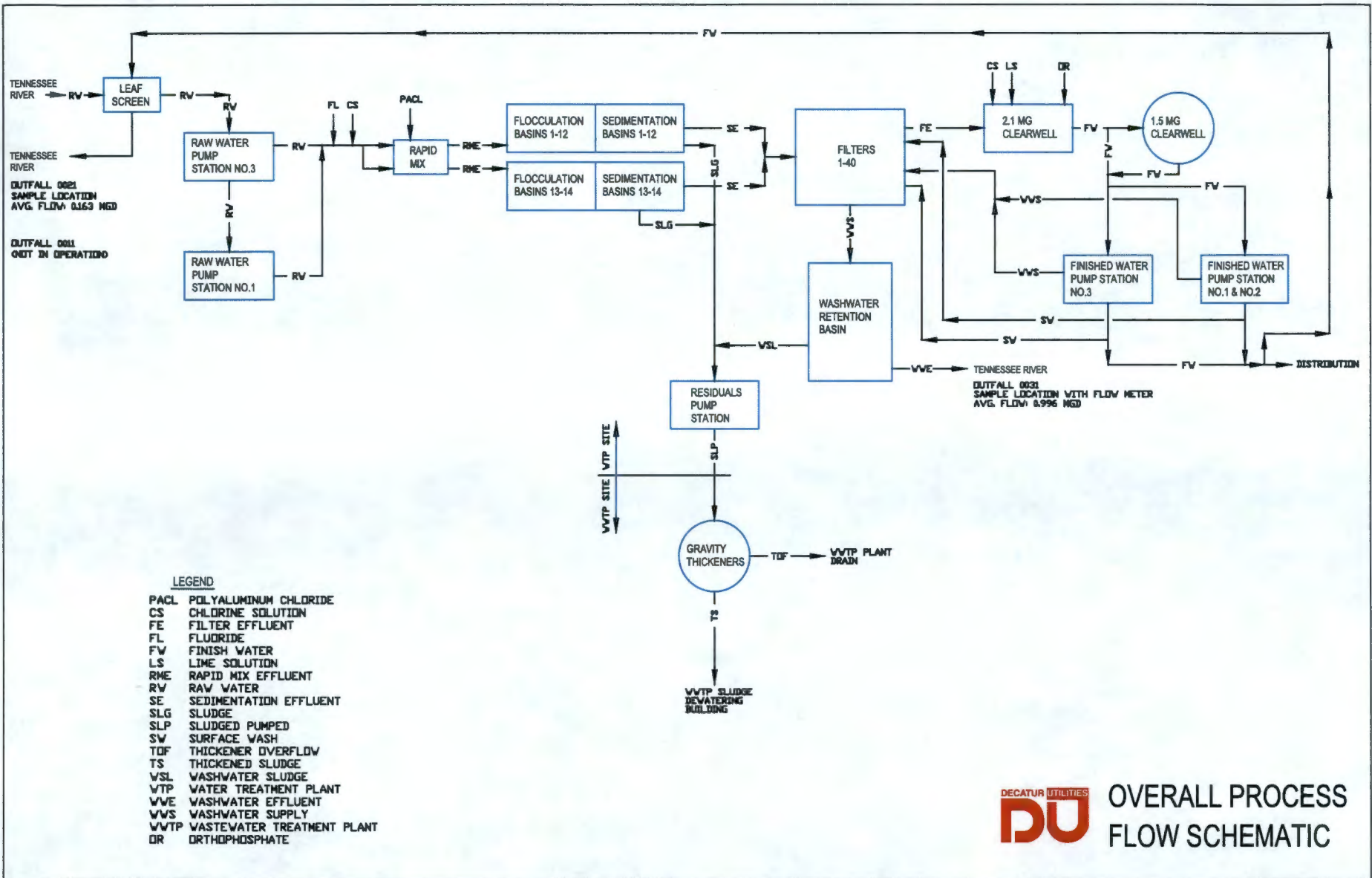
- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent 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.

Responsible Official

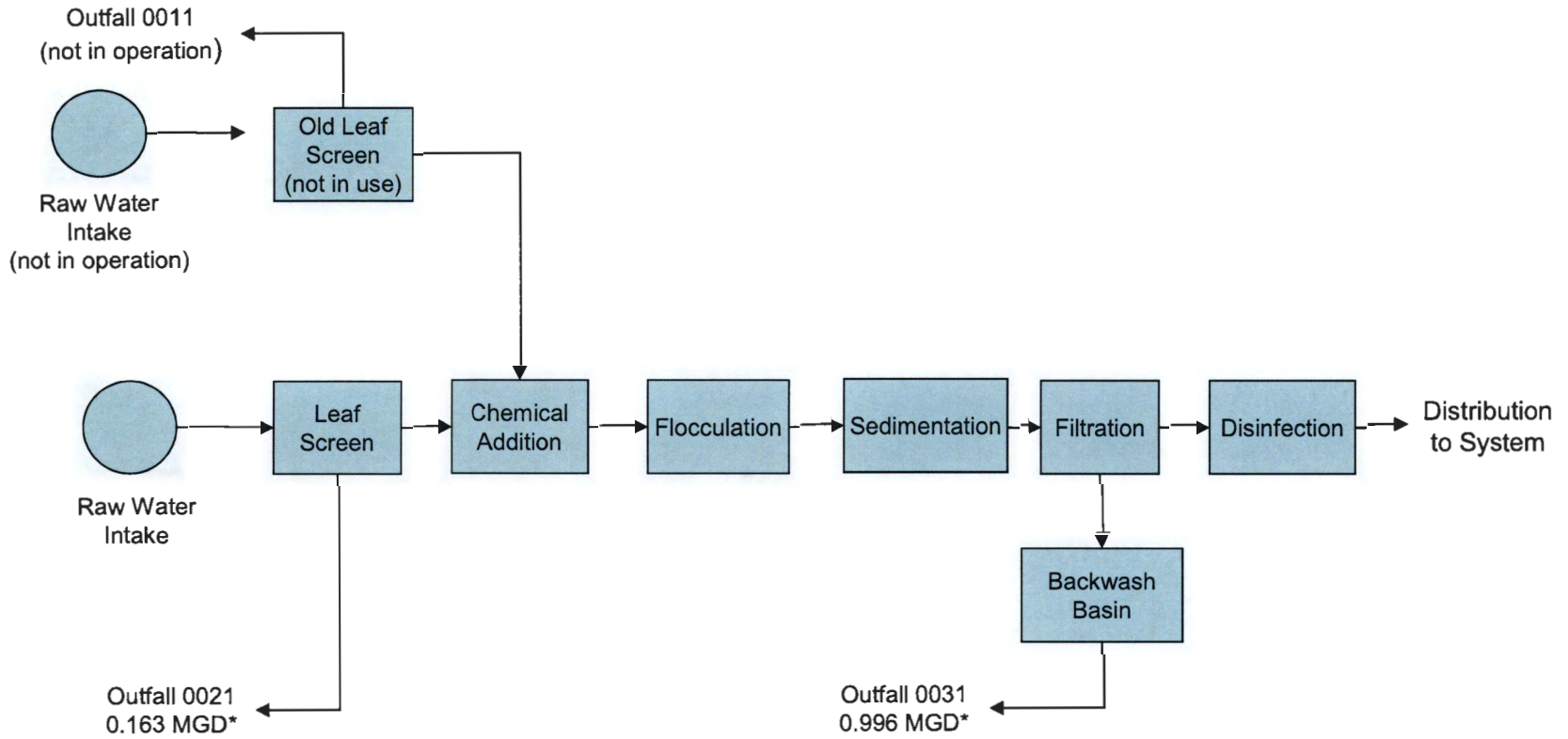
The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 signatories to permit applications and reports (see below). I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. 335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS. (1) The application for an NPDES permit shall be signed by a responsible official, as indicated below. (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility; (b) In the case of a partnership, by a general partner; (c) In the case of a sole proprietorship, by the proprietor; or (d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.

Signed Tom Cleveland on 02/18/2022 at 10:58 AM
By





Water Treatment Plant Line Drawing



*Calendar Year 2020 & 2021 Average



WATER TREATMENT PLANT INTAKE COORDINATES



- Outfalls and Intakes
- WTP 1 Mile Buffer
- WTP Property

0 1,000 2,000 Feet