2020 MUNICIPAL WATER POLLUTION PREVENTION ANNUAL REPORT

(PROJECT NO. 1074305)



BOARD OF WATER AND SEWER COMMISSIONERS OF THE CITY OF SARALAND, ALABAMA D/B/A SARALAND WATER AND SEWER SERVICE

BOARD OF DIRECTORS

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MAY 2021

VOLKERT

2020 MUNICIPAL WATER POLLUTION PREVENTION ANNUAL REPORT

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ADEM FORM 417 MUNICIPAL WATER POLLUTION PREVENTION ANNUAL REPORT

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

	Saraland Wastewater Treatment Plant	Active Activity
TREATMENT FACILI	Board of Water and Sewer Commissi	NPDES #: <u>AL0055786</u>
MUNICIPALITY:	of the City of Saraland, Alabama	The second se
CONTACT PERSON:	_Ron Mitchell	
	Responsible Official President	
	Title	
	Telephone #:	Fax #:251-675-5126
	Email Address: <u>saralandwater@l</u>	bellsouth.net
CHIEF OPERATOR:	Robert Miller Name	
	Telephone #:	Fax #:251-679-5514
	Email Address:rmiller@sarala	indwater.com
	Date: 5/4/2021	
REVIEWED BY:	Volkert, Inc.	
	Consulting Engineer	
	Telephone #:	Fax #:N/A
	Date: 5/4/2021	

MWPP Annual Report Information Source List

The following information will be needed to complete the compliance maintenance report that covers the calendar year of 2020 (due May 31, 2021).

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

State of Alabama MWPP Annual Report Department of Environmental Management

Instructions to the Operator-in-Charge

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

Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD₅ (CBOD₅) loadings received at your facility during the last calendar year.

Month	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD ₅ (CBOD ₅) Concentration (mg/l)	Column 3 Average Loading BOD ₅ (CBOD ₅) (lbs/day**)
January	1.96	208	2991
February	3.08	183	4511
March	2.20	172	3258
April	1.51	169.8	2137
May	1.61	168	2297
June	2.50	152.4	3494
July	2.68	120.5	2778
August	1.98	207.9	3437
September	2.15	211.1	3546
October	1.68	229.1	3096
November	1.48	204.6	2431
December	1.44	216.7	2425
Annual Avg.	2.02	186.9	3033

- ** As reported on NPDES Discharge Monitoring Reports (DMRs) and as required by EPA's NPDES Self-Monitoring System, User Guide, March 1985.
- B. List the average design flow and average design BOD₅ (CBOD₅) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	Average Design Flow (MGD)	Average Design BOD₅(CBOD₅) Loading (lbs/day)
Design Criteria	2.60	7,590
90% of the Design Criteria	2.36	6,831

		olumn 1) to the WWVIP	exceed 90% of design flow?
3			And the second second
X 0 - 4 = 0 pc	ints 🗌 5 or mo	ore = 5 points	
How many time 2			exceed the design flow?
0 = 0 points			5 or more =15 points
How many time exceed 90% of	es did the monthly BOD ₅ the design loading?	$(CBOD_5)^*$ loading (lbs/	/day) (Column 3) to the WWTP
0	(Check the appropriate	e point total)	
X 0 −1 = 0 poi	nts 2 – 4 =5 points	5 or more =10 p	oints
How many time exceed the des	es did the monthly BOD ₅ ign loading?	(CBOD ₅)* loading (lbs/	/day) (Column 3) to the WWTP
0	(Check the appropriat	e point total)	
X 0 = 0 points	1 = 10 points 2 =20	points 🔲 3 =30 points	4 =40 points 5 or more =50 points
Enter each poir	nt value marked for C thro	ugh F and enter the su	m in the appropriate blank below.
C points =	0		
D points =	5		
E points =	0		
F points =	0		
AL POINTS VALL	IF FOR PART 1	5	
AL OINTO VALU		<i>e</i>	
	Image: Non-additional systemImage: Non-additional systemImage	Image: Second constraintsImage: S	Image: Series in the appropriate point total) Image: Series in total in the appropriate point total) Image: Series in total in the appropriate point total) Image: Series in total in the appropriate point total) Image: Series in total in the appropriate point total) Image: Series in the appropriate point total Image: Series in the approprise in total in the appropriat

*To obtain equivalent BOD₅ loading for comparison with design loading for those permittees using influent CBOD₅, divide annual average CBOD₅, loading in lbs/day from Part 1, A by 0.7.

Part 2: Effluent Quality/Plant Performance

- A. List the monthly average permit limits for the facility in the blanks below and the average monthly effluent DMR BOD₅, (CBOD₅) TSS, NH₃-N and/or TKN concentration produced by the facility during the last calendar year.
 - (1) NPDES Permit Concentration

	Months	BOD₅ (CBOD₅) (mg/l)	TSS (mg/l)	NH ₃ -N (mg/l)	TKN (mg/l)
Permit Limit	Dec - Apr	25	30	8	Report Only
	May - Nov	10	30	2	Report Only
(2) DMF	R Concentration				
Qtr	Month	BOD₅ (CBOD₅) (mg/l)	TSS (mg/l)	NH ₃ -N (mg/l)	TKN (mg/l)
1	January	3.0	7.0	0.200	1.50
	February	3.0	7.4	0.100	0.79
	March	3.1	9.3	0.030	0.78
2	April	3.5	12.6	0.030	1.57
	May	3.7	14.2	0.041	1.21
	June	3.0	5.6	0.036	1.30
3	July	3.2	5.1	0.052	1.06
	August	3.2	3.8	0.174	0.90
	September	2.6	4.7	0.026	0.77
4	October	3.2	3.4	0.050	0.98
	November	3.4	4.2	0.023	0.37
	December	4.7	10.4	0.128	2.20
	Annual Avg.	3.3	7.3	0.074	1.12

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

D 1	Months	BOD ₅ (CBOD ₅) (Ibs/day)	TSS (lbs/day)	NH3-N (Ibs/day)	TKN (Ibs/day)
Permit Limit	Dec - Apr	542	650	173	Report Only
	<u>May - Nov</u>	216	650	43	Report Only
(2) DMF	R Loading				
Qtr	Month	BOD₅ (CBOD₅) (lbs/day)	TSS (lbs/day)	NH ₃ -N (lbs/day)	TKN (lbs/day)
1	January	64	100	3.0	15
	February	83	228	0.4	30
	March	57	169	0.5	26
2	April	45	251	0.4	22
	May	53	260	0.6	15
	June	77	141	0.8	24
3	July	85	139	1.8	28
	August	52	63	3.0	16
	September	49	87	0.4	11
4	October	43	46	0.8	3
	November	38	50	0.3	6
	December	49	119	1.4	30
	Annual Avg.	58	138	1.1	19

C. During the past year did the BOD₅ (CBOD₅) concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any consecutive quarters? (Check the appropriate point total.)

X No = 0 points

Yes = 121 points

- D. During the past year did the BOD₅ (CBOD₅) concentration (mg/l) and/or loading (lbs/day), exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)
 - X No = 0 points

Yes = 121 points

- E. During the past year did the effluent TSS concentration (mg/l) or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any two consecutive guarters? (Check the appropriate point total.)
- F. During the past year did the TSS concentration (mg/l) and/or loading (lbs/day) exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)

X No = 0 points

G. During the past year did the NH₃-N or TKN concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any two consecutive guarters? (Check the appropriate point total.)

X No = 0 points

1.

Yes = 121 points

Yes = 121 points

H. During the past year did either the NH₃-N or TKN concentration (mg/l) and/or loading (lbs/day), exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)

IXNo = 0 pointsIXYes = 121 points

Enter each point value checked for C through H in the blanks below.

0	
0	
0	
0	-
0	
0	
	0 0 0 0

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

Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed? 2004

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

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

Age <u>16</u> = (<u>2020</u>) - (<u>2004</u>)

Enter Age in Part C below.

Check the type of treatment facility employed.

			Factor
<u> </u>	_Mechanical Treatment Plant		2.0
	Aerated Lagoon		1.5
	_Stabilization Pond		1.0
	_Other (Specify:)	1.0

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

 2
 ×
 16
 =
 32
 TOTAL POINT VALUE FOR PART 3

 (Factor)
 (Age)
 (Age)
 •
 •

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

Part 4: Bypassing and Overflows

- A. How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to heavy rain? 0
- B. How many bypass or overflow events of untreated wastewater occurred in the last year prior to the headworks of the WWTP due to heavy rain? _____13____
- C. How many of the bypass or overflow events listed in Parts A and B have been corrected such that future bypass or overflow events at the same location due to heavy rain are not anticipated? <u>4</u>
- D. Add together Answers A and B and subtract Answer C from that total.

A + B - C = 9 (Check the appropriate point total.)

0 = 0 points	□ 1 = 5 points	2 =10 points	🔲 3 =15 points	
☐ 4 =20 points	□ 5 =25 points	🗌 6 = 30 points	2 7 = 35 points	

- E. How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to equipment failure? (This includes clogged/broken lines or manholes.) 0
- F. How many bypass or overflow events of untreated wastewater occurred in the last year due to equipment failure prior to the headworks of the WWTP? (This includes clogged/broken lines or manholes.) 4
- G. How many of the bypass or overflow events listed in Parts E and F have been corrected such that future bypass or overflow events at the same location due to the same equipment failure are not anticipated? <u>4</u>_____
- H. Add together Answers E and F and subtract Answer G from that total.

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

 \boxed{X} 0 = 0 points $\boxed{1}$ = 5 points $\boxed{2}$ = 10 points $\boxed{3}$ = 15 points

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

- □ 8 =40 points □ 9 =45 points □ 10 =50 points □ 11 or more =100 points
- I. Add point values checked in D and H and enter the total in the blank below.

TOTAL POINT VALUE FOR PART 4 _____ 45

Enter this value on Part 11: Summary Sheet.

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

Part 5: Sludge Quantity and Storage

- A. Please provide information concerning sludge quantity, characteristics, and storage practices based on available data as requested on the MWPP Sewage Sludge Survey, ADEM Form 419.
- B. How many months of sludge storage capacity does the wastewater treatment facility have available, either on-site or off-site? (i.e., How many months can the facility operate without land spreading or disposing of sludge?) <u>4</u>

(Check the appropriate point total.)		
Greater than or equal to 4 months	X	= 0 points
Less than 4 months, but greater than or equal to 3 months		= 10 points
Less than 3 months, but greater than or equal to 2 months		= 20 points
Less than 2 months, but greater than or equal to 1 month		= 30 points
Less than one month		= 50 points
TOTAL POINT VALUE FOR PART 5 0 Enter this value on Part 11: Summary Sheet.		

Part 6: Sludge Disposal Practices and Sites

- A. Please provide the sludge disposal practices and site information based on available data as requested on the MWPP Sewage Sludge Survey, ADEM Form 419.
- B. How many months or years does the facility have access to and approval for sufficient land disposal sites to provide proper land disposal? (Check the appropriate point total.)

$\mathbf{X} = 0$ points
= 10 points
= 20 points
= 30 points
= 50 points

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

Part 7: New Development

Design Populati		0	Design Flow:	0	MGD	Design BOD ₅ (CBOD ₅):_	0	_lbs/day
1. A. M.	ent (PE)							
List indu	strial and/o	r residen	itial develop	ments.				
	_	N/A		-	-			
-					-			
	-		-		-			
					_			
Will the (Check	additional lo the appropr	oading o iate poin	verload the it total.)	plant?				
(Check	additional le the appropr = 0 points	iate poin	verload the it total.)		s			
(Check	the appropr	iate poin	t total.)		s			
(Check X No : Enter the TOTAL POINT	the appropr = 0 points • point total • VALUE FO	iate poin in the bla R PART	it total.) Yes = ank below. 7			point total = 121)		
(Check X No = Enter the	the appropr = 0 points • point total • VALUE FO	iate poin in the bla R PART	it total.) Yes = ank below. 7	121 poin		point total = 121)		
(Check X No : Enter the TOTAL POINT	the appropr = 0 points • point total • VALUE FO	iate poin in the bla R PART	it total.) Yes = ank below. 7	121 poin		point total = 121)		
(Check X No = Enter the TOTAL POINT Enter this value	the appropr = 0 points • point total • VALUE FO • on Part 11	iate poin in the bla R PART : Summa	it total.) Yes = ank below. 7	121 poin		point total = 121)		
(Check X No : Enter the TOTAL POINT	the appropr = 0 points = point total VALUE FO = on Part 11	iate poin in the bla R PART : Summa ion	it total.)	121 point	(highest			

Part 9: Financial Status

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

 Residential Minimum
 \$18.43
 Plus rate
 \$5.47
 /1,000 gal.
 in excess of 3,000 gals

 Industrial Minimum
 \$18.43
 Plus rate
 \$5.47
 /1,000 gal.
 in excess of 3,000 gals

 Monthly residential rate based on 6,000 gallons usage \$
 \$34.84

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

Revenues, Bonds, Loans, and Grants

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

Part 10: Subjective Evaluation

A. Describe briefly the physical and structural conditions of the wastewater treatment facility.

Overall, good condition with ongoing operation and maintenance programs in place.

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

The collection system age ranges from new to over 40 years old and is of various materials. The

collection system experiences significant I/I during heavy rain events. Lift stations are monitored

through SCADA and routinely inspected/maintained. Repairs are made as necessary.

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

Currently, a Sanitary Sewer Collection System Master Plan is being developed. Short-term

and long-term improvement, rehabilitation, and replacement projects will be identified. The

Master Plan is expected to be completed by December 2021.

D. What is the theoretical design life of the plant, and what is the estimated remaining useful life of the wastewater treatment facility?

The theoretical design life of the plant is 35 - 50 years. The estimated remaining useful life of

the wastewater treatment facility is 18 - 33 years. However, this does not account for future

capacity needs. Future capacity expansions may be warranted.

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

Ragging, grease, and construction debris

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

No

- G. How many days in the last year were there residential backups at any point in the collection system for any reason other than clogging of the lateral connection?
- H. Does the plant have a written plan for preventive maintenance on major equipment items? If yes, describe.

Yes. Operation and maintenance manuals for the treatment plant operations are used as a

reference for scheduled maintenance on all major equipment and components. The treatment

plant and collection system each have a written 3-, 5-, and 10-year maintenance plan.

(Check the appropriate response.)		ry for each piece o	
Are these preventive maintenance ta	asks, as w	Il as equipment p	oblems, being reco
filed so future maintenance problems (Check the appropriate response.)		essed properly?	
Describe any major repairs or mech include the approximate cost for construction or upgrading programs.	nanical equ	pment replacemer	t made in the last y ude major treatme
Please see attached sheet for the listin	g of major i	epairs and mechan	ical equipment repla
made during the year and associated o	costs.		
ist any additional comments. (Attach	additional	sheets if necessary	.)

Part 11: Summary Sheet

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

Actual \	/alues	5	Maximum Possible
Part 1_	5	_points	80 points
Part 2_	0	_points	121 points
Part 3_	32	_points	40 points
Part 4	45	_points	200 points
Part 5_	0	_points	50 points
Part 6_	0	_points	50 points
Part 7_	0	_points	121 points
Part 8_	0	_points	121 points
Total	82	_points	783 points

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

*Other actions may be required by NPDES outside the scope of this report.

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

In Question 1, do any of the actual point values in the left column equal the maximum possible points in the right column?

(Check the	appropriate	response.)	Yes
------------	-------------	------------	-----

5.

X No

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

N/A

SEWER RATES SHEET

SARALAND SEWER RATES

Effective 11/1/2020

- 4" METER \$18.43 for 0 3,000 gallons (minimum bill) \$5.47 per 1,000 gallons over minimum.
- 1" METER \$58.30 for 0 10,300 gallons (minimum bill) \$5.47 per 1,000 gallons over minimum.
- 1 ½" METER \$105.33 for 0 18,900 gallons (minimum bill) \$5.47 per 1,000 gallons over minimum.
- 2" METER \$116.59 for 0 20,900 gallons (minimum bill) \$5.47 per 1,000 gallons over minimum.
- 3" METER \$173.82 for 0 31,400 gallons (minimum bill) \$5.47 per 1.000 gallons over minimum.
- 4" METER 5231.10 for 0 41,850 gallons (minimum bill) \$5.47 per 1,000 gallons over minimum.
- 6" METER \$289.37 for 0 52,500 gallons (minimum bill) \$5.47 per 1,000 gallons over minimum.
- 8" METER \$346.62 for 0 62,900 gallons (minimum bill) \$5.47 per 1,000 gallons over minimum.
- 10" METER \$403.89 for 0 73,400 gallons (minimum bill) \$5.47 per 1,000 gallons over minimum.

Multiple units on one meter will be billed the size of meter minimum or \$18.43 X number of units, whichever is greater, plus all usage over minimum allowance. All usage over minimum allowance billed at a rate of 5.47 per 1000 gallons.

MAJOR REPAIRS AND EQUIPMENT REPLACEMENT LIST

BOARD OF WATER AND SEWER COMMISSIONERS OF THE CITY OF SARALAND					
Major Repairs and Equipment Replacement Collection System and Lift Stations					
Date	Description of Repair/Replacement	Esti	imated Cost		
1/1/2020	invoice #419161 PO# S2574, Forest Ave LS	\$	3,843.0		
1/1/2020	linvoice #419631 PO# S2593, 195 Celeste Rd LS	\$	2,407.0		
1/1/2020	invoice #419146 PO# S2600 Telegraph LS	\$	365.0		
1/1/2020	invoice #419719 PO# S???, no idea where	\$	175.0		
1/1/2020	invoice #421208 PO# S????, Graham LS, Delisa LS & Learning Ce	\$	2,495.0		
1/1/2020	invoice #421222 PO# S2677 parts for Charleston Ridge, Woodland	\$	1,720.0		
1/1/2020	invoice # 421257 PO# S2677 parts for Fairfield, Scott Dr, Shelton Beach,	\$	950.0		
1/1/2020	invoice #421262 PO# S???? Reapir of pump or components Wilo (b	\$	1,775.0		
1/27/2020	new motor, teco westinghouse, 213Tc, 705HP 1800rpm,cat#NP7/5	\$	468.0		
1/28/2020	PO# S2674, checking out controller at Forest Ave LS	\$	478.0		
1/28/2020	station controller (serial no. 701)	\$	750.3		
2/4/2020	new liberty pump for Oakridge LS	\$	1,425.0		
2/6/2020	our PO# S2683, PVS pipe and fittings for Oakridge LS	\$	73.:		
2/6/2020	our PO# S2695, couppling, nipple, bal vlv	\$	292.4		
2/13/2020	LABOR to troubleshot not operating controls (2 crews)	\$	380.0		
2/19/2020	above ground pump for Graham St. LS	\$	4,485.0		
2/21/2020	repair flygt at Mignionette LS	\$	8,357.0		
2/21/2020	labor and travel charge to inspect Scott Dr LS	\$	516.0		
2/29/2020	inv# 3500786-000 1 1/4" check valve for Oakridge LS	\$	20.0		
3/3/2020	transducer, 5psi PO# S2706, PO states transducers (more than one)	\$	1,145.4		
3/3/2020	lower assy (also as with the transducer only one (1) on the invoice)	\$	637.5		
3/26/2020	controller bushing for Jubilee	\$	836.3		
3/26/2020	controller for Police LS	\$	750.0		
3/30/2020	inv# 224989 PO#2705 (belts)	\$	517.		
4/9/2020	PO# S2709 serive and travel time 2 hrs @ 125.00	\$	250.0		
4/9/2020	PO# S2709 120 VAC/ 24 VDC Loop Power Supply	\$	58.3		
4/20/2020	PO# S2747, NP3102.070-463 (5HP, FLS, 460/3/60, FM) @ Jubilee	\$	7,601.		
	KTO: HQ30D, assembly, glove kit	\$	968.0		
	manhole ring	\$	181.0		
4/30/2020	belts for the Treatment Plant	\$	905.8		
4/30/2020	2 backflow preventors 1" (centafuge)	\$	456.2		
5/5/2020	changed out overloads B28 on contractor at Jubilee LS	\$	118.4		
	Ferry Avenue replacement pump	\$	3,175.0		
	Ferry Avenue, drilled hole in tank and ran new 2" raceway	\$	1,789.3		
	Elysian Field LS (sewer blow off value)	\$	34.4		
	repair terra cotta lines Courtaulds Avenue	\$	428.0		
	inv# 3503176-000, 3502035-001 Graham Street LS,	\$	959.0		
6/8/2020	emergency service call/after hour for 2 90amp 240 volt fuses to T	\$	330.		
	unstop sewer lateral @ 116 Ferry Avenue	\$	350.0		
	Emergency Township Blvd repair	\$	1,058.4		
	Emergency Township Blvd repair	\$	120.0		
6/30/2020		\$	440.		
7/1/2020	maintenance on numerious LS	\$	8,427.0		
7/7/2020	4" flapper valve assy (110.00 ea)	\$	220.0		
7/7/2020	8" flapper valve (135.00 ea)	\$	810.0		
7/8/2020	Twin Lakes inspect pumps labor and travel	\$	275.		

BOARD OF WATER AND SEWER COMMISSIONERS OF THE CITY OF SARALAND Major Repairs and Equipment Replacement Collection System and Lift Stations				
Date	Description of Repair/Replacement	Es	timated Cost	
7/21/2020	3 ft H032400-858 marine softwall exst 8-5/8"	\$	242.28	
	place 2" HDPE condult with tracer wire	\$	28,500.00	
7/31/2020	Township Blvd emergency repair	\$	732.21	
7/31/2020	(2) man hole tops, one for Shelton Beach Rd.	\$	520.00	
8/3/2020	TIMM A257B 480V 3ph power monitor	\$	79.50	
	inv# 229766, PO#S2813	\$	187.62	
8/20/2020	transducer inv#331748, PO# S2828	\$	684.95	
	Air Valve Repair	\$	1,341.76	
8/28/2020	clean 5 LS jetted the siphons lines	\$	1,778.00	
9/1/2020	diffusers per PO	\$	3,581.20	
10/12/2020	PO# S2848	\$	261.32	
	(12 @ 16.50) 12 volt betteries for all Lift Stations	\$	198.00	
10/28/2020	video lines on Cleveland looking for break due to sink hole in road	\$	563.55	
10/30/2020	inv#s 232560 & 232562, PO# S2856	\$	4.26	
11/2/2020	TIMM A257B 480V 3ph power monitor	\$	359.00	
	mini-cas relay (3) one is to go to Mignionetter LS	\$	1,068.00	
	pumping out two LS, Deer Run and Twin Lakes	\$	1,554.87	
	computer board for digestor	\$	216.00	
	CBDG project	\$	24,538.98	
	transducer for Twin Lakes LS	\$	751.55	
	unstop sewer line, 2 siphons lines	\$	839.55	
	TOTA	\$	131,821.64	

BOARD OF WATER AND SEWER COMMISSIONERS OF THE CITY OF SARALAND Major Repairs and Equipment Replacement Saraland Wastewater Treatment Plant				
Date	Description of Repair/Replacement	Esti	mated Cost	
2/13/2020	LABOR installed 480 volt three phase circuit isolated to disconnect	\$	950.0	
2/13/2020	materials	\$	593.7	
2/13/2020	LABOR megged out motor that was pulled and on the ground	\$	95.0	
2/13/2020	LABOR valve installation	\$	902.5	
2/13/2020	lab supplies	\$	284.0	
3/4/2020	gloves, TNT+ ammonia test, mason jars, cable ties, media plates	\$	268.9	
3/4/2020	submers caged level transmitter USABB 40 ft cable PO# S2724 (3/	\$	684.9	
3/4/2020	(2) submers caged level transmitter USABB 40 ft cable PO# S270	\$	1,369.9	
3/10/2020	repair 20HP Aerator Motor	\$	2,361.0	
3/10/2020	repair 20HP Aerator Motor	\$	2,361.0	
3/16/2020	lab supplies	\$	928.1	
3/26/2020	replaced banded belts on the digester blower	\$	695.0	
3/29/2020	our PO# S2648 Limitorque Model MXA-10	\$	8,120.0	
3/29/2020	labor to machine new stem nut	\$	500.0	
3/29/2020	labor to install new limitorque	\$	1,115.0	
3/30/2020	inv# 225322 PO# S2705	\$	9.9	
4/28/2020	KTO: JQ30D, assembly, glove kit	\$	968.6	
4/30/2020	inv# 225764 PO#101336 (placd on the water, its belt for the TP),	\$	905.8	
4/30/2020	lab supplies PO#s S2744, S2751, & S2760	\$	635.4	
4/30/2020	2 Backflow preventors 1", for centerfuge	\$	-	
4/30/2020	our PO# S2746, inv# 1340950, 2 backflow preventors 1" (centafuge)	\$	456.2	
7/7/2020	lab supplies PO#s S2804	\$	191.2	
7/14/2020	dawn liquid	\$	57.3	
7/15/2020	(1) intelliCal pH electrode gel filled standard	\$	295.0	
7/21/2020	3 ft H032400-858 marine softwall exst 8-5/8"	\$	242.2	
7/31/2020	USABB enclosed thermometer, TNT+ alkalinity, plant pro 47mm	\$	559.2	
8/20/2020	lab supplies inv#s 320525, 334555, 331748, PO#s S2828, S2819	\$	395.3	
8/23/2020	our PO# S2820 SBR #2 Air Valve Repair	\$	1,341.7	
9/1/2020	diffusers per PO# S2835	\$	3,581.2	
11/14/2020	computer board for digestor	\$	216.0	
11/16/2020	lab supplies inv# 354596, PO# S2841	\$	512.0	
11/16/2020	lab supplies inv# 381546, PO# S2847	\$	180.0	
11/16/2020	lab supplies inv# 381782, PO# S2847	\$	634.0	
12/3/2020	lab supplies inv# 435653, PO# S2707 back ordered items since M	\$	94.6	
12/3/2020	lab supplies inv# 427223, PO# S2871	\$	365.8	
	lab supplies inv#385691, PO# S2847 back ordered items OCT 202	\$	91.3	
	lab supplies inv#456026, PO# S2880 media plates	\$	91.3	
	Plant PRO 47mm tss filter, hach GGA BOD Std	\$	172.	
	inv#s 233664, 234260, &234063, PO# S2874	\$	316.8	
		TAL \$	33,543.8	

ADEM FORM 415 SSO EVENT REPORTING FORMS

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

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (https://e2.adem.alabama.gov/NPDES).

Permittee Name: Board of Water & Sewer Commissioners of the City of Saraland				Permit Number: AL0055786
Facility Name: Saraland WWTP	Ē.,	Facility County: Mobile		
Date/Time ¹ SSO Began:	Is the SSO on-going?	Yes	No	If no, Date/Time ¹ SSO Stopped: <u>8/15/2020 5:50:00 PM</u>
Did the SSO occur during wet weather? Yes X No				

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🔀 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count. the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

REPORT ESTIMATED VOLUME DISCHARGED- REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

Estimated Volume	Discharged: 10	00.00 gallo	ns	
$\Box \leq 1,000$ gallons		□ 1,000 < gallons ≤ 10,000	□ 10,000 < gallons ≤ 25,000	□ 25,000 < gallons ≤ 50,000
50,000 < gallons	≤ 75,000	☐ 75,000 < gallons ≤ 100,000	□ 100,000 < gallons ≤ 250,000	□ 250,000 < gallons ≤ 500,000
RANGE $\Box 500,000 < \text{gallons} \le 75,000$		\Box 750,000 < gallons \leq 1,000,000		above 1,000,000 gallons n the VALUE section
				ne Number: (
e of discharge event:	Manhole	Lift Station	Broken Line	
	Cleanout	Treatment Plant		
	I Other (des	cribe): air release valve		
ich SSO occurred: Mo				
gitude of discharge (RE	QUIRED) [Rep	port coordinates in decimal degrees to	the precision indicated (e.g. 32.463022	°, -86.397067°)]:
Latitude: 30.8	82894	• Longitude: -88.12	23608 .	
ischarge (street address	, etc.):			
eleste rd 3657				
		$\Box \le 1,000 \text{ gallons}$ $\Box = 50,000 < \text{gallons} \le 75,000$ $\Box = 500,000 < \text{gallons} \le 750,000$ rtment notified within 24 hours? \Box Y of notification: \Box Verbal/Telephone cation was <u>not</u> submitted via eSSO, personation was <u>not</u> submitted via eSSO, personation was not submitted via eSSO, pe	$\square \le 1,000 \text{ gallons}$ $\square 1,000 < \text{gallons} \le 10,000$ $\square 50,000 < \text{gallons} \le 75,000$ $\square 75,000 < \text{gallons} \le 100,000$ $\square 500,000 < \text{gallons} \le 750,000$ $\square 750,000 < \text{gallons} \le 1,000,000$ rtment notified within 24 hours? $\square Yes$ $\square No$ Date/Time $\square Electronic via eSSO$ $\square Cleanout$ e of discharge event: $\square Manhole$ $\square Lift Station$ $\square Cleanout$ $\square Treatment Plant$ $\square Other (describe)$; $air release valve$ ich SSO occurred: $Mobile$ gitude of discharge (REQUIRED) [Report coordinates in decimal degrees to Latitude; 30.882894	□ ≤ 1,000 gallons □ 1,000 < gallons ≤ 10,000

Known or suspected cause of the discharge:

Valve malfunction

	 Ground Absorbed Backup into Building/Residence Creek or River (name of the first Other (describe):	e Drainage Ditch* fr	the SSO discharge first entered a storm drain or drainage ditch, yo ust also provide the first named creek or river that receives the flow om that storm drain/drainage ditch. rge reached):
Did the discharge reach a des	signated swimming water? 🗌 Yes 🔀	No 🔲 Unknown	
Monitoring of the receiving	water (i.e. visual survey or water quality	sampling) is: Complete (Monitoring results are attached or have been submitted to ADEM)
		Ongoing (N	Nonitoring results will be submitted to ADEM upon completion)
		Not Perfor	ned
Was the affected area:	Cleaned? 🛛 Yes 🗌 No 🛛 D	Disinfected? 🕅 Yes 🔲 No	
	potential health or environmental impacts	성 그는 것 같은 것 같은 것 같아.	ase describe:
additional sheets if necessary			nitigate impacts to the environment and/or public health (attacl
Indicate efforts to notify pub	lic (check all that apply):	Press Release	Date: Date:_08/17/2020
dan ta la		Placement of Signs	
Other (describ			Date:
Other (describ			Date:
Notice not rec	uired, because:		
Notice not rec	uired, because:		08/17/2020
Notice not rec	uired, because:	County Health Departmen	Date: 08/17/2020
Notice not rec	uired, because: ed (check all that apply): pe):	County Health Departmen	Date: 08/17/2020
Notice not rec Indicate other officials notifi Other (descrit Notice not rec	uired, because: ed (check all that apply): pe):	County Health Departmen	Date: 08/17/2020
Notice not rec Indicate other officials notifi Other (descrit Notice not rec Other states notified:	uired, because: ed (check all that apply): pe): uired, because:	 County Health Department State Health Department Mississippi 	Date: Date: Date:
Notice not rec Indicate other officials notifi Other (descrit Notice not rec Other states notified: Were any public water suppl	uired, because: ed (check all that apply): pe): uired, because: Florida Georgia	County Health Departmen State Health Department Mississippi	Date: 08/17/2020 Date: Date: Date:
☐ Notice not rec Indicate other officials notifi ☐ Other (descrit ☐ Notice not rec Other states notified: Were any public water suppl If yes, who was r I certify that I have personal obtaining the information, I submitting false information	quired, because: cd (check all that apply): ce): quired, because: No Description: No Description: No No Quired: No Quired: No Quired: Quired:	County Health Departmen State Health Department Mississippi Yes formation submitted herein. Bas be true, accurate, and complete prisonment. Signed in E2	t Date: 08/17/2020 Date: Date: Date: Date: Date: Date: ded on my inquiry of those individuals immediately responsible for the are significant penalties for knowingly Date: 8/17/2020 2:44:12 PM
☐ Notice not rec Indicate other officials notifi ☐ Other (descrit ☐ Notice not rec Other states notified: Were any public water suppl If yes, who was r I certify that I have personal obtaining the information, I submitting false information	uired, because: ed (check all that apply): be): guired, because: □ Florida □ Florida □ Georgia by intake locations affected? ☑ No □ totified: □	County Health Departmen State Health Department Mississippi Yes formation submitted herein. Bas be true, accurate, and complete prisonment. Signed in E2	t Date: 08/17/2020 Date: Date: Date: Date: Date: Date: ded on my inquiry of those individuals immediately responsible for the are significant penalties for knowingly Date: 8/17/2020 2:44:12 PM

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area disinfected with disinfecting agent

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

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Permittee Name: Board of Water & Sewer Commissioners of the City of Saraland				Permit Number: AL0055786
Facility Name: Saraland WWTP	2.	Facility County: Mobile		
Date/Time ¹ SSO Began:	Is the SSO on-going?	TYes	No	If no, Date/Time ¹ SSO Stopped:
Did the SSO occur during wet weather? Ves X No				

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

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

REPORT ESTIMATED VOLUME DISCHARGED-REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume	Discharged: 30	00.00 gallon	15		
1	□ ≤ 1,000 gallons]≤1,000 gallons □ 1,000 < gallons [□ 25,000 < gallons ≤ 50,000	
RANGE	$GE \qquad \Box 50,000 < gallons \le 75,000$ $\Box 500,000 < gallons \le 750,000$		☐ 75,000 < gallons ≤ 100,000	□ 100,000 < gallons ≤ 250,000	□ 250,000 < gallons ≤ 500,000	
			\Box 750,000 < gallons < 1,000,000		e above 1,000,000 gallons in the VALUE section	
as the Depar	tment notified within	24 hours?	es 🕅 No Date/Time	of Notification:		
			19 2 70			
Method o	of notification: 🗌 Ve	rbal/Telephone	Electronic via eSSO	ther		
If notific:	ation was not submitte	d via eSSO, per	son that notified the Department:	Pho	one Number: () -	
ndicate source	e of discharge event:	Manhole	Lift Station	Broken Line		
		Cleanout	Treatment Plant			
		Other (de:	scribe):			
County in whi	ch SSO occurred: M	obile				
			port coordinates in decimal degrees to	he precision indicated (e.g. 32.463022	2°, -86.397067°)]:	
	Latitude: 30.8	87114	• Longitude: -88.12	24046 .		
ocation of dis	scharge (street address	, etc.):				

¹Time reported is assumed to be Central Time Zone, unless otherwise indicated.

broken line

Destination of discharge:	Ground Absorbed	Storm Drain*	* If the SSO discharge first entered a storm drain or drainage ditch, you must also provide the first named creek or river that receives the flow
	Backup into Building/Residence	Drainage Ditch*	from that storm drain/drainage ditch.
	Creek or River (name of the first na	med surface water the di	ischarge reached):
	Other (describe):		
Did the discharge reach a des	ignated swimming water? 🗌 Yes 🛛 No	0 🔲 Unknown	
Monitoring of the receiving v	vater (i.e. visual survey or water quality sam	npling) is: 🗌 Compl	lete (Monitoring results are attached or have been submitted to ADEM)
		🗋 Ongoin	ng (Monitoring results will be submitted to ADEM upon completion)
		🕅 Not Pe	rformed
Was the affected area:	Cleaned? 🛛 Yes 🗌 No Disin	fected? 🛛 Yes 🗌 N	lo
Are you aware of any other p	otential health or environmental impacts?	🗷 No 🗌 Yes If Yes	, please describe:
Describe corrective actions additional sheets if necessary		s, and actions or plans	to mitigate impacts to the environment and/or public health (attach
repairing broken	line		
Indicate efforts to notify pub	lic (check all that apply):	Press Release	Date:
		N Placement of Signs	Date: 08/28/2020

County Health Department

☐ Mississippi

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

Signed in F2

Date:

Date:

Date:

Tennessee

Date: 08/31/2020

Date:_

Date: 8/31/2020 2:33:16 PM

ADEM Form 415

Other (describe):

Other (describe):

If yes, who was notified:

Other states notified:

Notice not required, because:

Indicate other officials notified (check all that apply):

□ Notice not required, because:_

Florida

submitting false information, including the possibility of fine and imprisonment.

Name of Responsible Official/Duly Authorized Representative (type or print): Adrian Parker

Signature of Responsible Official/Duly Authorized Representative:_

Title of Responsible Official/Duly Authorized Representative:

Were any public water supply intake locations affected?

Georgia

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valve was closed off until we can fix the broken line

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

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Permittee Name: Board of Water & Sewer Commis	Permit Number: AL0055786		
Facility Name: Saraland WWTP			Facility County: Mobile
Date/Time ¹ SSO Began:	Is the SSO on-going?	Yes XI	No If no, Date/Time ¹ SSO Stopped: 9/16/2020 6:00:00 PM
Did the SSO occur during wet weather? Xes No	,		

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🛛 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

REPORT ESTIMATED VOLUME DISCHARGED- REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume	Discharged:	gallor	ns			
1	$\square \le 1,000 \text{ gallons}$ $\square = 50,000 < \text{gallons} \le 75,000$ $\square = 500,000 < \text{gallons} \le 750,000$		☑ ≤ 1,000 gallons □ 1,000 < gallons ≤ 10,000		□ 10,000 < gallons ≤ 25,000	□ 25,000 < gallons ≤ 50,000	
RANGE			☐ 75,000 < gallons ≤ 100,000	□ 100,000 < gallons ≤ 250,000	\Box 250,000 < gallons \leq 500,000		
			□ 750,000 < gallons ≤ 1,000,000		e above 1,000,000 gallons in the VALUE section		
	100 T 200 S 100			of Notification: 9/17/2020 9:3	0.00 AM		
Vas the Depar	tment notified within :	24 hours?	les 🗋 No Date/Time	of Notification: 3/17/2020 5.5	0.00 AM		
Method of	of notification: 🔲 Ve	rbal/Telephone	Electronic via eSSO	ther			
If notifie	ation was not submitte	d via eSSO per	son that notified the Department:	Ph	one Number: () -		
ii noune	ation was not submitte						
ndicate source	e of discharge event:	X Manhole	Lift Station	Broken Line			
		Cleanout	Treatment Plant				
		Other (de	scribe):				
Taura tra incursio i	ch SSO occurred: M	obile					
Jounty in whi	ch SSO occurred:						
atitude/Long	itude of discharge (RE	QUIRED) [Re	port coordinates in decimal degrees to	the precision indicated (e.g. 32.463022	2°, -86.397067°)]:		
					Contraction and		
	Latitude: 30.8	18446	• Longitude: -88.05	59797 .			
location of di	scharge (street address	, etc.):					
415 Bay	you Ave						
		_	-				

Known or suspected cause of the discharge:

Hurricane "Sally" Caused power outages in this area, causing a lift station to not be able to operate.

Destination of discharge:	 Ground Absorbed Backup into Building/Residence Creek or River (name of the first Other (describe):	e Drainage Ditch* finst named surface water the discharge	f the SSO discharge first entered a storm drain or drainage ditch, you nust also provide the first named creek or river that receives the flow rom that storm drain/drainage ditch. arge reached): Bayou Sara
Did the discharge reach a des	ignated swimming water? 🗌 Yes 🗌	No 🛛 Unknown	
Monitoring of the receiving v	vater (i.e. visual survey or water quality	sampling) is: Complete	(Monitoring results are attached or have been submitted to ADEM)
		Ongoing (Monitoring results will be submitted to ADEM upon completion)
		Not Perfor	med
Was the affected area:	Cleaned? 🛛 Yes 🗌 No 🛛 D	Disinfected? 🛛 Yes 🗌 No	
	otential health or environmental impact		nasa describe:
additional sheets if necessary	taken, plans to eliminate future disch): r installations, at multiple		mitigate impacts to the environment and/or public health (attach
Indicate efforts to notify pub	tic (check all that apply):	Press Release	Date:
Indicate efforts to notify pub	ic (check all that apply):	 □ Press Release ☑ Placement of Signs 	Date: Date:_09/17/2020
Other (describ	e):	Placement of Signs	
	e):	Placement of Signs	Date:Date:
Other (describ Notice not req	e): uired, because:	Placement of Signs	Date: Date: 09/17/2020
Other (describ Notice not req Indicate other officials notifie	e): uired, because: ed (check all that apply):	Placement of Signs	Date: Date: 09/17/2020
Indicate other officials notifie	e): uired, because: ed (check all that apply): e):	 Placement of Signs County Health Department 	Date: 09/17/2020 Date:
Other (describ Notice not req Indicate other officials notific Other (describ Notice not req Other states notified:	e): uired, because: ed (check all that apply): e):	Placement of Signs County Health Department State Health Department Mississippi	Date: 09/17/2020 Date:
Other (describ Notice not req Indicate other officials notific Other (describ Notice not req Other states notified: Were any public water supply	e):	Placement of Signs County Health Department State Health Department Mississippi	Date: 09/17/2020 Date:
Other (describ Notice not req Indicate other officials notifie Other (describ Other (describ Notice not req Other states notified: Were any public water supply If yes, who was notified: I certify that I have personall obtaining the information, I submitting false information,	e):	Placement of Signs County Health Department State Health Department Mississippi Yes formation submitted herein. Base true, accurate, and complete	Date: 09/17/2020 Date:
Other (describ Notice not req Indicate other officials notifie Other (describ Other (describ Notice not req Other states notified: Were any public water supply If yes, who was notified I certify that I have personall obtaining the information, I submitting false information, Signature of Responsible Off	e):	Placement of Signs County Health Department State Health Department Mississippi Yes formation submitted herein. Base be true, accurate, and complete prisonment. Signed in E2	Date: Date: nt Date: Date: Date: □ Tennessee
Other (describ Notice not req Indicate other officials notifie Other (describ Other (describ Notice not req Other states notified: Were any public water supply If yes, who was ne I certify that I have personall obtaining the information, I submitting false information, Signature of Responsible Officia	e):	Placement of Signs County Health Department State Health Department Mississippi Yes formation submitted herein. Base be true, accurate, and complete prisonment. Signed in E2	Date: 09/17/2020 Date:

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

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (https://e2.adem.alabama.gov/NPDES).

Permittee Name: Board of Water & Sewer Commis	Permit Number: AL0055786		
Facility Name: Saraland WWTP	Facility County: Mobile		
Date/Time ¹ SSO Began:	Is the SSO on-going?	Ves D	No If no, Date/Time ¹ SSO Stopped: 9/16/2020 6:00:00 PM
Did the SSO occur during wet weather? X Yes IN			

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the <u>entire</u> sewer system? 🗌 Yes 🛛 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

REPORT ESTIMATED VOLUME DISCHARGED-REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume	Discharged:	gallor	15		
	$\land \leq 1,000$ gallons		□ 1,000 < gallons ≤ 10,000	□ 10,000 < gallons ≤ 25,000	□ 25,000 < gallons ≤ 50,000	
RANGE	RANGE \Box 50,000 < gallons \le 75,000 \Box 500,000 < gallons \le 750,000		\Box 75,000 < gallons \leq 100,000	□ 100,000 < gallons ≤ 250,000	□ 250,000 < gallons ≤ 500,000	
] 500,000 < gallons ≤ 750,000 □ 750,000 < gallons ≤ 1,000,000		e above 1,000,000 gallons in the VALUE section	
Was the Depar	tment notified within	24 hours?	/es □ No Date/Time'	of Notification: 9/17/2020 10:	00:00 AM	
	of notification: 🔲 Ve		Electronic via eSSO			
Wiethou	of notification.	roal/relephone		iner	The second second	
If notific	ation was <u>not</u> submitte	ed via eSSO, per	son that notified the Department:	Pho	one Number: () -	
Indicate source	e of discharge event:	Manhole	Lift Station	Broken Line		
		Cleanout	Treatment Plant			
		Other (de	scribe):			
County in whi	ch SSO occurred: M	obile				
Latitude/Long	itude of discharge (RE	EQUIRED) [Re	port coordinates in decimal degrees to t	he precision indicated (e.g. 32.463022	°, -86.397067°)]:	
	Latitude: 30.8	25510	• Longitude: -88.06	9159 °		
Location of di	scharge (street address	, etc.):				
Telegra	ph Lift Station	1				

¹Time reported is assumed to be Central Time Zone, unless otherwise indicated.

Known or suspected cause of the discharge:

Hurricane "Sally" Caused power outages in this area, causing the lift station to be unable to operate.

Destination of discharge:	☐ Ground Absorbed ☐ Backup into Building/Residence ☑ Creek or River (name of the first name	Storm Drain* Drainage Ditch* med surface water the di	*If the SSO discharge first entered a storm drain or drainage ditch, you must also provide the first named creek or river that receives the flow from that storm drain/drainage ditch. scharge reached): Bayou Sara
	Other (describe):		
Did the discharge reach a des	ignated swimming water? 🗌 Yes 🛛 No	Unknown	
Monitoring of the receiving	vater (i.e. visual survey or water quality sam	pling) is: 🗌 Compl	ete (Monitoring results are attached or have been submitted to ADEM)
		Ongoin	ng (Monitoring results will be submitted to ADEM upon completion)
		Not Pe	rformed
Was the affected area:	Cleaned? 🛛 Yes 🗌 No Disini	fected? Xes N	lo
Are you aware of any other p	otential health or environmental impacts?	▶ No □ Yes If Yes	please describe:

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

Future generator installations at multiple lift stations.

Indicate efforts to notify public (check all that apply):	Press ReleasePlacement of Signs	Date: Date: Date:
- '' - <u>' - ''</u> - '' - '' - '' - '' - ''		Date:
Notice not required, because:	The second second second	00/17/0000
Indicate other officials notified (check all that apply):	County Health Department	Date: 09/17/2020
	State Health Department	Date:
Other (describe):		Date:
Notice not required, because:		
Other states notified: Image: Florida Image: Ge Were any public water supply intake locations affected? Image: New York		nnessee
If yes, who was notified:		Date:
I certify that I have personally examined and am familiar with obtaining the information, I believe the submitted informatio submitting false information, including the possibility of fine a Signature of Responsible Official/Duly Authorized Representa	the information submitted herein. Based on on to be true, accurate, and complete. I a nd imprisonment. tive: Signed in F2	my inquiry of those individuals immediately responsible f
I certify that I have personally examined and am familiar with obtaining the information, I believe the submitted information submitting false information, including the possibility of fine a	the information submitted herein. Based on on to be true, accurate, and complete. I a nd imprisonment. tive: Signed in F2	my inquiry of those individuals immediately responsible f m aware that there are significant penalties for knowing

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Facility Name: Saraland WWTP				Facility County: Mobile
Date/Time ¹ SSO Began:	Is the SSO on-going?	Yes [No	If no, Date/Time ¹ SSO Stopped: 9/16/2020 6:00:00 PM
Did the SSO occur during wet weather? Xes	No			

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🛛 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

REPORT ESTIMATED VOLUME DISCHARGED- REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume	Discharged:	gallon	IS		
	[∆] ≤ 1,000 gallons] ≤ 1,000 gallons □ 1,000 < gallons ≤ 10,000		□ 25,000 < gallons ≤ 50,000	
RANGE	50,000 < gallons	s≤75,000	☐ 75,000 < gallons ≤ 100,000	□ 100,000 < gallons ≤ 250,000	□ 250,000 < gallons ≤ 500,000	
	□ 500,000 < gallons ≤ 750,000		☐ 750,000 < gallons ≤ 1,000,000		e above 1,000,000 gallons in the VALUE section	
Ins the Dance	tmant matified within ?			of Notification: 9/17/2020 10:	15:00 AM	
vas ine Depai	tment notified within 2	24 nours? [A] 1	'es ☐ No Date/Time ¹	of Notification:		
Method of	of notification: 🗌 Ve	rbal/Telephone	I Electronic via eSSO □ O	ther		
If notific	ation was not submitte	d via eSSO, per	son that notified the Department:	Pho	one Number: () -	
ndicate source	e of discharge event:	Manhole	Lift Station	Broken Line		
		Cléanout	Treatment Plant			
		Other (des	scribe):			
County in whi	ch SSO occurred: Me	obile				
		QUIRED) [Rej	port coordinates in decimal degrees to t	he precision indicated (e.g. 32.463022	°, -86.397067°)]:	
	Latitude: 30.8	34117	° Longitude: <u>-88.09</u>	1026		
ocation of dis	scharge (street address	, etc.):				
Deer ru	n Lift Station					
Time reported	is assumed to be Centra	al Time Zone unl	ess otherwise indicated.			

Known or suspected cause of the discharge:

Hurricane "Sally" caused multiple power outages in this area, and the lift station was unable to operate.

Destination of discharge:	Ground Absorbed	Storm Drain*	*If the SSO discharge first entered a storm drain or drainage ditch, yo
	Backup into Building/Residence	Drainage Ditch*	must also provide the first named creek or river that receives the flow from that storm drain/drainage ditch.
	Creek or River (name of the first name	med surface water the di	scharge reached):
	Other (describe):		
Did the discharge reach a de	signated swimming water? 🗌 Yes 🛛 No	Unknown	
Monitoring of the receiving	water (i.e. visual survey or water quality sam	pling) is: 🗌 Compl	ete (Monitoring results are attached or have been submitted to ADEM)
		Ongoin	ng (Monitoring results will be submitted to ADEM upon completion)
		X Not Pe	rformed
Was the affected area:	Cleaned? Xes No Disin	fected? 🛛 Yes 🔲 N	o
Are you aware of any other	potential health or environmental impacts?	No Yes If Yes	please describe:

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

Future generator installations at multiple lift stations

Indicate efforts to notify public (check all that apply):	 Press Release Placement of Signs 	Date: Date: 09/17/2020
Other (describe):		Date:
Notice not required, because:		
Indicate other officials notified (check all that apply):	County Health Department	Date: 09/17/2020
	State Health Department	Date:
Other (describe):		Date:
Notice not required, because:		
Other states notified:	orgia 🗌 Mississippi 🗌 Te	nnessee
Were any public water supply intake locations affected?	o 🗌 Yes	
If yes, who was notified:		Date:
I certify that I have personally examined and am familiar with obtaining the information, I believe the submitted informatio submitting false information, including the possibility of fine an	on to be true, accurate, and complete. I a	
Signature of Responsible Official/Duly Authorized Representat	ive: Signed in F2	Date: 9/17/2020 10:18:18 AM
Name of Responsible Official/Duly Authorized Representative		
Title of Responsible Official/Duly Authorized Representative:_		

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Facility Name: Saraland WWTP	Facility County: Mobile		
Date/Time ¹ SSO Began:9/16/2020 3:00:00 PM	Is the SSO on-going?	XYes	No If no, Date/Time ¹ SSO Stopped:
Did the SSO occur during wet weather? 🛛 Yes 🔲 No			
and the Construction of the second	a state of the second		

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🛛 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

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If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume	Discharged:	gallon	15	
	$\Delta \leq 1,000$ gallons		□ 1,000 < gallons ≤ 10,000	□ 10,000 < gallons ≤ 25,000	□ 25,000 < gallons ≤ 50,000
RANGE	50,000 < gallons	≤ 75,000	☐ 75,000 < gallons ≤ 100,000	□ 100,000 < gallons ≤ 250,000	□ 250,000 < gallons ≤ 500,000
	\Box 500,000 < gallons \leq 750,000		\Box 750,000 < gallons \leq 1,000,000		e above 1,000,000 gallons in the VALUE section
Method	rtment notified within : of notification: Ue cation was <u>not</u> submitte	rbal/Telephone	es INO Date/Time ¹		30:00 AM
ndicate sourc	e of discharge event:	Manhole	I Lift Station	Broken Line	
		Cleanout	Treatment Plant		
		Other (des	cribe):		
County in wh	ich SSO occurred: M	obile			
atitude/Long	zitude of discharge (RE Latitude: 30.8		ort coordinates in decimal degrees to Longitude: -88.08	the precision indicated (e.g. 32.463022	°, -86.397067°)]:
ocation of d	ischarge (street address	, etc.):			
control of a					

Known or suspected cause of the discharge:

Hurricane "Sally" caused multiple power outages in this area, and the lift station was unable to operate.

Destination of discharge:	Ground Absorbed	Storm Drain*	*If the SSO discharge first entered a storm drain or drainage ditch, y
	Backup into Building/Residence	Drainage Ditch*	must also provide the first named creek or river that receives the flow from that storm drain/drainage ditch.
	Creek or River (name of the first na	amed surface water the di	scharge reached):
	Other (describe):		
Did the discharge reach a de	signated swimming water? 🗌 Yes 🕅 N	o 🔲 Unknown	
Monitoring of the receiving	water (i.e. visual survey or water quality sar	npling) is: 🗌 Compl	ete (Monitoring results are attached or have been submitted to ADEM)
		Ongoin	ng (Monitoring results will be submitted to ADEM upon completion)
		🔀 Not Pe	rformed
Was the affected area:	Cleaned? 🛛 Yes 🗌 No Disir	nfected? 🛛 Yes 🗌 N	lo
Are you aware of any other	potential health or environmental impacts?	No Yes If Yes	please describe:

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

Future generator installations at multiple lift stations.

Date:
hty Health Department Date: 09/17/2020 Health Department Date: Date:
Health Department Date: Date:
Date:
Date:
submitted herein. Based on my inquiry of those individuals immediately responsible curate, and complete. I am aware that there are significant penalties for knowin
F2 Date: 9/17/2020 10:37:07 AM
Robert Miller

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Facility Name: Saraland WWTP		Facility County: Mobile		
Date/Time ¹ SSO Began:	Is the SSO on-going?	Ves	X No	If no, Date/Time ¹ SSO Stopped: 9/17/2020 11:00:00 AM
Did the SSO occur during wet weather? 🛛 Yes 🗌 No				

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🛛 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

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If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume	Discharged:	gallor	15	
	$\boxed{X} \le 1,000$ gallons		□ 1,000 < gallons ≤ 10,000	□ 10,000 < gallons ≤ 25,000	□ 25,000 < gallons ≤ 50,000
RANGE	□ 50,000 < gallons	s ≤ 75,000	☐ 75,000 < gallons ≤ 100,000	□ 100,000 < gallons ≤ 250,000	□ 250,000 < gallons ≤ 500,000
	□ 500,000 < gallons ≤ 750,000		□ 750,000 < gallons ≤ 1,000,000		e above 1,000,000 gallons in the VALUE section
Method If notific	rtment notified within of notification: UVe ration was <u>not</u> submitte e of discharge event:	rbal/Telephone ed via eSSO, per Manhole	Electronic via eSSO O O son that notified the Department: Lift Station	of Notification: <u>9/17/2020 10:</u> ther Pho Broken Line	30:00 AM
		Cleanout	Treatment Plant		
		Other (des	scribe):		
County in whi	ch SSO occurred: M	obile			
Latitude/Long	itude of discharge (RE		port coordinates in decimal degrees to 1 _ * Longitude: -88.08		°, -86.397067°)]:
	Latitude: 00.0	20111	Longitude: 00.00	1020	
Location of di	scharge (street address	, etc.):			
Delisa I	_ift Station				
1000			20 - St. 1		
¹ Time reported	I is assumed to be Centr	al Time Zone, uni	ess otherwise Indicated.		

Hurricane "Sally" caused multiple power outages in this area, and the lift station was unable to operate.

Destination of discharge:	Ground Absorbed		If the SSO discharge first entered a storm drain or drainage ditch, you must also provide the first named creek or river that receives the flow
	Backup into Building/Residence	신다. 안날에서 감기가 했다.	from that storm drain/drainage ditch.
	Other (describe):		harge reached):
Did the discharge reach a des	ignated swimming water? 🗌 Yes 🛛	No 🗌 Unknown	
Monitoring of the receiving v	vater (i.e. visual survey or water quality s	sampling) is: Complet	e (Monitoring results are attached or have been submitted to ADEM)
		Ongoing	(Monitoring results will be submitted to ADEM upon completion)
		Not Perf	ormed
Was the affected area:	Cleaned? 🛛 Yes 🗌 No Di	isinfected? 🛛 Yes 🔲 No	
Are you aware of any other p	otential health or environmental impacts	? 🗷 No 🗌 Yes If Yes, p	lease describe:
additional sheets if necessary			mitigate impacts to the environment and/or public health (attach
Indicate efforts to notify publ	ic (check all that apply):	Press Release	Date:
		Placement of Signs	Date: 09/17/2020
Other (describ	e):		Date:
Notice not req	uired, because:		
Indicate other officials notifie	ed (check all that apply):	County Health Departm	ent Date: 09/17/2020
		State Health Departmen	t Date:
Other (describ	e):	e contra	Date:
Notice not req	uired, because:		
Other states notified:	🗌 Florida 🛛 🗌 Georgia	Mississippi	Tennessee
Were any public water supply	y intake locations affected? 🛛 No	Yes	
If yes, who was no	otified:		Date:
obtaining the information, I		be true, accurate, and comple	Based on my inquiry of those individuals immediately responsible for etc. I am aware that there are significant penalties for knowingly
	icial/Duly Authorized Representative:	Signed in E2	Date: 10/12/2020 11:07:26 AM
Name of Responsible Officia	I/Duly Authorized Representative (type	or print): Robert Miller	
	Duly Authorized Representative:		

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Facility Name: Saraland WWTP			1.	Facility County: Mobile
Date/Time ¹ SSO Began:	Is the SSO on-going?	TYes	🛛 No	If no, Date/Time ¹ SSO Stopped:9/17/2020 11:00:00 AM
Did the SSO occur during wet weather? 🛛 Yes 🗌 No				

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🛛 No

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$\boxed{\square} \leq 1,000 \text{ gallons}$	C	□ 1,000 < gallons ≤ 10,000	□ 10,000 < gallons ≤ 25,000	□ 25,000 < gallons ≤ 50,000
50,000 < gallons	s ≤ 75,000	☐ 75,000 < gallons ≤ 100,000	□ 100,000 < gallons ≤ 250,000	□ 250,000 < gallons ≤ 500,000
□ 500,000 < gallor	ns ≤ 750,000	\Box 750,000 < gallons \leq 1,000,000		e above 1,000,000 gallons in the VALUE section
of notification: 🔲 Ve	rbal/Telephone	Electronic via eSSO	ther	30:00 AM
e of discharge event:	Manhole	I Lift Station	Broken Line	
	Cleanout	Treatment Plant		
ich SSO occurred: M		cribe):		
gitude of discharge (RE	QUIRED) [Rep	ort coordinates in decimal degrees to	the precision indicated (e.g. 32.463022	°, -86.397067°)]:
Latitude: 30.8	26111	° Longitude:88.08	31328 .	
ischarge (street address	s, etc.):			
Lift Station				
	$\square \le 1,000$ gallons $\square = 50,000 < gallons$ $\square = 500,000 < gallons$ artment notified within of notification: \square Ve cation was not submitted te of discharge event: ich SSO occurred: M gitude of discharge (RH Latitude: 30.8 ischarge (street address	$\square \le 1,000 \text{ gallons} \square \le 50,000 < \text{gallons} \le 75,000 $	$\square \le 1,000$ gallons $\square 1,000 < gallons \le 10,000$ $\square 50,000 < gallons \le 75,000$ $\square 75,000 < gallons \le 100,000$ $\square 500,000 < gallons \le 750,000$ $\square 750,000 < gallons \le 1,000,000$ artment notified within 24 hours? $\square Yes$ $\square No$ $\square of notification:$ $\square Verbal/Telephone$ \square Electronic via eSSO $\square O$ $\square of notification:$ $\square Verbal/Telephone$ \square Electronic via eSSO $\square O$ $\square of notification:$ $\square Verbal/Telephone$ \square Electronic via eSSO $\square O$ $\square of notification:$ $\square Verbal/Telephone$ \square Electronic via eSSO $\square O$ $\square of notification:$ $\square Verbal/Telephone$ \square Electronic via eSSO $\square O$ $\square of notification:$ $\square Verbal/Telephone$ \square Electronic via eSSO $\square O$ $\square of notification:$ $\square Verbal/Telephone$ \square Electronic via eSSO $\square O$ $\square eof discharge event:$ $\square Manhole$ \square Lift Station \square Cleanout \square Treatment Plant $\square Other (describe):$ \square \square torgitude: \square 88.08 gitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the eof extra extrematers \square Congitude: \square 88.08 <td>□ □ 0 □ 10,000 < gallons ≤ 10,000</td> □ 10,000 < gallons ≤ 25,000	□ □ 0 □ 10,000 < gallons ≤ 10,000

Known or suspected cause of the discharge:

Hurricane "Sally" caused multiple power outages in this area, and the lift station was unable to operate.

Destination of discharge:	Ground Absorbed	St	orm Drain*	*If the SSO discharge first entered a storm drain or drainage ditch, you
	Backup into Building/Res		rainage Ditch*	must also provide the first named creek or river that receives the flow from that storm drain/drainage ditch.
	Creek or River (name of the	he first named surf	ace water the di	scharge reached): Bayou Sara
	Other (describe):		<u></u>	
Did the discharge reach a des	signated swimming water?	s 🗷 No 🗌 Ui	nknown	
Monitoring of the receiving	water (i.e. visual survey or water q	uality sampling) is	: Compl	ete (Monitoring results are attached or have been submitted to ADEM)
			Ongoin	ng (Monitoring results will be submitted to ADEM upon completion)
			🕅 Not Pe	rformed
Was the affected area:	Cleaned? 🛛 Yes 🗌 No	Disinfected?	Yes N	lo
Are you aware of any other p	potential health or environmental in	npacts? 🛛 No	Yes If Yes	please describe:

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

Future generator installations at multiple lift stations.

ndicate efforts to notify public (check all that apply):	 Press Release Placement of Signs 	Date: Date: 09/17/2020
Other (describe):		Date:
Notice not required, because:		
ndicate other officials notified (check all that apply):	County Health Department	Date: 09/17/2020
	State Health Department	Date:
Other (describe):		Date:
Notice not required, because:		
Other states notified: Were any public water supply intake locations affected? If yes, who was notified:	o □ Yes	Date:
certify that I have personally examined and am familiar with the obtaining the information, I believe the submitted information submitting false information, including the possibility of fine an Signature of Responsible Official/Duly Authorized Representation	n to be true, accurate, and complete. I a d imprisonment.	
Name of Responsible Official/Duly Authorized Representative ((type or print): Robert Miller	

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

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (https://e2.adem.alabama.gov/NPDES).

Permittee Name: Board of Water & Sewer Commi	ssioners of the City o	f Saraland	Permit Number: AL0055786
Facility Name: Saraland WWTP			Facility County: Mobile
Date/Time ¹ SSO Began:	Is the SSO on-going?	Yes XN	o If no, Date/Time ¹ SSO Stopped:
Did the SSO occur during wet weather? Yes X	lo		

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🛛 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

REPORT ESTIMATED VOLUME DISCHARGED- REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

$\Delta \leq 1,000$ gallons \Box 50,000 < gallons \Box 500,000 < gallon ent notified within 2 notification: \Box Ver on was <u>not</u> submitted \Box discharge event:	as ≤ 750,000 24 hours? ⊠ Y rbal/Telephone	Image: 1,000 < gallons $\leq 10,000$ 75,000 < gallons $\leq 100,000$ 750,000 < gallons $\leq 1,000,000$ 750,000 < gallons $\leq 1,000,000$ (res No Date/Time ³ Image: Electronic via eSSO Image: Operation of the Department: Operation of the Department: Image: Lift Station Image: Department of the Department	should be entered i of Notification: 9/23/2020 1:45 ther	□ 25,000 < gallons ≤ 50,000 □ 250,000 < gallons ≤ 500,000 e above 1,000,000 gallons in the VALUE section 5:00 PM
500,000 < gallon ent notified within 2 potification: Ver on was <u>not</u> submitted	as ≤ 750,000 24 hours? ☑ Y rbal/Telephone d via eSSO, pers ☐ Manhole	 ☐ 750,000 < gallons ≤ 1,000,000 ('es □ No Date/Time³ ☑ Electronic via eSSO □ O son that notified the Department: 	Any estimated volume should be entered i of Notification: 9/23/2020 1:45 ther Pho	e above 1,000,000 gallons in the VALUE section 5:00 PM
ent notified within 2 otification: Uver	24 hours? 🛛 Y rbal/Telephone d via eSSO, pers Manhole	Yes ☐ No Date/Time ³ ☐ Electronic via eSSO ☐ O son that notified the Department:	should be entered i of Notification: 9/23/2020 1:45 ther Pho	in the VALUE section 5:00 PM
notification: Uver	rbal/Telephone d via eSSO, pers	☑ Electronic via eSSO □ O son that notified the Department:	ther Pho	
	Other (des	Treatment Plant		
SSO occurred: Mo	obile			
				.°, -86.397067°)]:
arge (street address,	, etc.):			
le I ar	of discharge (RE Latitude: <u>30.8</u> ge (street address	Latitude: 30.827313 ge (street address, etc.):	of discharge (REQUIRED) [Report coordinates in decimal degrees to t Latitude: 30.827313 • Longitude: -88.08	of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022 Latitude: <u>30.827313</u> ° Longitude: <u>-88.083431</u> ° ge (street address, etc.):

Transducers gone bad

Destination of discharge:	Ground Absorbed	Storm Drain* *If the	SSO discharge first entered a storm drain or drainage ditch, you
	Backup into Building/Residence	must	also provide the first named creek or river that receives the flow that storm drain/drainage ditch.
			reached):
	Other (describe):		
Did the discharge reach a des	signated swimming water? 🗌 Yes 🛛 N	o 🔲 Unknown	
Monitoring of the receiving	vater (i.e. visual survey or water quality sar	mpling) is: 🔲 Complete (Mo	nitoring results are attached or have been submitted to ADEM)
		Ongoing (Mor	nitoring results will be submitted to ADEM upon completion)
		Not Performed	
Was the affected area:	Cleaned? 🛛 Yes 🗌 No Disi	nfected? 🛛 Yes 🗌 No	
Are you aware of any other p	otential health or environmental impacts?	No Yes If Yes, please	describe:
		En En contration	
Describe corrective actions	taken, plans to eliminate future discharge	es, and actions or plans to mitig	gate impacts to the environment and/or public health (attach
additional sheets if necessary):		
replace transduc	er		
Indicate efforts to notify pub	lic (check all that apply):	Press Release	Date:
Indicate efforts to notify pub		Press Release Placement of Signs	Date: Date: 09/23/2020
Indicate efforts to notify pub			Date: Date: 09/23/2020 Date:
Other (describ			Date: 09/23/2020
Other (describ Notice not req	e): uired, because:		Date: 09/23/2020
Other (describ Notice not req	e): uired, because: ed (check all that apply):	Placement of Signs	Date: 09/23/2020
Other (describ Notice not req	e): uired, because: ed (check all that apply):	 Placement of Signs County Health Department 	Date: 09/23/2020 Date:
Other (describ	e): ed (check all that apply): e):	 Placement of Signs County Health Department 	Date: 09/23/2020 Date:
Other (describ Notice not req Indicate other officials notifi Other (describ Notice not req	e): ed (check all that apply): e):	 Placement of Signs County Health Department State Health Department 	Date: 09/23/2020 Date:
Other (describ Notice not req Indicate other officials notifi Other (describ Notice not req Other states notified:	e): ed (check all that apply): e): uired, because:	Placement of Signs County Health Department State Health Department Mississippi	Date: 09/23/2020 Date: 09/23/2020 Date: 09/23/2020 Date: 09/23/2020
Other (describ Notice not req Indicate other officials notifi Other (describ Notice not req Other states notified: Were any public water suppl	e): ed (check all that apply): e): uired, because:	Placement of Signs County Health Department State Health Department Mississippi	Date: 09/23/2020 Date: 09/23/2020 Date: 09/23/2020 Date: Date:
Other (describ Notice not req Indicate other officials notifi Other (describ Notice not req Other states notified: Were any public water suppl	e):	Placement of Signs County Health Department State Health Department Mississippi	Date: 09/23/2020 Date: Date: Date: Date: Tennessee
Other (describ Notice not req Indicate other officials notifi Other (describ Other (describ Notice not req Other states notified: Were any public water suppl If yes, who was n I certify that I have personal obtaining the information, I	e):	Placement of Signs County Health Department State Health Department Mississippi Mississippi 'es mation submitted herein. Based true, accurate, and complete. I	Date: 09/23/2020 Date: Date: Date: Date: Tennessee
Other (describ Notice not req Indicate other officials notifi Other (describ Notice not req Notice not req Other states notified: Were any public water suppl If yes, who was n I certify that I have personall obtaining the information, I submitting false information,	e):	Placement of Signs County Health Department State Health Department Mississippi Mississippi 'es mation submitted herein. Based true, accurate, and complete. I	Date: 09/23/2020 Date: Date: 09/23/2020 Date: Date: Date: Tennessee Date: Tennessee
☐ Notice not req Indicate other officials notifi ☐ Other (describ ☐ Notice not req Other states notified: Were any public water suppl If yes, who was n I certify that I have personall obtaining the information, I submitting false information, Signature of Responsible Officials	e):	Placement of Signs County Health Department State Health Department Mississippi Mississippi 'es mation submitted herein. Based true, accurate, and complete. I sonment. igned in F2	Date: 09/23/2020 Date: Date: 09/23/2020 Date: Date: Date: Date: Date: Tennessee On my inquiry of those individuals immediately responsible for an aware that there are significant penalties for knowingly

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ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) SANITARY SEWER OVERFLOW (SSO) EVENT REPORTING FORM

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

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (https://e2.adem.alabama.gov/NPDES).

Permittee Name: Board of Water & Sewer Commiss	sioners of the City o	of Saraland	Permit Number: AL0055786
Facility Name: Saraland WWTP			Facility County: Mobile
Date/Time ¹ SSO Began:	Is the SSO on-going?	Yes X N	If no, Date/Time ¹ SSO Stopped: 9/23/2020 10:13:00 AM
Did the SSO occur during wet weather? The Yes X No			

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🛛 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

REPORT ESTIMATED VOLUME DISCHARGED-REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume	Discharged:	gallor	15	
	$\boxed{\square} \leq 1,000$ gallons		□ 1,000 < gallons ≤ 10,000	□ 10,000 < gallons ≤ 25,000	□ 25,000 < gallons ≤ 50,000
RANGE	50,000 < gallons	≤ 75,000	\Box 75,000 < gallons < 100,000	□ 100,000 < gallons ≤ 250,000	□ 250,000 < gallons ≤ 500,000
	\Box 500,000 < gallons \leq 750,000 \Box 750,000 < gallons \leq 1,0		☐ 750,000 < gallons ≤ 1,000,000		above 1,000,000 gallons in the VALUE section
Method If notific	rtment notified within of notification: Ue cation was <u>not</u> submitte e of discharge event:	rbal/Telephone	Ves INO Date/Time ¹ Electronic via eSSO IO son that notified the Department: Lift Station		
ounty in whi	ich SSO occurred: M	Cleanout	Treatment Plant		
		QUIRED) [Rep	oort coordinates in decimal degrees to t _ • Longitude:88.08		°, -86.397067°)]:
ocation of di	scharge (street address	, etc.):			
lift statio					

Transducers gone bad

Destination of discharge:	Ground Absorbed	must	SSO discharge first entered a storm drain or drainage ditch, you also provide the first named creek or river that receives the flow hat storm drain/drainage ditch.
	Creek or River (name of the first		
	Other (describe):		
Did the discharge reach a des	signated swimming water? 🗌 Yes 🛛	No 🔲 Unknown	
Monitoring of the receiving v	water (i.e. visual survey or water quality s	ampling) is: Complete (Mor	nitoring results are attached or have been submitted to ADEM)
		Ongoing (Mon	itoring results will be submitted to ADEM upon completion)
		Not Performed	
Was the affected area:	Cleaned? 🛛 Yes 🗌 No Di	sinfected? 🛛 Yes 🔲 No	
Are you aware of any other p	otential health or environmental impacts	? 🗷 No 🗌 Yes If Yes, please of	describe:
Describe corrective actions additional sheets if necessary replace transduc	·):	rges, and actions or plans to mitig	ate impacts to the environment and/or public health (attach
Indicate efforts to notify pub	lic (check all that apply):	Press Release	Date:
Indicate efforts to notify pub	lic (check all that apply):	 Press Release Placement of Signs 	Date: 09/23/2020
Other (describ	e):	Placement of Signs	Date: Date: Date:
 Other (describ Notice not req 	e): uired, because:	Placement of Signs	Date:
Other (describ	e): uired, because:	 Placement of Signs County Health Department 	Date: 09/23/2020 Date:
Other (describ Notice not req Indicate other officials notifi	uired, because: ed (check all that apply):	Placement of Signs	Date: 09/23/2020 Date: Date:
Other (describ Other officials notifi	e): uired, because: ed (check all that apply): pe):	 Placement of Signs County Health Department 	Date: 09/23/2020 Date:
Other (describ Notice not req Indicate other officials notifi Other (describ Notice not req	e): cd (check all that apply): ce): uired, because:	 Placement of Signs County Health Department State Health Department 	Date: 09/23/2020 Date: 09/23/2020 Date: 09/23/2020 Date:
Other (describ Other (describ Notice not req Indicate other officials notifi Other (describ Notice not req Other states notified:	e): ed (check all that apply): ee): uired, because: ☐ Florida	Placement of Signs County Health Department State Health Department Mississippi	Date: 09/23/2020 Date: 09/23/2020 Date:
Other (describ Notice not req Indicate other officials notifi Other (describ Notice not req Other states notified: Were any public water suppl	e): ed (check all that apply): ee): uired, because: Georgia y intake locations affected?	Placement of Signs County Health Department State Health Department Mississippi T Yes	Date: 09/23/2020 Date: 09/23/2020 Date: 09/23/2020 Date: Date:
Other (describ Other (describ Notice not req Indicate other officials notifi Other (describ Notice not req Other states notified:	e): ed (check all that apply): ee): uired, because: Georgia y intake locations affected?	Placement of Signs County Health Department State Health Department Mississippi	Date: 09/23/2020 Date: Date: 09/23/2020 Date: Date: Date: Fennessee
☐ Other (describ ☐ Notice not req Indicate other officials notifi ☐ Other (describ ☐ Notice not req Other states notified: Were any public water suppl If yes, who was n I certify that I have personal obtaining the information, I	be):	Placement of Signs County Health Department State Health Department Mississippi Yes Cormation submitted herein. Based of the true, accurate, and complete. I	Date: 09/23/2020 Date: Date: 09/23/2020 Date: Date: Date: Date: Date: Date: fremnessee Date: on my inquiry of those individuals immediately responsible for am aware that there are significant penalties for knowingly
☐ Other (describ ☐ Notice not req Indicate other officials notifi ☐ Other (describ ☐ Notice not req Other states notified: Were any public water suppl If yes, who was n I certify that I have personal obtaining the information, I submitting false information.	be):	Placement of Signs County Health Department State Health Department Mississippi Yes Cormation submitted herein. Based of the true, accurate, and complete. If the true is a complete is the true is a complete. If the true is the true is a complete is the true is the	Date:
☐ Other (describ ☐ Notice not req Indicate other officials notifi ☐ Other (describ ☐ Notice not req Other states notified: Were any public water suppl If yes, who was n I certify that I have personal obtaining the information, I submitting false information.	e):	Placement of Signs County Health Department State Health Department Mississippi Yes Cormation submitted herein. Based of the true, accurate, and complete. If the true is a complete is the true is a complete. If the true is the true is a complete is the true is the	Date: 09/23/2020 Date: Date: 09/23/2020 Date: Date: Date: Date: Date: Date: fremnessee Date: on my inquiry of those individuals immediately responsible for am aware that there are significant penalties for knowingly

General Report Comment or Explanation:

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ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) SANITARY SEWER OVERFLOW (SSO) EVENT REPORTING FORM

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

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (https://e2.adem.alabama.gov/NPDES).

Permittee Name: Board of Water & Sewer Commiss	sioners of the City o	f Saralar	d	Permit Number: AL0055786
Facility Name: Saraland WWTP				Facility County: Mobile
Date/Time1 SSO Began: 10/29/2020 12:30:00 AM	Is the SSO on-going?	TYes	N	o If no, Date/Time ¹ SSO Stopped: 10/29/2020 11:00:00 AM
Did the SSO occur during wet weather? 🛛 Yes 🗌 No				

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🛛 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

REPORT ESTIMATED VOLUME DISCHARGED-REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume	Discharged:	gallor	IS	
	$\Box \leq 1,000$ gallons		⊠ 1,000 < gallons ≤ 10,000	☐ 10,000 < gallons ≤ 25,000	□ 25,000 < gallons ≤ 50,000
RANGE	50,000 < gallons	s ≤ 75,000	\Box 75,000 < gallons \leq 100,000	□ 100,000 < gallons ≤ 250,000	\Box 250,000 < gallons \leq 500,000
	$\Box 500,000 < gallons \le 750,000 \qquad \Box 750,000 < gallons \le 1,000,00$		☐ 750,000 < gallons ≤ 1,000,000		above 1,000,000 gallons n the VALUE section
Vos the Dana	rtment notified within	24 hours? [X] 3	Ver DNa Date/Timel	of Notification: 10/29/2020 12	:45:00 PM
Method	of notification: 🗌 Ve	rbal/Telephone	Electronic via eSSO	ther	
If notifie	cation was not submitte	d via eSSO, per	son that notified the Department:	Pho	ne Number: () -
Indicate source	e of discharge event:	🛛 Manhole	☑ Lift Station	Broken Line	
		Cleanout	Treatment Plant		
		Other (de:	scribe):		
County in wh	ich SSO occurred: M	obile			
soundy in an					
atitude/Long	itude of discharge (RE	QUIRED) [Rej	port coordinates in decimal degrees to t	he precision indicated (e.g. 32.463022	°, -86.397067°)]:
caulter song	· · · · · · · · · · · · · · · · · · ·				
		34117	-88.00	1026	
	Latitude: 30.8	34117	_° Longitude: -88.09	•1026 •	
		10.10 m	_° Longitude: <u>-88.09</u>	1026∘	
Location of d	Latitude: 30.8	s, etc.):	Congitude: -88.09	•1026	

Known or suspected cause of the discharge:

Hurricane "Zeta" caused multiple power outages in this area, and the lift station was unable to operate.

Destination of discharge:	C Ground Absorbed	Storm Drain*	*If the SSO discharge first entered a storm drain or drainage ditch, you
	Backup into Building/Residence	Drainage Ditch*	must also provide the first named creek or river that receives the flow from that storm drain/drainage ditch.
	Creek or River (name of the first na	med surface water the di	scharge reached):
	Other (describe):		
Did the discharge reach a des	signated swimming water? 🗌 Yes 🛛 No	Unknown	
Monitoring of the receiving v	vater (i.e. visual survey or water quality sam	pling) is: 🔲 Compl	ete (Monitoring results are attached or have been submitted to ADEM)
		Ongoin	ng (Monitoring results will be submitted to ADEM upon completion)
		🛛 Not Pe	rformed
Was the affected area:	Cleaned? 🛛 Yes 🗌 No Disin	fected? 🛛 Yes 🗌 N	0
Are you aware of any other p	otential health or environmental impacts?	No Yes If Yes	please describe:

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

Future generator installation at multiple lift stations.

Indicate efforts to notify public (check all that apply):	☐ Press Release➢ Placement of Signs	Date:
Other (describe):		Date:
Notice not required, because:		
Indicate other officials notified (check all that apply):	County Health Department	Date: 10/29/2020
	State Health Department	Date:
Other (describe):		Date:
Notice not required, because:		
Other states notified:	orgia 🗌 Mississippi 🗌 Te	ennessee
Were any public water supply intake locations affected? X	o 🗌 Yes	
If yes, who was notified:		Date:
I certify that I have personally examined and am familiar with obtaining the information, I believe the submitted informatio submitting false information, including the possibility of fine an	on to be true, accurate, and complete. I	
Signature of Responsible Official/Duly Authorized Representat	ive: Signed in E2	Date: 10/29/2020 1:41:20 PM
Name of Responsible Official/Duly Authorized Representative	(type or print): Robert Miller	

General Report Comment or Explanation:

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ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) SANITARY SEWER OVERFLOW (SSO) EVENT REPORTING FORM

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

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Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (https://e2.adem.alabama.gov/NPDES).

Permittee Name: Board of Water & Sewer Commiss	sioners of the City o	f Sarala	nd	Permit Number: AL0055786	
Facility Name: Saraland WWTP			2	Facility County: Mobile	
Date/Time ¹ SSO Began: 10/29/2020 9:00:00 AM	Is the SSO on-going?	X Yes	No	If no, Date/Time ¹ SSO Stopped:	
Did the SSO occur during wet weather? X Yes No					

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🛛 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

REPORT ESTIMATED VOLUME DISCHARGED- REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume	Discharged:	gallo	ns	
	$\Box \le 1,000$ gallons		⊠ 1,000 < gallons ≤ 10,000	□ 10,000 < gallons ≤ 25,000	□ 25,000 < gallons ≤ 50,000
RANGE	50,000 < gallons	≤ 75,000	\Box 75,000 < gallons \leq 100,000	☐ 100,000 < gallons ≤ 250,000	□ 250,000 < gallons ≤ 500,000
	□ 500,000 < gallons ≤ 750,000 □ 750,000 < gallons ≤ 1,000,000			e above 1,000,000 gallons in the VALUE section	
Method If notific	rtment notified within : of notification: Ue ation was <u>not</u> submitte e of discharge event:	rbal/Telephone	Yes ☐ No Date/Time ☐ Electronic via eSSO ☐ O son that notified the Department: ☐ Lift Station	2. / T	00:00 PM
		Cleanout	Treatment Plant		
		Other (des	scribe):		
County in whi	ch SSO occurred: M	obile			
	itude of discharge (RE Latitude: <u>30.8</u> scharge (street address	18444	oort coordinates in decimal degrees to _° Longitude: <u>-88.06</u>	the precision indicated (e.g. 32.463022	°, -86.397067°)]:
415 bay	/ou				

Known or suspected cause of the discharge:

Hurricane "Zeta" caused multiple power outages in this area, and this lift station was unable to operate.

Destination of discharge:	Scound Absorbed	Storm Drain*		ge first entered a storm drain or drainage ditch, you the first named creek or river that receives the flow
	Backup into Building/Reside Creek or River (name of the Other (describe):	first named surface water the dis	from that storm dr scharge reached):	ain/drainage ditch. Bayou Sara
Did the discharge reach a des	ignated swimming water? Yes			
	vater (i.e. visual survey or water qual		te Monitoring resi	Its are attached or have been submitted to ADEM)
wontoning of the receiving v	valer (i.e. visual survey of waler quar			
				ts will be submitted to ADEM upon completion)
		Not Per	formed	
Was the affected area:	Cleaned? 🛛 Yes 🗌 No	Disinfected? Xes N	0	
Are you aware of any other p	otential health or environmental imp	acts? 🛛 No 🗌 Yes If Yes,	please describe:	
Describe corrective actions additional sheets if necessary		scharges, and actions or plans	to mitigate impacts	to the environment and/or public health (attach
Future generator	r installations at multip	le lift stations.		
Indicate efforts to notify pub	lic (check all that apply):	Press Release	Date	
		Placement of Signs	Date	10/29/2020
Other (describ	e):		Date	
Notice not req	uired, because:			10/00/0000
Indicate other officials notific	ed (check all that apply):	County Health Departn		10/29/2020
C Other (describ	c):		ni Date	
Notice not req			Duit	
Other states notified:	🗍 Florida 🛛 Georg	gia 🗌 Mississippi	Tennessee	
	y intake locations affected?			
	Charles and the state of the st			
If yes, who was n	otified:			Date:
obtaining the information, I		to be true, accurate, and comp		ry of those individuals immediately responsible for that there are significant penalties for knowingly
	icial/Duly Authorized Representative			Date: 10/29/2020 1:53:51 PM
Name of Responsible Officia	l/Duly Authorized Representative (ty	ype or print): Robert Mille	er	
	Duly Authorized Representative:			

General Report Comment or Explanation:

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ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) SANITARY SEWER OVERFLOW (SSO) EVENT REPORTING FORM

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

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (https://e2.adem.alabama.gov/NPDES).

Permittee Name: Board of Water & Sewer Commiss	sioners of the City o	f Sarala	nd	Permit Number: AL0055786
Facility Name: Saraland WWTP	- 0. J. C. C.			Facility County: Mobile
Date/Time ¹ SSO Began:	Is the SSO on-going?	🗆 Yes	XN	If no, Date/Time ¹ SSO Stopped: 10/29/2020 2:05:00 PM
Did the SSO occur during wet weather? Xes INo				

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system? 🗌 Yes 🛛 No

If yes, describe the nature of the extreme weather event:_

Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

REPORT ESTIMATED VOLUME DISCHARGED- REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

5,000 □ 25,000 < gallons ≤ 50,000 250,000 □ 250,000 < gallons ≤ 500,000 ted volume above 1,000,000 gallons be entered in the VALUE section 2020 12:00:00 PM
ted volume above 1,000,000 gallons be entered in the VALUE section
be entered in the VALUE section
2020 12:00:00 PM
Phone Number: () -
32.463022°, -86.397067°)]:

Known or suspected cause of the discharge:

Hurricane "Zeta" caused multiple power outages in this area, and this lift station was unable to operate.

Destination of discharge:	Ground Absorbed	m	the SSO discharge first entered a storm drain or drainage ditch, you ast also provide the first named creek or river that receives the flow
	Backup into Building/Residence	Drainage Ditch* fro	om that storm drain/drainage ditch.
	Creek or River (name of the first		rge reached): Dayou Sala
	Other (describe):		
Did the discharge reach a d	esignated swimming water? 🗌 Yes 🔲	No 🛛 Unknown	
Monitoring of the receiving	water (i.e. visual survey or water quality	sampling) is: Complete (!	Monitoring results are attached or have been submitted to ADEM)
		Ongoing (M	Aonitoring results will be submitted to ADEM upon completion)
		Not Perform	ned
Was the affected area:	Cleaned? 🛛 Yes 🗌 No D	isinfected? 🛛 Yes 🔲 No	
Are you aware of any other	potential health or environmental impacts	? 🗷 No 🗌 Yes If Yes, plea	use describe:
Describe corrective action additional sheets if necessa		rges, and actions or plans to n	nitigate impacts to the environment and/or public health (attach
	<i></i>		
Future generate	or installations at multiple	lift stations.	
Indicate efforts to notify pu	blic (check all that apply):	Press Release	Date:
		Placement of Signs	Date: 10/29/2020
Other (descr	ibe):		Date:
The second second second			Date
Notice not re	equired, because:		
Notice not re Indicate other officials noti	equired, because:	County Health Department	10/20/2020
	equired, because:	State Health Department	10/20/2020
	equired, because:	State Health Department	Date: 10/29/2020
Indicate other officials noti	equired, because:	State Health Department	Date:
Indicate other officials noti	equired, because: fied (check all that apply): ibe):	State Health Department	Date:
Indicate other officials noti Other (descr Notice not re Other states notified:	equired, because: fied (check all that apply): ibe): equired, because:	State Health Department Mississippi	Date: Date: Date:
Indicate other officials noti Other (descr Notice not re Other states notified: Were any public water supp	equired, because: fied (check all that apply): ibe): equired, because:	State Health Department Mississippi Yes	Date: 10/29/2020 Date: Date: Date:
Indicate other officials noti D Other (descr Notice not re Other states notified: Were any public water supp If yes, who was I certify that I have persona obtaining the information,	equired, because:	State Health Department Mississippi Yes formation submitted herein. Bas be true, accurate, and complete.	Date: 10/29/2020 Date: Date: Tennessee Date: Date: Date: Date: Date: def on my inquiry of those individuals immediately responsible for
Indicate other officials noti D Other (descr Notice not re Other states notified: Were any public water supp If yes, who was I certify that I have persona obtaining the information, submitting false information	equired, because:	State Health Department Mississippi Yes formation submitted herein. Bas be true, accurate, and complete.	Date: 10/29/2020 Date: Date: Date:
Indicate other officials noti Other (descr Notice not re Other states notified: Were any public water supp If yes, who was I certify that I have persona obtaining the information, submitting false informatio Signature of Responsible C	equired, because:	State Health Department Signed in F2	Date: 10/29/2020 Date: Date: Date: Tennessee Date: Date: ded on my inquiry of those individuals immediately responsible for L am aware that there are significant penaltics for knowingly

General Report Comment or Explanation:

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ADEM FORM 419 MWPP SEWAGE SLUDGE SURVEY

MWPP SEWAGE SLUDGE SURVEY

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

E	acility Background Information:					
1	. Facility Information	F	Permit Num	ber: ALO	05578	
	Name:	Saraland Wastew	ater Treatm	ent Plant		
	Street Address:	104 Station St., S	araland, AL	36571		
	County:	Mobile				
2	Facility Contact					
	Name:	John Vaughn				
	Title:	Interim Utilities	Director/Sup	perintenden	t	
	Telephone:	251-675-5126				
	Permittee Name:	Saraland Wast	ewater Trea	atment Plan	t	
	Mailing Address:	307 Shelton B	each Rd.	-		
		Saraland, AL	36571			
F	acility Flow Information:					
1	, Facility Wastewater Treatment	Capacity				
	Average Daily Flow:		2.3		MGD	
	Facility Design Capa	city:	2.6		MGD	
2	Estimated Septage Quantity Ha	ndled (Residuals Rer	moved from	Septic Tan	k Systems)
	Average Domestic S		0	0.001.000		per month
	Average Commercia	Septage:	0			per month
3	Method of Septage Processing					
	Mixed with Influent	Wastewater for Trea	Itment			
	Mixed with Sewage	Sludge				
	X N/A					
4	Estimated Percentage Contribut	ting Wastewater Flow	v			
	Residential:	97 %				
	Industrial:	3 %				
	Other:	%	Describe:			
5	List type of wastewater treatment	nt process(es) utilized	d at this faci	lity:		
	SBR, UV disinfe	ction, aerobic digesti	on, and cen	trifuge dewa	atering	
6.	Estimated sewage sludge wasti	ng rate at this facility:				lb/day dry weight
			or	30,000		gallons per day
7.	Estimated untreated sludge rece	eived from off site:	1.1	0		lb/day dry weight
			or	0		gallons per day
8	Estimated percent solids of com	bined sewage sludge		atment:	2	%
A	DEM Form 419 07/15 m1					Page 1 of 4
		91				- ABA . ALA

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

Sludge Quantity (untreated pounds per day)

(dry U.S. tons per year)

A CONTRACT OF A CONTRACT AND A CONTRACT	(untreated pounds per day
Aerobic Digestion and Centrifuge for Dewatering	
stimate the total volume of sludge generated:	137.80
onniere nie ister retains standige generater.	

Sludge Disposal Methods

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

	Current I	Practices	Quantity (dry U.S. tons/year)	Proposed	Practices
	Approved Yes	by ADEM <u>No</u>	(0,) 0.0.0,0,0,0,0,0,0,0,0	Approved <u>Yes</u>	by ADEM <u>No</u>
a. 🔽 Land Application, Bulk Shipped			137.80		
Agriculture	1				
Forest					
Public Contact					
Lawn/Home Garden					
b. 🗌 Land Application, Bagged/Other Container					
Agriculture					
Forest					
Public Contact					
Lawn/Home Garden					
c. Incineration					
d. 🗌 Subtitle D Landfill (Disposal Only)				_ □	
e. 🗌 Lined Treatment Lagoon or Stabilization Po	nd 🔲			_ □	
f. 🔲 Unlined Lagoon or Stabilization Pond					

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

Pollutant Concentrations:

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

Analyte	Concentration (mg/kg or ppm)	Sample Type	Sample Date	Detection Level Of Analysis
Arsenic			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				
Ammonium-Nitrogen				
Nitrate-Nitrogen				
Total Kjeldahl Nitrogen				

Enter the estimated or determined percent solids of the sewage sludge when sampled for the above analysis: 18.27 %

Treatment Provided for Sewage Sludge at the Facility:

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

Class A

- Alternative A1 Time and Temperature
- Alternative A2 Alkaline Treatment
- Alternative A3 Analysis and Operation
- Alternative A4 Analysis Only
- Alternative A5 Process to Further Reduce Pathogens (PFRP)

Heat Drying		Thermophilic Aerobic Digestion		Heat	Treatment
-------------	--	--------------------------------	--	------	-----------

Pasteurization Gamma Ray Irradiation

Alternative A6 – PFRP Equivalent____

Class B

Alternative B1 – Fecal Coliform Count

Aerobic Digestion

Alternative B2 – Process top Significantly Reduce Pathogens (PSRP)

Air Drying	
Lime Stabilization	

Anaerobic Digestion

Composting		Lime
Alternative B3 - PSR	Equivalent	

Neither or Unknown

ADEM Form 419 07/15 m1

Vector Attraction Control:

- Option 1 Minimum 38% Reduction in Volatile Solids
- Option 2 Anaerobic Processes with Bench-Scale Demonstration of Volatile Solids Reduction
- Option 3 Aerobic Processes with Bench-Scale Demonstration of Volatile Solids Reduction
- Option 4 Specific Oxygen Uptake Rate (SOUR) for Aerobically Digested Sludge
- Option 5 Aerobic Processes plus Elevated Temperature
- Option 6 Raised pH to 12 and Retained at 11.5
- Option 7 75% Solids with No Unstabilized Solids
- Option 8 90% Solids with Unstabilized Solids
- Option 9 Injection Below Land Surface
- ✓ Option 10 Incorporation into Soil within 6 or 8 Hours
- Option 11 Covering Active Sewage Sludge Unit Daily
- None of the Above

Groundwater Monitoring:

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

*If yes, please submit a copy of the groundwater monitoring reports along with this survey. Also, please provide the approximate depth to groundwater and the groundwater monitoring procedures used to obtain the data.

Land Application of Sewage Sludge:

Answer the following questions if sewage sludge is applied to land.

- If sewage sludge is land applied in bulk form, what type of crop or other vegetation is grown on this site? Bermuda grass hay in summer and ryegrass hay in winter
- If sewage sludge is land applied in bulk form, what is the nitrogen requirement for this crop or vegetation?
 400 lbs. per acre
- 3. If sewage sludge is land applied in bulk form, briefly describe the nature of any complaints filed from neighbors?

No complaints have been filed to our knowledge

ADEM BENEFICIAL USE REPORT

ADEM BENEFICIAL USE REPORT

REPORT PERIOD:	January 1, 2020 thru December 31, 2020
FACILITY NAME:	Saraland Water & Sewer Department 107 Station Street Saraland, AL 36571
FACILITY ID:	n/a
RESPONSIBLE OFFICIAL:	Robert Miller
CONTACT INFORMATION:	251-377-2624
DRY U.S. TONS GENERATED:	137.80
LAND APPLIERS INFORMATION:	GreenSouth Solutions, LLC 30043 Edwards Road Florala, Alabama 36442
ADEM BENEFICIAL USE REGISTRATION:	BUD0000-038386-20
CONTACT INFORMATION:	334-858-2622
SITE AUTHORIZED REPRESENTATIVE:	Cole E. Dunn
APPLICATION SITES:	Alabama County: Mobile
VECTOR ATTRACTION REDUCTION:	Option 10 (Incorporation)

CERTIFICATIONS:

" I certify that the physical and chemical characteristics of the by-product materials, in this case, Class B Municipal Biosolids, are consistent with the information submitted in the approved application. No inconsistencies were discovered in the by-product materials."

ninu SIGNED:

(Generator) Robert Miller

DATE: 2/17/2021

"I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I understand that the information provided will be used to determine compliance with ADEM Admin. Code div. 335-13-16 Requirements for Beneficial Use of By-Product Materials for the Purpose of Land Application. 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."

SIGNED: (Applier) Cole E. Dunn, Vice President GreenSouth Solutions, LLC DATE: February 17, 2021

EPA BIOSOLIDS REPORT



Pace Analytical Services, LLC 4320 Midmost Dr Mobile, AL 36609 251-344-9106

January 08, 2021

Cole Dunn Green South Solutions PO Box 325 Florala, AL 36442

RE: Project: Saraland WWTP Pace Project No.: 20184880

Dear Cole Dunn:

Enclosed are the analytical results for sample(s) received by the laboratory on December 22, 2020. The results relate only to the samples included in this report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services Mobile Labs
- Pace Analytical Services New Orleans

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

State

Savannah Wallace savannah.wallace@pacelabs.com 251-344-9106 Project Manager

Enclosures

REPORT OF LABORATORY ANALYSIS



CERTIFICATIONS

Project: Saraland WWTP

Pace Project No.: 20184880

Pace Analytical Services New Orleans

California Env. Lab Accreditation Program Branch: 11277CA

Florida Department of Health (NELAC): E87595 Illinois Environmental Protection Agency: 0025721 Kansas Department of Health and Environment (NELAC): E-10266

Pace Analytical Services Mobile

4320 Midmost Drive, Mobile, AL 36609 Alabama Certification #: 40810 Louisiana Dept. of Environmental Quality (NELAC/LELAP): 02006 Texas Commission on Env. Quality (NELAC): T104704405-09-TX U.S. Dept. of Agriculture Foreign Soil Import: P330-10-00119

Florida Certification #: E87977

REPORT OF LABORATORY ANALYSIS



SAMPLE SUMMARY

Project: Saraland WWTP

Pace Project No.: 20184880

Lab ID	Sample ID	Matrix	Date Collected	Date Received
20184880001	Jar 1	Solid	12/21/20 16:15	12/22/20 09:00
20184880002	Sample 1	Solid	12/21/20 16:15	12/22/20 09:00
20184880003	Sample 2	Solid	12/21/20 16:15	12/22/20 09:00
20184880004	Sample 3	Solid	12/21/20 16:15	12/22/20 09:00
20184880005	Sample 4	Solid	12/21/20 16:15	12/22/20 09:00
20184880006	Sample 5	Solid	12/21/20 16:15	12/22/20 09:00
20184880007	Sample 6	Solid	12/21/20 16:15	12/22/20 09:00
20184880008	Sample 7	Solid	12/21/20 16:15	12/22/20 09:00

REPORT OF LABORATORY ANALYSIS



SAMPLE ANALYTE COUNT

Project: Saraland WWTP Pace Project No.: 20184880

Lab ID	Sample ID	Method	Analysts	Analytes Reported	
20184880001	Jar 1	EPA 6010	AJS	10	
		EPA 7471	FC1	1	
		EPA 351.2	RVJ	1	
		EPA 365.4	RVJ	1	
		SM 4500-NH3 D	JNB	1	
		SM 4500-NO3 F	JNB	1	
0184880002	Sample 1	SM 9221C/E	PP1	1	
		Moisture	GGG1	1	
0184880003	Sample 2	SM 9221C/E	PP1	1	
		Moisture	GGG1	1	
0184880004	Sample 3	SM 9221C/E	PP1	1	
		Moisture	GGG1	1	
20184880005	Sample 4	SM 9221C/E	PP1	1	
		Moisture	GGG1	1	
0184880006	Sample 5	SM 9221C/E	PP1	1	
		Moisture	GGG1	1	
0184880007	Sample 6	SM 9221C/E	PP1	1	
		Moisture	GGG1	1	
0184880008	Sample 7	SM 9221C/E	PP1	1	
		Moisture	GGG1	1	

PASI-MO = Pace Analytical Services - Mobile Labs PASI-N = Pace Analytical Services - New Orleans

REPORT OF LABORATORY ANALYSIS



ANALYTICAL RESULTS

Project: Saraland WWTP

Pace Project No.: 20184880

Sample: Jar 1	Lab ID: 201	84880001	Collected:	12/21/2	0 16:15	Received: 12	2/22/20 09:00 N	Aatrix: Solid	
Results reported on a "wet-weight"		Unite	Dered	1.1	-	D d	Anthony		
Parameters	Results	Units	Report	Limit	DF	Prepared	Analyzed	CAS No.	Qua
6010 Metals, Total	Analytical Met	hod: EPA 60	10 Preparat	ion Meth	od: EPA	3050			
	Pace Analytica	al Services -	New Orleans	5					
Arsenic	ND	mg/kg		1.0	1	12/28/20 08:26	12/28/20 13:16	7440-38-2	
Beryllium	ND	mg/kg		0.50	1	12/28/20 08:26	12/28/20 13:16	7440-41-7	
Cadmium	ND	mg/kg		0.50	1	12/28/20 08:26	12/28/20 13:16	7440-43-9	
Chromium	7.3	mg/kg		1.0	1		12/28/20 13:16		
Copper	130	mg/kg		1.0	1	12/28/20 08:26	12/28/20 13:16	7440-50-8	
Lead	6.0	mg/kg		0.50	1	12/28/20 08:26	12/28/20 13:16	7439-92-1	
Molybdenum	1.6	mg/kg		1.0	1	12/28/20 08:26	12/28/20 13:16	7439-98-7	
Nickel	ND	mg/kg		4.0	1	12/28/20 08:26	12/28/20 13:16	7440-02-0	
Selenium	ND	mg/kg		2.0	1	12/28/20 08:26	12/28/20 13:16	7782-49-2	
Zinc	225	mg/kg		5.0	1	12/28/20 08:26	12/28/20 13:16	7440-66-6	
7471 Mercury	Analytical Met	hod: EPA 74	71 Preparat	ion Meth	od: EPA	7471			
	Pace Analytica								
Mercury	0.094	mg/kg		0.014	1	12/30/20 08:16	12/30/20 15:31	7439-97-6	M1
351.2 Total Kjeldahl Nitrogen	Analytical Met	hod: EPA 35	51.2 Prepara	tion Met	hod: EP	A 351.2			
	Pace Analytica								
Nitrogen, Kjeldahl, Total	856	mg/kg		193	4	12/30/20 15:10	12/31/20 13:18	7727-37-9	
365.4 Total Phosphorus	Analytical Met	hod: EPA 36	5.4 Prepara	tion Met	hod: EP	A 365.4			
	Pace Analytica	al Services -	New Orleans	5					
Phosphorus	3760	mg/kg		96.3	10	12/30/20 15:11	12/31/20 13:51	7723-14-0	
4500 Ammonia Soil, Distilled	Analytical Met	hod: SM 45	00-NH3 D Pr	eparatic	n Metho	d: SM 4500-NH	3 B		
	Pace Analytica	al Services -	New Orleans	5					
Nitrogen, Ammonia	113	mg/kg		9.4	10	12/23/20 12:34	12/23/20 14:40	7664-41-7	
SM4500NO3-F, NO3-NO2	Analytical Met	hod: SM 45	00-NO3 F Pr	eparatio	n Metho	d: SM 4500-NO	3 F		
	Pace Analytica			- Contra (1997)					
Nitrogen, NO2 plus NO3	111	mg/kg		4.7	10	12/23/20 12:34	12/23/20 14:47		D3
Sample: Sample 1	Lab ID: 201	84880002	Collected:	12/21/2	0 16:15	Received: 12	2/22/20 09:00 N	Aatrix: Solid	
Results reported on a "wet-weight"	basis								
Parameters	Results	Units	Report	Limit	DF	Prepared	Analyzed	CAS No.	Qual
MOB 9221E Fecal Coliform, MPN	Analytical Met Pace Analytica				lethod: S	SM 9221C/E			
Freed California MEN			MODIIC Labs		105	10/00/00 10 11			Sec.
Fecal Coliforms, MPN	100565.682 0	MPN/g		2.0	100	12/22/20 12:39	12/23/20 12:45		N2,u2

REPORT OF LABORATORY ANALYSIS



ANALYTICAL RESULTS

Sample: Sample 1	Lab ID: 20	184880002	Collected: 12	/21/20 16:1	15 Received:	12/22/20 09:00	Matrix: Solid					
Results reported on a "wet-weight"	basis											
Parameters	Results	Units	Report Lin	nit DF	Prepared	Analyzed	CAS No.	Qual				
Percent Moisture	Analytical Method: Moisture Pace Analytical Services - New Orleans											
Percent Moisture	81.2	%	C	.50 1		01/07/21 08:4	3					
Sample: Sample 2 Results reported on a "wet-weight"	Lab ID: 20	184880003	Collected: 12	/21/20 16:	15 Received:	12/22/20 09:00	Matrix: Solid	11.				
Parameters	Results	Units	Report Lir	nit DF	Prepared	Analyzed	CAS No.	Qua				
MOB 9221E Fecal Coliform, MPN	Analytical Me Pace Analytic		1C/E Preparat Mobile Labs	ion Method	: SM 9221C/E							
Fecal Coliforms, MPN	99440.6464	MPN/g		2.0 100	12/22/20 12:	39 12/23/20 12:4	5	N2				
Percent Moisture	Analytical Me Pace Analytic											
Percent Moisture	81.1	%	c	0.50 1		01/07/21 08:4	3					
Sample: Sample 3	Lab ID: 20	184880004	Collected: 12	/21/20 16:	15 Received:	12/22/20 09:00	Matrix: Solid					
Results reported on a "wet-weight"	' basis						1.1.1.1.1.1					
Parameters	Results	Units	Report Li	mit DF	Prepared	Analyzed	CAS No.	Qua				
MOB 9221E Fecal Coliform, MPN		Analytical Method: SM 9221C/E Preparation Method: SM 9221C/E Pace Analytical Services - Mobile Labs										
Fecal Coliforms, MPN	28897.8495	MPN/g		2.0 100	12/22/20 12:	39 12/23/20 12:4	5	N2				
Percent Moisture	Analytical Me Pace Analytic		e New Orleans									
Percent Moisture	82.5	%	0	0.50 1		01/07/21 08:4	13					
	Lab ID: 20	184880005	Collected: 12	2/21/20 16:	15 Received:	12/22/20 09:00	Matrix: Solid					
Sample: Sample 4 Results reported on a "wet-weight"								Qua				
the second state of the sub-		Units	Report Li	mit DF	Prepared	Analyzed	CAS No.	10000				
Results reported on a "wet-weight" Parameters	Results	Units	21C/E Preparat			Analyzed	CAS No.					
Results reported on a "wet-weight" Parameters MOB 9221E Fecal Coliform, MPN	Results Analytical Me	Units	21C/E Preparat		1: SM 9221C/E	Analyzed		N2				
Results reported on a "wet-weight"	* basis Results Analytical Me Pace Analytic 58673.4694 Analytical Me	Units thod: SM 922 al Services - MPN/g thod: Moistur	21C/E Preparat Mobile Labs	ion Method	1: SM 9221C/E							

REPORT OF LABORATORY ANALYSIS



ANALYTICAL RESULTS

Project: Saraland WWTP

Pace Project No.: 20184880

Sample: Sample 5	Lab ID:	20184880006	Collected:	12/21/2	20 16:15	Received: 12	2/22/20 09:00	Matrix: Solid				
Results reported on a "wet-weight"	basis											
Parameters	Results	Units	Report	Limit	DF	Prepared	Analyzed	CAS No.	Qual			
MOB 9221E Fecal Coliform, MPN		Method: SM 92 ytical Services			Nethod: S	6M 9221C/E						
Fecal Coliforms, MPN	101781.17	0 MPN/g 5		2.0	100	12/22/20 12:39	12/23/20 12:4	5	N2,u2			
Percent Moisture	· · · · · · · · · · · · · · · · · · ·	Method: Moistu ytical Services		5								
Percent Moisture	81.	3 %		0.50	1		01/07/21 08:43	3				
Sample: Sample 6	Lab ID:	20184880007	Collected:	12/21/2	20 16:15	Received: 12	2/22/20 09:00	Matrix: Solid	_			
Results reported on a "wet-weight"	basis											
Parameters	Results	Units	Report	Limit	DF	Prepared	Analyzed	CAS No.	Qual			
MOB 9221E Fecal Coliform, MPN	Analytical Method: SM 9221C/E Preparation Method: SM 9221C/E Pace Analytical Services - Mobile Labs											
Fecal Coliforms, MPN	105471.32	5 MPN/g		2.0	100	12/22/20 12:39	12/23/20 12:4	5	N2,u2			
Percent Moisture	a character for the second	Method: Moistu lytical Services		s								
Percent Moisture	82.	4 %		0.50	٦		01/07/21 08:4	3				
Sample: Sample 7		20184880008	Collected:	12/21/2	20 16:15	Received: 1	2/22/20 09:00	Matrix: Solid				
Results reported on a "wet-weight"												
Parameters	Results	Units	Report	t Limit	DF	Prepared	Analyzed	CAS No.	Qual			
MOB 9221E Fecal Coliform, MPN	Analytical Method: SM 9221C/E Preparation Method: SM 9221C/E Pace Analytical Services - Mobile Labs											
Fecal Coliforms, MPN	106524.63	3 MPN/g 8		2.0	100	12/22/20 12:39	12/23/20 12:4	5	N2,u2			
Percent Moisture	the second se	Method: Moistu lytical Services		s								
Percent Moisture	82.			0.50	1		01/07/21 08:4	3				

REPORT OF LABORATORY ANALYSIS



QUALITY CONTROL DATA

Project: Pace Project No.:	Saraland WWTP 20184880														
QC Batch:				Analysis Method:			EPA 7471								
QC Batch Method:		Analysis Description:			7471 Mercury										
	QC Batch Method: EPA 7471			Laboratory:			Pace Analytical Services - New Orleans								
Associated Lab San	nples: 201848800	01													
METHOD BLANK:	995969			Matrix: So	blid										
Associated Lab San	nples: 201848800	01													
	224.00		Bla		Reporting			0.110							
3. 2010-111	Parameter		Units Res				zed	Qualifiers							
Mercury		mg/kg		ND	0.02	20 12/30/20	0 16:02								
LABORATORY CON	NTROL SAMPLE:	995970	- 1.	-						-					
			Spike	LC	s	LCS % F		ec							
Paran	neter	Units	Conc.	Res	sult	% Rec	Limit	ts	Qualifiers						
Mercury		mg/kg	0	.1	0.10	102	2 8	80-120							
MATRIX SPIKE & M	IATRIX SPIKE DUPL	ICATE: 9959	71		995972	4						_			
			MS	MSD											
		20184880001	Spike	Spike	MS	MSD	MS	MSD	% Rec	-	Max				
Parameter	Units	Result	Conc.	Conc.	Result	Result	% Rec	% Rec	Limits	RPD	RPD	Qua			
Mercury	mg/kg	0.094	0.081	0.091	0.24	0.23	177	154	75-125	2	20	M1			

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Project:	Saraland WWTP						
Pace Project No.:	20184880						
QC Batch:	211478		Analysis Met	hod: SN	1 9221C/E	1. N. C. P.	
QC Batch Method:	SM 9221C/E		Analysis Des	cription: M	OB 9221E Fecal C	Coliform MPN	
			Laboratory:	Pa	ice Analytical Serv	vices - Mobile Labs	6 S.
Associated Lab Sar	nples: 20184880	002, 20184880003,	20184880004, 2	0184880005, 20	184880006, 2018	4880007, 2018488	30008
METHOD BLANK:	993242		Matrix:	Solid			
Associated Lab Sar	nples: 20184880	002, 20184880003,	20184880004, 2	0184880005, 20	184880006, 2018	4880007, 2018488	30008
			Blank	Reporting			
Para	meter	Units	Result	Limit	Analyzed	Qualifiers	
Fecal Coliforms, MI	PN .	MPN/g	0	2.0	12/23/20 12:45	N2	

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Project:	Saraland WWTP

Pace Project No.: 20184880

Contract and the state of			
QC Batch:	211781	Analysis Method:	EPA 6010
QC Batch Method:	EPA 3050	Analysis Description:	6010 MET
		Laboratory:	Pace Analytical Services - New Orleans
A	1		

Matrix: Solid

Associated Lab Samples: 20184880001

METHOD BLANK: 994795

Associated Lab Samples: 20184880001

		Blank	Reporting		
Parameter	Units	Result	Limit	Analyzed	Qualifiers
Arsenic	mg/kg	ND	1.0	12/28/20 12:40	
Beryllium	mg/kg	ND	0.50	12/28/20 12:40	
Cadmium	mg/kg	ND	0.50	12/28/20 12:40	
Chromium	mg/kg	ND	1.0	12/28/20 12:40	
Copper	mg/kg	ND	1.0	12/28/20 12:40	
ead	mg/kg	ND	0.50	12/28/20 12:40	
olybdenum	mg/kg	ND	1.0	12/28/20 12:40	
ickel	mg/kg	ND	4.0	12/28/20 12:40	
Selenium	mg/kg	ND	2.0	12/28/20 12:40	
inc	mg/kg	ND	5.0	12/28/20 12:40	

LABORATORY CONTROL SAMPLE: 994796

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Arsenic	mg/kg	100	96.9	97	84-115	
Beryllium	mg/kg	100	100	100	85-115	
Cadmium	mg/kg	100	98.3	98	85-115	
Chromium	mg/kg	100	102	102	85-115	
Copper	mg/kg	100	102	102	85-115	
ead	mg/kg	100	99.6	100	85-115	
Nolybdenum	mg/kg	100	103	103	85-115	
lickel	mg/kg	100	100	100	85-115	
Selenium	mg/kg	100	92.9	93	77-115	
Zinc	mg/kg	100	98.0	98	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 994797

MATRIX SPIKE & MATRIX	SPIKE DUPLIC	ATE: 9947	97		994798							
	6	0356547001	MS Spike	MSD Spike	MS	MSD	MS	MSD	% Rec		Max	
Parameter	Units	Result	Conc.	Conc.	Result	Result	% Rec	% Rec	Limits	RPD	RPD	Qual
Arsenic	mg/kg	5.1	94.3	76.9	94.7	77.5	95	94	80-120	20	20	
Beryllium	mg/kg	ND	94.3	76.9	93.6	76.3	99	99	80-120	20	20	
Cadmium	mg/kg	ND	94.3	76.9	90.6	73.7	96	96	80-120	21	20	R1
Chromium	mg/kg	5.1	94.3	76.9	97.5	80.1	98	97	80-120	20	20	
Copper	mg/kg	266	94.3	76.9	342	292	80	33	80-120	16	20	M1
Lead	mg/kg	2.2	94.3	76.9	94.5	76.8	98	97	80-120	21	20	R1
Molybdenum	mg/kg	ND	94.3	76.9	96.1	77.2	102	100	80-120	22	20	R1
Nickel	mg/kg	4.2	94.3	76.9	95.8	78.5	97	97	80-120	20	20	

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Project: Saraland WWTP Pace Project No.: 20184880

MATRIX SPIKE & MATRIX	SPIKE DUPLIC	ATE: 9947	97		994798			-				
Parameter	60 Units	0356547001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Selenium	mg/kg	ND	94.3	76.9	86.4	70.6	91	92	80-120	20	20	
Zinc	mg/kg	10.9	94.3	76.9	99.1	83.8	93	95	80-120	17	20	

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Date: 01/08/2021 04:09 PM



Project:	Saraland WWTP								
Pace Project No.:	20184880								
QC Batch:	212681		Analysis Meth	od: N	Noisture				
QC Batch Method:	Moisture		Analysis Desc	cription: D	Dry Weight/Per	cent Moisture	•		
			Laboratory:	F	ace Analytical	Services - N	ew Orlea	ins	
Associated Lab Sa	mples: 201848800	002, 201848800	03, 20184880004, 20	184880005, 2	20184880006,	2018488000	7, 201848	880008	
SAMPLE DUPLICA	TE: 998745		and the second			1200			
		and a second	20186192021	Dup		Max			
Para	meter	Units	Result	Result	RPD	RPD)	Qualifiers	
Percent Moisture	a contraction of the	%	22.2	21.4	4	4	20		

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Project: Pace Project No.:	Saraland WWTP 20184880								
QC Batch:	212025		Analysis M	lethod:	E	PA 351.2			
QC Batch Method:	EPA 351.2		Analysis D		: 3	51.2 TKN			
			Laboratory	<i>r</i> :	P	ace Analytical S	Services - Nev	v Orleans	
Associated Lab Sam	ples: 20184880	0001							
METHOD BLANK:	995721		Matri	x: Solid					
Associated Lab Sam	ples: 20184880	0001							
			Blank	Repo	orting				
Param	leter	Units	Result	Lir	nit	Analyzed	Quali	iers	
Nitrogen, Kjeldahl, T	otal	mg/kg	N	D	50.0	12/31/20 12:	36		
LABORATORY CON	ITROL SAMPLE:	995722					·		
			Spike	LCS		LCS	% Rec		
Param	leter	Units	Conc.	Result		% Rec	Limits	Qualifiers	
Nitrogen, Kjeldahl, T	otal	mg/kg	434	4	78	110	80-120		
MATRIX SPIKE SAM	IPLE:	995724							
			201849330	01 Sp	oike	MS	MS	% Rec	
Param	leter	Units	Result	Co	onc.	Result	% Rec	Limits	Qualifiers
Nitrogen, Kjeldahl, T	otal	mg/kg	3	3750	25100	53000	1	15 75-12	5 M6
SAMPLE DUPLICAT	E: 995723			-		_	-		
			20184933001		up		Max		
Param		Units	Result		sult	RPD	RPD	Qualifiers	2.0
Nitrogen, Kjeldahl, T	otal	mg/kg	375	0	52800		7	20	

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Project:	Saraland WWTP									
Pace Project No.:	20184880									
QC Batch:	212026		Analysis M	ethod	E	PA 365.4				
QC Batch Method:	EPA 365.4		Analysis D	escrip	tion: 3	65.4 Total Phos	phorus			
			Laboratory	c	P	ace Analytical	Services - New	w Orle	ans	
Associated Lab San	nples: 20184880	0001								
METHOD BLANK:	995725		Matri	x: Sol	lid					
Associated Lab San	nples: 20184880	0001								
			Blank	R	Reporting					
Paran	neter	Units	Result		Limit	Analyzed	Quali	fiers		
Phosphorus		mg/kg	NE	0	10.0	12/31/20 13:	48		-	
LABORATORY CO	NTROL SAMPLE:	995726					1.0			
			Spike	LCS	S	LCS	% Rec			
Parar	neter	Units	Conc.	Rest	ult	% Rec	Limits	Qu	alifiers	
Phosphorus		mg/kg	166		172	103	80-120			
MATRIX SPIKE SA	MPLE:	995728								
		201121	2018493300	01	Spike	MS	MS		% Rec	
Parar	neter	Units	Result		Conc.	Result	% Rec		Limits	Qualifiers
Phosphorus		mg/kg		996	25000	16300		13	75-125	M6
SAMPLE DUPLICA	TE: 995727		1.0.1.0.4.0.0.0						_	
		11.11	20184933001		Dup		Max		0	
Parar	neter	Units	Result	_	Result	RPD	RPD		Qualifiers	-
Phosphorus		mg/kg	99	6	13700)	4	20		

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	Saraland WWTP 20184880									
QC Batch:	211629	_	Analysis M	Aethoo	d: t	SM 4500-NH3 D	-			
QC Batch Method:	SM 4500-NH3 B	10 B	Analysis I	Descrip	otion:	1500 Ammonia,	Distilled			
				Laboratory: Pace Analytical Services - New Orleans						
Associated Lab Sam	ples: 20184880	0001								
METHOD BLANK:	994025		Mat	rix: So	olid					
Associated Lab Sam	ples: 20184880	0001								
			Blank	F	Reporting					
Param	eter	Units	Result		Limit	Analyzed	Quali	fiers		
Nitrogen, Ammonia	A REAL PROPERTY OF	mg/kg	N	D	1.	0 12/23/20 14:	20			
LABORATORY CON	TROL SAMPLE:	994026								
			Spike	LC		LCS	% Rec			
Param	eter	Units	Conc.	Res	ult	% Rec	Limits	Qu	alifiers	
Nitrogen, Ammonia		mg/kg	108		106	98	80-120			
MATRIX SPIKE SAM	IPLE:	994028								
			201832070	003	Spike	MS	MS		% Rec	
Param	eter	Units	Result		Conc.	Result	% Rec		Limits	Qualifiers
Nitrogen, Ammonia		mg/kg		1200	6100	7140	3	97	75-125	- 24
SAMPLE DUPLICAT	E: 994027		-		_		-			
			2018320700	3	Dup		Max			
Param	eter	Units	Result		Result	RPD	RPD	1.1	Qualifiers	
Nitrogen, Ammonia		mg/kg	120	00	155	0 2	6	20 E	06	

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Nitrogen, NO2 plus	NO3	mg/kg	1140	123	0	7	20 D3	
SAMPLE DUPLICA Parar		Units	20183207003 Result	Dup Result	RPD	Max RPD	Qualifiers	
Nitrogen, NO2 plus	NO3	mg/kg	1140	1220	2280	93	80-120	D D3
Paran	neter	Units	20183207003 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
MATRIX SPIKE SAI	MPLE:	994024						
Nitrogen, NO2 plus	NO3	mg/kg	161	176	109	80-120		
Paran	neter	Units	1	CS esult	LCS % Rec	% Rec Limits	Qualifiers	
ABORATORY CON	NTROL SAMPLE:	994022	12.04					
Nitrogen, NO2 plus	NO3	mg/kg	ND	0.5	0 12/23/20 14:2	29		
Paran	neter	Units	Blank Result	Reporting Limit	Analyzed	Qualifie	ers	
METHOD BLANK: Associated Lab San		0001	Matrix: S	Solid				
Associated Lab San	nples: 20184880	0001						
QC Batch Method:	SM 4500-NO3 F		Analysis Descr Laboratory:		SM4500NO3-F, N Pace Analytical S		Orleans	
QC Batch:	211628		Analysis Metho		SM 4500-NO3 F	13		
Pace Project No .:	20184880							_
Project:	Saraland WWTP							

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REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: Saraland WWTP

Pace Project No.: 20184880

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

ANALYTE QUALIFIERS

- D3 Sample was diluted due to the presence of high levels of non-target analytes or other matrix interference.
- D6 The precision between the sample and sample duplicate exceeded laboratory control limits.
- M1 Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.
- M6 Matrix spike and Matrix spike duplicate recovery not evaluated against control limits due to sample dilution.
- N2 The lab does not hold NELAC/TNI accreditation for this parameter but other accreditations/certifications may apply. A complete list of accreditations/certifications is available upon request.
- R1 RPD value was outside control limits.
- u2 Colonies are too numerous to count. Actual result may be greater than reported.

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project:	Saraland WWTP
Pace Project No.:	20184880

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
20184880001	Jar 1	EPA 3050	211781	EPA 6010	211870
20184880001	Jar 1	EPA 7471	212059	EPA 7471	212113
20184880002	Sample 1	SM 9221C/E	211478	SM 9221C/E	211617
20184880003	Sample 2	SM 9221C/E	211478	SM 9221C/E	211617
20184880004	Sample 3	SM 9221C/E	211478	SM 9221C/E	211617
20184880005	Sample 4	SM 9221C/E	211478	SM 9221C/E	211617
20184880006	Sample 5	SM 9221C/E	211478	SM 9221C/E	211617
20184880007	Sample 6	SM 9221C/E	211478	SM 9221C/E	211617
20184880008	Sample 7	SM 9221C/E	211478	SM 9221C/E	211617
20184880002	Sample 1	Moisture	212681		
20184880003	Sample 2	Moisture	212681		
20184880004	Sample 3	Moisture	212681		
20184880005	Sample 4	Moisture	212681		
20184880006	Sample 5	Moisture	212681		
20184880007	Sample 6	Moisture	212681		
20184880008	Sample 7	Moisture	212681		
20184880001	Jar 1	EPA 351.2	212025	EPA 351.2	212192
20184880001	Jar 1	EPA 365.4	212026	EPA 365.4	212196
20184880001	Jar 1	SM 4500-NH3 B	211629	SM 4500-NH3 D	211672
20184880001	Jar 1	SM 4500-NO3 F	211628	SM 4500-NO3 F	211671

REPORT OF LABORATORY ANALYSIS

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Relinquished by/Company: (Signature)	Befinquished by/Company: (Signature)	Old Monue	Relinquished by Gompany (Signature)			Customer Remarks / Special Conditions / Possible Hazards:		Si o	7 0	6. 01	10	н. о	3.	d. 01	2. 01	1. 07		Customer Sample ID	 Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SL), Oil (OL), Wipe (WP), Air (AR), Tissue (TS), Bioassay (B), Vapor (V), Other (OT) 	opriate f Return		2	JT Thomas a	6010 W97Ecoquil	U	e/Number:	Copy To: Cote of recusoutin Salutions.com	Address: 20851 Smycan Rd	GreenSouth Solutions	Pace Analytical	9
I						s / Possible Haza		1	1	1	T	07		-	T	7		Matrix *	elow): Drinking Wipe (WP), Air ([] S Day	Rush:	Turnaround Date Required:	Quote #:	Site/Facility ID #:	MTY-	50	Salutions	d , Florala	ons	Chain-of-C	CHAIN-O
Date/Time	Date/Time	11-2	Date/Time	R	P				E	1	1	15	la	10				Comp / Grab	Water (D AR), Tissu	ha		Required				S	-	AL		ustody is	F-CUST
		WY DY DY DY DY DY	imet	adchem sample(s) s	Packing Material Used:	Type of Ice Used:	L GL	12 424 12	12-21-20	id-A-do	harando	13-21-20	12-21-20	121-20	Hallab 1	11:11 D 4:15m	Date Time	Collected (or Composite Start)	W), Ground Water le (TS), Bioassay (B)] Next Day]4 Day]5 Day rges Apply)				and a second	AL Sarahard	State: County/City:	Site Collection Intel/Address:	20851 Sayra	Billing Information: Green South Solutians	a LEGAL DOCUMEN	TODY Analyti
Received by/Company: (Signature)	Received by/Company:		Received by/Company	Radchem sample(s) screened (<s00 cpm):<="" td=""><td>ed:</td><td>(Wet) Blue Dry</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>and a state</td><td>Date Time</td><td>Composite End</td><td>(GW), Wastewater (W) , Vapor (V), Other (OT)</td><td></td><td>tered (i</td><td>Immediately Packed on</td><td>DW PWS ID # DW Location Code:</td><td>[Yes [] No</td><td>J I IPTI IMTI</td><td></td><td>Collocatery, South solutions, com</td><td>38551 Snymike, Florada, the 36442</td><td>Solutions</td><td>Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevent fields</td><td>CHAIN-OF-CUSTODY Analytical Request Document</td></s00>	ed:	(Wet) Blue Dry										and a state	Date Time	Composite End	(GW), Wastewater (W) , Vapor (V), Other (OT)		tered (i	Immediately Packed on	DW PWS ID # DW Location Code:	[Yes [] No	J I IPTI IMTI		Collocatery, South solutions, com	38551 Snymike, Florada, the 36442	Solutions	Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevent fields	CHAIN-OF-CUSTODY Analytical Request Document
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e)	e) I	D	e)	NA		ræ	0	H		-	-	-	-	-			-	the ctns	0	1					() ET				-		-
Date/Time:	Date/Time:	12	Date/Time:	Samples received via: FEDEX UPS	Lab Tracking #:	SHORT HOLDS PR			X	X	X	X	X	X	X	∧ XX	1 47	Tota SD= Fl	al 3 Ca	Niti	10	ph scn 15		25	1113	2	(6) methanol, (7) sodium b (C) ammonium hydroxide,				LAB USE O
PM:	Template: Prelogin:	ACCTINUM:	0906 MT	via: S Client Courier	25761	SHORT HOLDS PRESENT (<72 hours):																				Mildiyses	(D) TSP, (U) Unpreserved.		ALL SHADED .	z	USE ONLY- Affix Workorder
			MTJL LAB USE ONLY		46	z																_					(O) Other	10107		μ	5
Non Conformante(s): Page: 1	HCL MEOH TSP OTher		SE ONLY Comments:	Pace Courier Cooler 1 Therm Corr. Factor: U.oc Cooler 1 Corrected Temp: 2.1.oc	Cooler 1 Temp Upon Receipt: 21 oC	Info:												Lab Sample # / Comments:	TVB ACELORE SETTER:	rips: rips: de present	Residual Chiorine Present IN MA	gulated Soils		ture Present	Custody Seals Present/Intact y N	Lab Sample Receipt Checklist:	 (6) methanol, (7) sodium bisulfate, (8) sodium thiosulfate, (9) hexane, (A) ascorbic acid, (8) ammonium sulfate (C) ammonium hydroxide, (D) TSP, (U) Unpreserved, (O) Other 	0000		WU#:20184880	14.00101000

ADEM FORM 441 PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

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DEDI NE STATE	Saraland		vater Ir	eatment	Plant	- PLANT	GRADE:	_10				
PERMIT NUMBER:	AL00557	86										
PLANT SUPERINTEND	DENT:	Robert	Miller				TEL. #	_251-679-551				
SYSTEM MANAGER:		John V	aughn				TEL. #	251-675-512				
PLANT OPERATORS:	AME			DE OR E STATUS	1 0	PERATOR NO.	I EXP.	DATE				
Robert S. Miller			ľ	V		C007953		1/2022				
Adrian D. Parke	er 👘		1	11		C005919	04/3	04/30/2022				
James O. Wiggin	ns (As Nee	ded)	I	V		C002607		11/30/2021				
						1						
					1		-					
			C				-					
							-					
		MAN HE		NUMBER								
MANAGEMENT/SUPER OPERATOR(S):	GRADE I-C GRADE I	40				AVERAGE NUMBE	R OF EMPLOY	ES PER SHIFT				
OPERATOR(S):	GRADE I-C GRADE I GRADE II					AVERAGE NUMBE		EES PER SHIFT:				
OPERATOR(S):	GRADE I-C GRADE I GRADE II GRADE III	48	3	1		1ST 3	_	TART TIME 8:00 a.				
OPERATOR(S):	GRADE I-C GRADE I GRADE II GRADE III GRADE IV		3				_	TART TIME 8:00 a.I				
OPERATOR(S): DESIGNATED TRAINE LABORATORY	GRADE I-C GRADE I GRADE II GRADE III GRADE IV	48	3.	1		1ST 3 2ND 1	_	TART TIME 8:00 a.I				
OPERATOR(S): DESIGNATED TRAINE LABORATORY MAINTENANCE	GRADE I-C GRADE I GRADE II GRADE II GRADE IV E(S)	48 48 40	3	1 2 1		1ST 3 2ND 1	_	TART TIME 8:00 a.				
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ADEM FORM 418 MWPP RESOLUTION FORM

Municipal Water Pollution Prevention Resolution Form

MUNICIPAL WATER POLLUTION PREVENTION (MWPP) PROGRAM

RESOLVED that the (City) (Board) of Water and Sewer Commissioners of the City of Saraland

informs the Department of Environmental Management that the following

actions were taken by (governing body) Water and Sewer Commissioners of the City of Saraland

1. Reviewed the MWPP Annual Report which is attached to this resolution.

2. Set forth the following actions and schedule necessary to maintain effluent requirements contained in the NPDES Permit, and to prevent the bypass and overflow of raw sewage within the collection system or at the treatment plant:

- (a) Continue making collection and treatment system repairs/replacements as needed and O&M procedure needs for the WWTP personnel
- (b) Continue training and education for personnel of the collection and treatment systems
- Continue performing CCTV, cleaning, smoke testing, and other inspection tasks to the collection system. The (c) Master Plan currently in development will identify and prioritize repair/replacement needs as well as other necessary O&M-related improvements.
- (d) Continue to obtain back-up power supply for all lift stations and ensure lift stations provide adequate capacity.

Passed by a (majority)(unanimous) vote of the Board of Water and Sewer Commissioners of the City of Saraland on (date).

ADEM FORM 418 8/02