

# 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

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MAY 2021

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**2020 MUNICIPAL WATER POLLUTION  
PREVENTION ANNUAL REPORT**

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**ADEM FORM 417**  
**MUNICIPAL WATER POLLUTION PREVENTION ANNUAL REPORT**

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# MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

## ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: Saraland Wastewater  
Treatment Plant NPDES #: AL0055786  
MUNICIPALITY: Board of Water and Sewer Commissioners  
of the City of Saraland, Alabama COUNTY: Mobile

CONTACT PERSON: Ron Mitchell  
Responsible Official  
President  
Title  
Telephone #: 251-675-5126 Fax #: 251-675-5126  
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Email Address: rmiller@saralandwater.com  
Date: 5/4/2021

REVIEWED BY: Volkert, Inc.  
Consulting Engineer  
Telephone #: 251-342-1070 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 digester capacity may be used in the calculation.
- Part 6      A.    Sludge Disposal Method  
              B.    The number of approved land disposal sites for sludge available, and how many months or years these disposal sites will these be available for use.
- Part 7      The number of sewer extensions installed in the community last year, the design population, design flow, and design BOD (CBOD) for each sewer extension.
- Part 8      Operator Certification
- Part 9      Financial Status
- Part 10     Subjective Evaluation
- Part 11     Summary Sheet



***Instructions to the Operator-in-Charge***

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

Facility Name: Saraland Wastewater Treatment Plant

**Part 1: Influent Loading/Flows**

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

Month	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD <sub>5</sub> (CBOD <sub>5</sub> ) Concentration (mg/l)	Column 3 Average Loading BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day <sup>**</sup> )
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
<b>Annual Avg.</b>	<b>2.02</b>	<b>186.9</b>	<b>3033</b>

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

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

	Average Design Flow (MGD)	Average Design BOD <sub>5</sub> (CBOD <sub>5</sub> ) Loading (lbs/day)
Design Criteria	2.60	7,590
90% of the Design Criteria	2.36	6,831

- C. How many times did the monthly flow (Column 1) to the WWTP exceed 90% of design flow?  
3 (Check the appropriate point total)  
☒ 0 - 4 = 0 points      ☐ 5 or more = 5 points
- D. How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?  
2 (Check the appropriate point total)  
☐ 0 = 0 points      ☒ 1 - 2 = 5 points      ☐ 3 - 4 = 10 points      ☐ 5 or more = 15 points
- E. How many times did the monthly BOD<sub>5</sub> (CBOD<sub>5</sub>)\* loading (lbs/day) (Column 3) to the WWTP exceed 90% of the design loading?  
0 (Check the appropriate point total)  
☒ 0 - 1 = 0 points      ☐ 2 - 4 = 5 points      ☐ 5 or more = 10 points
- F. How many times did the monthly BOD<sub>5</sub> (CBOD<sub>5</sub>)\* loading (lbs/day) (Column 3) to the WWTP exceed the design loading?  
0 (Check the appropriate point total)  
☒ 0 = 0 points      ☐ 1 = 10 points      ☐ 2 = 20 points      ☐ 3 = 30 points      ☐ 4 = 40 points      ☐ 5 or more = 50 points
- G. Enter each point value marked for C through F and enter the sum in the appropriate blank below.
- C points = 0  
D points = 5  
E points = 0  
F points = 0

TOTAL POINTS VALUE FOR PART 1 5  
Enter this value on Part 11: Summary Sheet.

\*To obtain equivalent BOD<sub>5</sub> loading for comparison with design loading for those permittees using influent CBOD<sub>5</sub>, divide annual average CBOD<sub>5</sub> loading in lbs/day from Part 1, A by 0.7.

Facility Name: Saraland Wastewater Treatment Plant

Part 2: Effluent Quality/Plant Performance

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

(1) NPDES Permit Concentration

Permit Limit	Months	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (mg/l)	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
	<u>Dec - Apr</u>	<u>25</u>	<u>30</u>	<u>8</u>	<u>Report Only</u>
	<u>May - Nov</u>	<u>10</u>	<u>30</u>	<u>2</u>	<u>Report Only</u>

(2) DMR Concentration

Qtr	Month	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (mg/l)	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
1	January	<u>3.0</u>	<u>7.0</u>	<u>0.200</u>	<u>1.50</u>
	February	<u>3.0</u>	<u>7.4</u>	<u>0.100</u>	<u>0.79</u>
	March	<u>3.1</u>	<u>9.3</u>	<u>0.030</u>	<u>0.78</u>
2	April	<u>3.5</u>	<u>12.6</u>	<u>0.030</u>	<u>1.57</u>
	May	<u>3.7</u>	<u>14.2</u>	<u>0.041</u>	<u>1.21</u>
	June	<u>3.0</u>	<u>5.6</u>	<u>0.036</u>	<u>1.30</u>
3	July	<u>3.2</u>	<u>5.1</u>	<u>0.052</u>	<u>1.06</u>
	August	<u>3.2</u>	<u>3.8</u>	<u>0.174</u>	<u>0.90</u>
	September	<u>2.6</u>	<u>4.7</u>	<u>0.026</u>	<u>0.77</u>
4	October	<u>3.2</u>	<u>3.4</u>	<u>0.050</u>	<u>0.98</u>
	November	<u>3.4</u>	<u>4.2</u>	<u>0.023</u>	<u>0.37</u>
	December	<u>4.7</u>	<u>10.4</u>	<u>0.128</u>	<u>2.20</u>
	<b>Annual Avg.</b>	<u>3.3</u>	<u>7.3</u>	<u>0.074</u>	<u>1.12</u>

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

(1) NPDES Permit Loading

Permit Limit	Months	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day)	TSS (lbs/day)	NH <sub>3</sub> -N (lbs/day)	TKN (lbs/day)
	<u>Dec - Apr</u>	<u>542</u>	<u>650</u>	<u>173</u>	<u>Report Only</u>
	<u>May - Nov</u>	<u>216</u>	<u>650</u>	<u>43</u>	<u>Report Only</u>

(2) DMR Loading

Qtr	Month	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day)	TSS (lbs/day)	NH <sub>3</sub> -N (lbs/day)	TKN (lbs/day)
1	January	<u>64</u>	<u>100</u>	<u>3.0</u>	<u>15</u>
	February	<u>83</u>	<u>228</u>	<u>0.4</u>	<u>30</u>
	March	<u>57</u>	<u>169</u>	<u>0.5</u>	<u>26</u>
2	April	<u>45</u>	<u>251</u>	<u>0.4</u>	<u>22</u>
	May	<u>53</u>	<u>260</u>	<u>0.6</u>	<u>15</u>
	June	<u>77</u>	<u>141</u>	<u>0.8</u>	<u>24</u>
3	July	<u>85</u>	<u>139</u>	<u>1.8</u>	<u>28</u>
	August	<u>52</u>	<u>63</u>	<u>3.0</u>	<u>16</u>
	September	<u>49</u>	<u>87</u>	<u>0.4</u>	<u>11</u>
4	October	<u>43</u>	<u>46</u>	<u>0.8</u>	<u>3</u>
	November	<u>38</u>	<u>50</u>	<u>0.3</u>	<u>6</u>
	December	<u>49</u>	<u>119</u>	<u>1.4</u>	<u>30</u>
<b>Annual Avg.</b>		<u>58</u>	<u>138</u>	<u>1.1</u>	<u>19</u>

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

☒ No = 0 points

☐ Yes = 121 points

- D. During the past year did the BOD<sub>5</sub> (CBOD<sub>5</sub>) concentration (mg/l) and/or loading (lbs/day), exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)  
☒ No = 0 points      ☐ Yes = 121 points
- E. During the past year did the effluent TSS concentration (mg/l) or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any two consecutive quarters? (Check the appropriate point total.)  
☒ No = 0 points      ☐ Yes = 121 points
- F. During the past year did the TSS concentration (mg/l) and/or loading (lbs/day) exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)  
☒ No = 0 points      ☐ Yes = 121 points
- G. During the past year did the NH<sub>3</sub>-N or TKN concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any two consecutive quarters? (Check the appropriate point total.)  
☒ No = 0 points      ☐ Yes = 121 points
- H. During the past year did either the NH<sub>3</sub>-N or TKN concentration (mg/l) and/or loading (lbs/day), exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)  
☒ No = 0 points      ☐ Yes = 121 points
- I. Enter each point value checked for C through H in the blanks below.

C Points = 0  
D Points = 0  
E Points = 0  
F Points = 0  
G Points = 0  
H Points = 0

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

Facility Name: Saraland Wastewater Treatment Plant

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 16 = ( 2020 ) - ( 2004 )

Enter Age in Part C below.

B. Check the type of treatment facility employed.

	Factor
<u>X</u> Mechanical Treatment Plant	2.0
<u>      </u> Aerated Lagoon	1.5
<u>      </u> Stabilization Pond	1.0
<u>      </u> Other (Specify: <u>                    </u> )	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 x 16 = 32 TOTAL POINT VALUE FOR PART 3  
(Factor) (Age)

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



Facility Name: Saraland Wastewater Treatment Plant

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? 4
- 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    ☐ 7 = 35 points  
☐ 8 = 40 points    ☒ 9 = 45 points    ☐ 10 = 50 points    ☐ 11 or more = 100 points
- E. How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to equipment failure? (This includes clogged/broken lines or manholes.) 0
- F. How many bypass or overflow events of untreated wastewater occurred in the last year due to equipment failure prior to the headworks of the WWTP? (This includes clogged/broken lines or manholes.) 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? 4
- H. Add together Answers E and F and subtract Answer G from that total.  
E + F - G = 0 (Check the appropriate point total.)
- ☒ 0 = 0 points    ☐ 1 = 5 points    ☐ 2 = 10 points    ☐ 3 = 15 points  
☐ 4 = 20 points    ☐ 5 = 25 points    ☐ 6 = 30 points    ☐ 7 = 35 points  
☐ 8 = 40 points    ☐ 9 = 45 points    ☐ 10 = 50 points    ☐ 11 or more = 100 points
- I. Add point values checked in D and H and enter the total in the blank below.

TOTAL POINT VALUE FOR PART 4 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.**



Facility Name: Saraland Wastewater Treatment Plant

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?) 4

(Check the appropriate point total.)

- |   |  |
|---|--|
| Greater than or equal to 4 months                         | <input checked="" type="checkbox"/> = 0 points |
| Less than 4 months, but greater than or equal to 3 months | <input type="checkbox"/> = 10 points           |
| Less than 3 months, but greater than or equal to 2 months | <input type="checkbox"/> = 20 points           |
| Less than 2 months, but greater than or equal to 1 month  | <input type="checkbox"/> = 30 points           |
| Less than one month                                       | <input type="checkbox"/> = 50 points           |

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

Part 6: Sludge Disposal Practices and Sites

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

- |                    |  |
|--------------------|--|
| 36 or more months  | <input checked="" type="checkbox"/> = 0 points |
| 24 - 35 months     | <input type="checkbox"/> = 10 points           |
| 12 - 23 months     | <input type="checkbox"/> = 20 points           |
| 6 - 11 months      | <input type="checkbox"/> = 30 points           |
| Less than 6 months | <input type="checkbox"/> = 50 points           |

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

Facility Name: Saraland Wastewater Treatment Plant

Part 7: New Development

Are there any major new developments (industrial, commercial, or residential) in the last calendar year or anticipated in the next 2-3 years such that either flow or BOD<sub>5</sub> (CBOD<sub>5</sub>) loadings to the sewage system could significantly increase? Estimate additional loadings below.

Design Population: 0 Design Flow: 0 MGD Design BOD<sub>5</sub> (CBOD<sub>5</sub>): 0 lbs/day  
Equivalent (PE)

List industrial and/or residential developments.

N/A

Will the additional loading overload the plant?  
(Check the appropriate point total.)

☒ No = 0 points ☐ Yes = 121 points

Enter the point total in the blank below.

TOTAL POINT VALUE FOR PART 7 0 (highest point total = 121)  
Enter this value on Part 11: Summary Sheet.

Part 8: Operator Certification

Complete the *Plant and Collection System Personnel Inventory*, ADEM Form 441.

Do both the plant operator and collection system staffing comply with ADEM Administrative Code; Division 10, Operator Certification Program?  
(Check the appropriate point total.)

☒ Yes = 0 points ☐ No = 121 points

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

Facility Name: Saraland Wastewater Treatment Plant

Part 9: Financial Status

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

yes

Residential Minimum \$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? 1

- 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.

- I. Does this preventive maintenance program depict frequency of intervals, types of lubrication, and other preventive maintenance tasks necessary for each piece of equipment?  
(Check the appropriate response.) ☒ Yes ☐ No
- J. Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assessed properly?  
(Check the appropriate response.) ☒ Yes ☐ No

- K. Describe any major repairs or mechanical equipment replacement made in the last year and include the approximate cost for those repairs. Do not include major treatment plant construction or upgrading programs.

Please see attached sheet for the listing of major repairs and mechanical equipment replacements made during the year and associated costs.

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

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Facility Name: Saraland Wastewater Treatment Plant

Part 11: Summary Sheet

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

<u>Actual Values</u>	<u>Maximum Possible</u>
Part 1 <u>5</u> points	80 points
Part 2 <u>0</u> points	121 points
Part 3 <u>32</u> points	40 points
Part 4 <u>45</u> points	200 points
Part 5 <u>0</u> points	50 points
Part 6 <u>0</u> points	50 points
Part 7 <u>0</u> points	121 points
Part 8 <u>0</u> points	121 points
Total <u>82</u> points	783 points

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

- ☒ Mechanical plant with surface water discharge  
☐ Aerated Lagoon or stabilization pond with surface water discharge  
☐ Mechanical plant using land disposal of liquid wastes  
☐ Aerated Lagoon or stabilization pond using land disposal of liquid wastes

3. Check the range that describes the action needed to address problems identified in the report.

- ☐ 0 - 70 points      Actions as Appropriate\*  
☒ 71 - 120 points      Departmental Recommendation Range\*  
☐ 121 - 783 points      Municipality Action Range\*

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

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

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

(Check the appropriate response.) ☐ Yes ☒ No

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

N/A

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## SEWER RATES SHEET

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## **SARALAND SEWER RATES**

**Effective 11/1/2020**

<b>¾" METER</b>	<b>\$18.43 for 0 - 3,000 gallons (minimum bill)</b> <b>\$5.47 per 1,000 gallons over minimum.</b>
<b>1" METER</b>	<b>\$58.30 for 0 - 10,300 gallons (minimum bill)</b> <b>\$5.47 per 1,000 gallons over minimum.</b>
<b>1 ½" METER</b>	<b>\$105.33 for 0 - 18,900 gallons (minimum bill)</b> <b>\$5.47 per 1,000 gallons over minimum.</b>
<b>2" METER</b>	<b>\$116.59 for 0 - 20,900 gallons (minimum bill)</b> <b>\$5.47 per 1,000 gallons over minimum.</b>
<b>3" METER</b>	<b>\$173.82 for 0 - 31,400 gallons (minimum bill)</b> <b>\$5.47 per 1,000 gallons over minimum.</b>
<b>4" METER</b>	<b>\$231.10 for 0 - 41,850 gallons (minimum bill)</b> <b>\$5.47 per 1,000 gallons over minimum.</b>
<b>6" METER</b>	<b>\$289.37 for 0 - 52,500 gallons (minimum bill)</b> <b>\$5.47 per 1,000 gallons over minimum.</b>
<b>8" METER</b>	<b>\$346.62 for 0 - 62,900 gallons (minimum bill)</b> <b>\$5.47 per 1,000 gallons over minimum.</b>
<b>10" METER</b>	<b>\$403.89 for 0 - 73,400 gallons (minimum bill)</b> <b>\$5.47 per 1,000 gallons over minimum.</b>

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.

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## MAJOR REPAIRS AND EQUIPMENT REPLACEMENT LIST

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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	Estimated Cost
1/1/2020	invoice #419161 PO# S2574, Forest Ave LS	\$ 3,843.00
1/1/2020	linvoice #419631 PO# S2593, 195 Celeste Rd LS	\$ 2,407.00
1/1/2020	invoice #419146 PO# S2600 Telegraph LS	\$ 365.00
1/1/2020	invoice #419719 PO# S????, no idea where	\$ 175.00
1/1/2020	invoice #421208 PO# S????, Graham LS, Delisa LS & Learning Ce...	\$ 2,495.00
1/1/2020	invoice #421222 PO# S2677 parts for Charleston Ridge, Woodland ...	\$ 1,720.00
1/1/2020	invoice # 421257 PO# S2677 parts for Fairfield, Scott Dr, Shelton Beach,...	\$ 950.00
1/1/2020	invoice #421262 PO# S???? Reapir of pump or components Wilo (b...	\$ 1,775.00
1/27/2020	new motor, teco westinghouse, 213Tc, 705HP 1800rpm,cat#NP7/5...	\$ 468.00
1/28/2020	PO# S2674, checking out controller at Forest Ave LS	\$ 478.00
1/28/2020	station controller (serial no. 701)	\$ 750.39
2/4/2020	new liberty pump for Oakridge LS	\$ 1,425.00
2/6/2020	our PO# S2683, PVS pipe and fittings for Oakridge LS	\$ 73.13
2/6/2020	our PO# S2695, couppling, nipple, bal vlv	\$ 292.45
2/13/2020	LABOR to troubleshoot not operating controls (2 crews)	\$ 380.00
2/19/2020	above ground pump for Graham St. LS	\$ 4,485.00
2/21/2020	repair flygt at Mignonette LS	\$ 8,357.00
2/21/2020	labor and travel charge to inspect Scott Dr LS	\$ 516.00
2/29/2020	inv# 3500786-000 1 1/4" check valve for Oakridge LS	\$ 20.00
3/3/2020	transducer, 5psi PO# S2706, PO states transducers (more than one)	\$ 1,145.41
3/3/2020	lower assy (also as with the transducer only one (1) on the invoice)...	\$ 637.56
3/26/2020	controller bushing for Jubilee	\$ 836.39
3/26/2020	controller for Police LS	\$ 750.00
3/30/2020	inv# 224989 PO#2705 (belts)	\$ 517.55
4/9/2020	PO# S2709 serive and travel time 2 hrs @ 125.00	\$ 250.00
4/9/2020	PO# S2709 120 VAC/ 24 VDC Loop Power Supply	\$ 58.13
4/20/2020	PO# S2747, NP3102.070-463 (5HP, FLS, 460/3/60, FM) @ Jubilee...	\$ 7,601.11
4/28/2020	KTO: HQ30D, assembly, glove kit	\$ 968.69
4/30/2020	manhole ring	\$ 181.00
4/30/2020	belts for the Treatment Plant	\$ 905.86
4/30/2020	2 backflow preventors 1" (centafuge)	\$ 456.26
5/5/2020	changed out overloads B28 on contractor at Jubilee LS	\$ 118.46
5/13/2020	Ferry Avenue replacement pump	\$ 3,175.00
5/18/2020	Ferry Avenue, drilled hole in tank and ran new 2" raceway	\$ 1,789.38
5/25/2020	Elysian Field LS (sewer blow off value)	\$ 34.42
5/31/2020	repair terra cotta lines Courtaulds Avenue	\$ 428.00
5/31/2020	inv# 3503176-000, 3502035-001 Graham Street LS,...	\$ 959.00
6/8/2020	emergency service call/after hour for 2 90amp 240 volt fuses to T...	\$ 330.71
6/16/2020	unstop sewer lateral @ 116 Ferry Avenue	\$ 350.00
6/23/2020	Emergency Township Blvd repair	\$ 1,058.42
6/24/2020	Emergency Township Blvd repair	\$ 120.08
6/30/2020	repairing main line on Township Blvd.	\$ 440.00
7/1/2020	maintenance on numerous LS	\$ 8,427.64
7/7/2020	4" flapper valve assy (110.00 ea)	\$ 220.00
7/7/2020	8" flapper valve (135.00 ea)	\$ 810.00
7/8/2020	Twin Lakes inspect pumps labor and travel	\$ 275.00



**BOARD OF WATER AND SEWER COMMISSIONERS OF THE CITY OF SARALAND**

**Major Repairs and Equipment Replacement  
Collection System and Lift Stations**

<b>Date</b>	<b>Description of Repair/Replacement</b>	<b>Estimated Cost</b>
7/21/2020	3 ft H032400-858 marine softwall exst 8-5/8"	\$ 242.28
7/30/2020	place 2" HDPE conduit 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
8/11/2020	inv# 229766, PO#S2813	\$ 187.62
8/20/2020	transducer inv#331748, PO# S2828	\$ 684.95
8/23/2020	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
10/15/2020	(12 @ 16.50) 12 volt batteries 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
11/3/2020	mini-cas relay (3) one is to go to Mignionetter LS	\$ 1,068.00
11/4/2020	pumping out two LS, Deer Run and Twin Lakes	\$ 1,554.87
11/14/2020	computer board for digester	\$ 216.00
11/24/2020	CBDG project	\$ 24,538.98
12/3/2020	transducer for Twin Lakes LS	\$ 751.55
13/28/2020	unstop sewer line, 2 siphons lines	\$ 839.55
<b>TOTAL \$</b>		<b>131,821.64</b>



**BOARD OF WATER AND SEWER COMMISSIONERS OF THE CITY OF SARALAND**

**Major Repairs and Equipment Replacement  
Saraland Wastewater Treatment Plant**

<b>Date</b>	<b>Description of Repair/Replacement</b>	<b>Estimated Cost</b>
2/13/2020	LABOR installed 480 volt three phase circuit isolated to disconnect	\$ 950.00
2/13/2020	materials	\$ 593.72
2/13/2020	LABOR megged out motor that was pulled and on the ground	\$ 95.00
2/13/2020	LABOR valve installation	\$ 902.50
2/13/2020	lab supplies	\$ 284.04
3/4/2020	gloves, TNT+ ammonia test, mason jars, cable ties, media plates	\$ 268.97
3/4/2020	submers caged level transmitter USABB 40 ft cable PO# S2724 (3/...	\$ 684.95
3/4/2020	(2) submers caged level transmitter USABB 40 ft cable PO# S270...	\$ 1,369.90
3/10/2020	repair 20HP Aerator Motor	\$ 2,361.00
3/10/2020	repair 20HP Aerator Motor	\$ 2,361.00
3/16/2020	lab supplies	\$ 928.14
3/26/2020	replaced banded belts on the digester blower	\$ 695.00
3/29/2020	our PO# S2648 Limitorque Model MXA-10	\$ 8,120.00
3/29/2020	labor to machine new stem nut	\$ 500.00
3/29/2020	labor to install new limitorque	\$ 1,115.00
3/30/2020	inv# 225322 PO# S2705	\$ 9.99
4/28/2020	KTO: JQ30D, assembly, glove kit	\$ 968.69
4/30/2020	inv# 225764 PO#101336 (placd on the water, its belt for the TP),...	\$ 905.86
4/30/2020	lab supplies PO#s S2744, S2751, & S2760	\$ 635.43
4/30/2020	2 Backflow preventors 1", for centerfuge	\$ -
4/30/2020	our PO# S2746, inv# 1340950, 2 backflow preventors 1" (centafuge)	\$ 456.26
7/7/2020	lab supplies PO#s S2804	\$ 191.25
7/14/2020	dawn liquid	\$ 57.11
7/15/2020	(1) intelliCal pH electrode gel filled standard	\$ 295.00
7/21/2020	3 ft H032400-858 marine softwall ext 8-5/8"	\$ 242.28
7/31/2020	USABB enclosed thermometer, TNT+ alkalinity, plant pro 47mm...	\$ 559.24
8/20/2020	lab supplies inv#s 320525, 334555, 331748, PO#s S2828, S2819	\$ 395.34
8/23/2020	our PO# S2820 SBR #2 Air Valve Repair	\$ 1,341.76
9/1/2020	diffusers per PO# S2835	\$ 3,581.20
11/14/2020	computer board for digestor	\$ 216.00
11/16/2020	lab supplies inv# 354596, PO# S2841	\$ 512.05
11/16/2020	lab supplies inv# 381546, PO# S2847	\$ 180.00
11/16/2020	lab supplies inv# 381782, PO# S2847	\$ 634.66
12/3/2020	lab supplies inv# 435653, PO# S2707 back ordered items since M...	\$ 94.65
12/3/2020	lab supplies inv# 427223, PO# S2871	\$ 365.85
12/28/2020	lab supplies inv#385691, PO# S2847 back ordered items OCT 202...	\$ 91.35
12/28/2020	lab supplies inv#456026, PO# S2880 media plates	\$ 91.35
12/28/2020	Plant PRO 47mm tss filter, hach GGA BOD Std	\$ 172.50
12/30/2020	inv#s 233664, 234260, &234063, PO# S2874	\$ 316.82
<b>TOTAL \$</b>		<b>33,543.86</b>

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**ADEM FORM 415**  
**SSO EVENT REPORTING FORMS**

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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 Commissioners of the City of Saraland Permit Number: AL0055786  
Facility Name: Saraland WWTP Facility County: Mobile

Date/Time<sup>1</sup> SSO Began: 8/15/2020 5:30:00 PM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> SSO Stopped: 8/15/2020 5:50:00 PM

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: <u>100.00</u> gallons			
RANGE	<input type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☐ Yes ☒ No Date/Time<sup>1</sup> of Notification: \_\_\_\_\_

Method of notification: ☐ Verbal/Telephone ☐ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: ( ) -

Indicate source of discharge event: ☐ Manhole ☐ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☒ Other (describe): air release valve

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (**REQUIRED**) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.882894 ° Longitude: -88.123608 °

Location of discharge (street address, etc.):

9230 Celeste rd 36571

<sup>1</sup>Time reported is assumed to be Central Time Zone, unless otherwise indicated.

Known or suspected cause of the discharge:

## Valve malfunction

Destination of discharge: ☒ Ground Absorbed ☐ Storm Drain\* ☐ Backup into Building/Residence ☒ Drainage Ditch\* ☐ Creek or River (name of the first named surface water the discharge reached): \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_

\*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.

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion)  
☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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):

valve that cause the problem was closed off

Indicate efforts to notify public (check all that apply): ☐ Press Release Date: \_\_\_\_\_  
☒ Placement of Signs Date: 08/17/2020  
☐ Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Notice not required, because: \_\_\_\_\_

Indicate other officials notified (check all that apply): ☒ County Health Department Date: 08/17/2020  
☐ State Health Department Date: \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Notice not required, because: \_\_\_\_\_

Other states notified: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 8/17/2020 2:44:12 PM

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

Title of Responsible Official/Duly Authorized Representative: \_\_\_\_\_

**General Report Comment or Explanation:**

area disinfected with disinfecting agent

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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 Commissioners of the City of Saraland Permit Number: AL0055786  
Facility Name: Saraland WWTP Facility County: Mobile

Date/Time<sup>1</sup> SSO Began: 8/28/2020 6:10:00 PM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> SSO Stopped: 8/28/2020 6:20:00 PM

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: <u>300.00</u> gallons			
RANGE	<input type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☐ Yes ☒ No Date/Time<sup>1</sup> of Notification: \_\_\_\_\_

Method of notification: ☐ Verbal/Telephone ☐ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Indicate source of discharge event: ☐ Manhole ☐ Lift Station ☒ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.887114 ° Longitude: -88.124046 °

Location of discharge (street address, etc.): \_\_\_\_\_

<sup>1</sup> Time reported is assumed to be Central Time Zone, unless otherwise indicated.

Known or suspected cause of the discharge:

broken line

Destination of discharge: ☒ Ground Absorbed ☐ Storm Drain\* ☐ Backup into Building/Residence ☐ Drainage Ditch\* ☐ Creek or River (name of the first named surface water the discharge reached): ☐ Other (describe):

\*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.

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion) ☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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):

repairing broken line

Indicate efforts to notify public (check all that apply): ☐ Press Release Date: ☒ Placement of Signs Date: 08/28/2020 ☐ Other (describe): Date: ☐ Notice not required, because:

Indicate other officials notified (check all that apply): ☒ County Health Department Date: 08/31/2020 ☐ State Health Department Date: ☐ Other (describe): Date: ☐ Notice not required, because:

Other states notified: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: Date:

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 8/31/2020 2:33:16 PM

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

Title of Responsible Official/Duly Authorized Representative:

**General Report Comment or Explanation:**

valve was closed off until we can fix the broken line

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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 Commissioners of the City of Saraland Permit Number: AL0055786  
Facility Name: Saraland WWTP Facility County: Mobile  
Date/Time<sup>1</sup> SSO Began: 9/16/2020 2:00:00 PM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> SSO Stopped: 9/16/2020 6:00:00 PM

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: _____ gallons			
RANGE	<input checked="" type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 9/17/2020 9:30:00 AM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Indicate source of discharge event: ☒ Manhole ☐ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (**REQUIRED**) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.818446 ° Longitude: -88.059797 °

Location of discharge (street address, etc.):

**415 Bayou Ave**

<sup>1</sup> Time 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 a lift station to not be able to operate.

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 from that storm drain/drainage ditch.  
☐ Backup into Building/Residence ☐ Drainage Ditch\*  
☒ Creek or River (name of the first named surface water the discharge reached): Bayou Sara  
☐ Other (describe): \_\_\_\_\_

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion)  
☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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 Date: \_\_\_\_\_  
☒ Placement of Signs 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: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 9/17/2020 9:55:59 AM

Name of Responsible Official/Duly Authorized Representative (type or print): Robert Miller

Title of Responsible Official/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 Commissioners of the City of Saraland Permit Number: AL0055786  
Facility Name: Saraland WWTP Facility County: Mobile  
Date/Time<sup>1</sup> SSO Began: 9/16/2020 2:00:00 PM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> SSO Stopped: 9/16/2020 6:00:00 PM

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: _____ gallons			
RANGE	<input checked="" type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 9/17/2020 10:00:00 AM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: ( ) -

Indicate source of discharge event: ☒ Manhole ☒ Lift Station ☐ Broken Line

☐ Cleanout ☐ Treatment Plant

☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.825510 ° Longitude: -88.069159 °

Location of discharge (street address, etc.):

**Telegraph Lift Station**

<sup>1</sup> Time 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 ☐ 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 from that storm drain/drainage ditch.  
☐ Backup into Building/Residence ☐ Drainage Ditch\*  
☒ Creek or River (name of the first named surface water the discharge reached): Bayou Sara  
☐ Other (describe): \_\_\_\_\_

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion)  
☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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 Date: \_\_\_\_\_  
☒ Placement of Signs 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: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 9/17/2020 10:02:44 AM

Name of Responsible Official/Duly Authorized Representative (type or print): Robert Miller

Title of Responsible Official/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 Commissioners of the City of Saraland Permit Number: AL0055786  
Facility Name: Saraland WWTP Facility County: Mobile

Date/Time<sup>1</sup> SSO Began: 9/16/2020 2:00:00 PM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> SSO Stopped: 9/16/2020 6:00:00 PM

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: _____ gallons			
RANGE	<input checked="" type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 9/17/2020 10:15:00 AM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Indicate source of discharge event: ☐ Manhole ☒ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.834117 ° Longitude: -88.091026 °

Location of discharge (street address, etc.):

Deer run Lift Station

<sup>1</sup> Time reported is assumed to be Central Time Zone, unless 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\* ☐ Backup into Building/Residence ☐ Drainage Ditch\* ☐ Creek or River (name of the first named surface water the discharge reached): ☐ Other (describe):

\*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.

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion) ☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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 Date: ☒ Placement of Signs Date: 09/17/2020 ☐ Other (describe): Date: ☐ Notice not required, because: Date:

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: Date:

Other states notified: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: Date:

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 9/17/2020 10:18:18 AM

Name of Responsible Official/Duly Authorized Representative (type or print): Robert Miller

Title of Responsible Official/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 Commissioners of the City of Saraland Permit Number: AL0055786  
Facility Name: Saraland WWTP Facility County: Mobile

Date/Time<sup>1</sup> SSO Began: 9/16/2020 3:00:00 PM Is the SSO on-going? ☒ Yes ☐ No If no, Date/Time<sup>1</sup> SSO Stopped: \_\_\_\_\_

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: _____ gallons			
RANGE	<input checked="" type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 9/17/2020 10:30:00 AM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Indicate source of discharge event: ☐ Manhole ☒ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (**REQUIRED**) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.826111 ° Longitude: -88.081328 °

Location of discharge (street address, etc.):

Delisa Lift Station

<sup>1</sup> Time reported is assumed to be Central Time Zone, unless 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\* ☐ Backup into Building/Residence ☒ Drainage Ditch\* ☐ Creek or River (name of the first named surface water the discharge reached): ☐ Other (describe):

\*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.

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion) ☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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 Date: ☒ Placement of Signs 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: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: Date:

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 9/17/2020 10:37:07 AM

Name of Responsible Official/Duly Authorized Representative (type or print): Robert Miller

Title of Responsible Official/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 Commissioners of the City of Saraland Permit Number: AL0055786  
Facility Name: Saraland WWTP Facility County: Mobile  
Date/Time<sup>1</sup> SSO Began: 9/16/2020 3:00:00 PM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> 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).*

## 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: _____ gallons			
RANGE	<input checked="" type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 9/17/2020 10:30:00 AM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: ( ) -

Indicate source of discharge event: ☐ Manhole ☒ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.826111 ° Longitude: -88.081328 °

Location of discharge (street address, etc.):

Delisa Lift Station

<sup>1</sup> Time reported is assumed to be Central Time Zone, unless 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, you must also provide the first named creek or river that receives the flow from that storm drain/drainage ditch.  
☐ Backup into Building/Residence ☒ Drainage Ditch\*  
☐ Creek or River (name of the first named surface water the discharge reached): \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion)  
☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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 Date: \_\_\_\_\_  
☒ Placement of Signs 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: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 10/12/2020 11:07:26 AM

Name of Responsible Official/Duly Authorized Representative (type or print): Robert Miller

Title of Responsible Official/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 Commissioners of the City of Saraland Permit Number: AL0055786  
 Facility Name: Saraland WWTP Facility County: Mobile  
 Date/Time<sup>1</sup> SSO Began: 9/16/2020 3:00:00 PM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> 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).*

### 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: _____ gallons			
RANGE	<input checked="" type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 9/17/2020 10:30:00 AM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Indicate source of discharge event: ☐ Manhole ☒ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.826111 ° Longitude: -88.081328 °

Location of discharge (street address, etc.):

Delisa Lift Station

<sup>1</sup> Time reported is assumed to be Central Time Zone, unless 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\* ☐ Backup into Building/Residence ☒ Drainage Ditch\* ☒ Creek or River (name of the first named surface water the discharge reached): Bayou Sara  
☐ Other (describe): \_\_\_\_\_

\*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.

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion)  
☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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 Date: \_\_\_\_\_  
☒ Placement of Signs 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: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Responsible Official/Duly Authorized Representative: \_\_\_\_\_ Signed in F2 Date: 10/14/2020 1:17:56 PM

Name of Responsible Official/Duly Authorized Representative (type or print): Robert Miller

Title of Responsible Official/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 Commissioners of the City of Saraland Permit Number: AL0055786  
 Facility Name: Saraland WWTP Facility County: Mobile

Date/Time<sup>1</sup> SSO Began: 9/23/2020 10:04:00 AM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> SSO Stopped: 9/23/2020 10:13:00 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: _____ gallons			
RANGE	<input checked="" type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 9/23/2020 1:45:00 PM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Indicate source of discharge event: ☐ Manhole ☒ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.827313 ° Longitude: -88.083431 °

Location of discharge (street address, etc.):

lift station

<sup>1</sup> Time reported is assumed to be Central Time Zone, unless otherwise indicated.



Known or suspected cause of the discharge:

Transducers gone bad

Destination of discharge: ☒ Ground Absorbed ☐ Storm Drain\* ☐ Backup into Building/Residence ☒ Drainage Ditch\* ☐ Creek or River (name of the first named surface water the discharge reached): ☐ Other (describe):

\*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.

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion) ☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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):

replace transducer

Indicate efforts to notify public (check all that apply): ☐ Press Release Date: ☒ Placement of Signs Date: 09/23/2020 ☐ Other (describe): Date: ☐ Notice not required, because:

Indicate other officials notified (check all that apply): ☒ County Health Department Date: 09/23/2020 ☐ State Health Department Date: ☐ Other (describe): Date: ☐ Notice not required, because:

Other states notified: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: Date:

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 9/23/2020 1:39:43 PM

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

Title of Responsible Official/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 Commissioners of the City of Saraland Permit Number: AL0055786  
Facility Name: Saraland WWTP Facility County: Mobile  
Date/Time<sup>1</sup> SSO Began: 9/23/2020 10:04:00 AM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> SSO Stopped: 9/23/2020 10:13:00 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: _____ gallons			
RANGE	<input checked="" type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 9/23/2020 12:45:00 PM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Indicate source of discharge event: ☐ Manhole ☒ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.827313 ° Longitude: -88.083431 °

Location of discharge (street address, etc.):

lift station

<sup>1</sup> Time reported is assumed to be Central Time Zone, unless otherwise indicated.



Known or suspected cause of the discharge:

Transducers gone bad

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 from that storm drain/drainage ditch.  
☐ Backup into Building/Residence ☒ Drainage Ditch\*  
☒ Creek or River (name of the first named surface water the discharge reached): Bayou Sara  
☐ Other (describe): \_\_\_\_\_

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion)  
☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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):

replace transducer

Indicate efforts to notify public (check all that apply): ☐ Press Release Date: \_\_\_\_\_  
☒ Placement of Signs Date: 09/23/2020  
☐ Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Notice not required, because: \_\_\_\_\_

Indicate other officials notified (check all that apply): ☒ County Health Department Date: 09/23/2020  
☐ State Health Department Date: \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Notice not required, because: \_\_\_\_\_

Other states notified: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 10/13/2020 11:07:51 AM

Name of Responsible Official/Duly Authorized Representative (type or print): Robert Miller

Title of Responsible Official/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 Commissioners of the City of Saraland Permit Number: AL0055786  
Facility Name: Saraland WWTP Facility County: Mobile

Date/Time<sup>1</sup> SSO Began: 10/29/2020 12:30:00 AM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> 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: _____ gallons			
RANGE	<input type="checkbox"/> ≤ 1,000 gallons	<input checked="" type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 10/29/2020 12:45:00 PM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Indicate source of discharge event: ☒ Manhole ☒ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.834117 ° Longitude: -88.091026 °

Location of discharge (street address, etc.):

Deer Run Lift Station

<sup>1</sup> Time reported is assumed to be Central Time Zone, unless otherwise indicated.

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: ☒ 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 from that storm drain/drainage ditch.  
☐ Backup into Building/Residence ☐ Drainage Ditch\*  
☐ Creek or River (name of the first named surface water the discharge reached): \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion)  
☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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 installation at multiple lift stations.

Indicate efforts to notify public (check all that apply): ☐ Press Release Date: \_\_\_\_\_  
☒ Placement of Signs Date: 10/29/2020  
☐ 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: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 10/29/2020 1:41:20 PM

Name of Responsible Official/Duly Authorized Representative (type or print): Robert Miller

Title of Responsible Official/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 Commissioners of the City of Saraland Permit Number: AL0055786  
Facility Name: Saraland WWTP Facility County: Mobile

Date/Time<sup>1</sup> SSO Began: 10/29/2020 9:00:00 AM Is the SSO on-going? ☒ Yes ☐ No If no, Date/Time<sup>1</sup> SSO Stopped: \_\_\_\_\_

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: _____ gallons			
RANGE	<input type="checkbox"/> ≤ 1,000 gallons	<input checked="" type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 10/29/2020 2:00:00 PM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Indicate source of discharge event: ☒ Manhole ☒ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.818444 ° Longitude: -88.060264 °

Location of discharge (street address, etc.):

415 bayou

<sup>1</sup> Time reported is assumed to be Central Time Zone, unless otherwise indicated.

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 ☐ 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 from that storm drain/drainage ditch.  
☐ Backup into Building/Residence ☐ Drainage Ditch\*  
☒ Creek or River (name of the first named surface water the discharge reached): Bayou Sara  
☐ Other (describe): \_\_\_\_\_

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion)  
☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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 Date: \_\_\_\_\_  
☒ Placement of Signs Date: 10/29/2020  
☐ 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: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 10/29/2020 1:53:51 PM

Name of Responsible Official/Duly Authorized Representative (type or print): Robert Miller

Title of Responsible Official/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.

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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 Commissioners of the City of Saraland Permit Number: AL0055786  
 Facility Name: Saraland WWTP Facility County: Mobile

Date/Time<sup>1</sup> SSO Began: 10/29/2020 9:00:00 AM Is the SSO on-going? ☐ Yes ☒ No If no, Date/Time<sup>1</sup> SSO Stopped: 10/29/2020 2:05:00 PM

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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VALUE	Estimated Volume Discharged: _____ gallons			
RANGE	<input type="checkbox"/> ≤ 1,000 gallons	<input checked="" type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
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	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours? ☒ Yes ☐ No Date/Time<sup>1</sup> of Notification: 10/29/2020 12:00:00 PM

Method of notification: ☐ Verbal/Telephone ☒ Electronic via eSSO ☐ Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Indicate source of discharge event: ☒ Manhole ☒ Lift Station ☐ Broken Line  
☐ Cleanout ☐ Treatment Plant  
☐ Other (describe): \_\_\_\_\_

County in which SSO occurred: Mobile

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude: 30.818444 ° Longitude: -88.060264 °

Location of discharge (street address, etc.):

415 bayou

<sup>1</sup> Time reported is assumed to be Central Time Zone, unless otherwise indicated.



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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 from that storm drain/drainage ditch.  
☐ Backup into Building/Residence ☐ Drainage Ditch\*  
☒ Creek or River (name of the first named surface water the discharge reached): Bayou Sara  
☐ Other (describe): \_\_\_\_\_

Did the discharge reach a designated 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 (Monitoring results will be submitted to ADEM upon completion)  
☒ Not Performed

Was the affected area: Cleaned? ☒ Yes ☐ No Disinfected? ☒ Yes ☐ No

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 Date: \_\_\_\_\_  
☒ Placement of Signs Date: 10/29/2020  
☐ Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_  
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☐ State Health Department Date: \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Notice not required, because: \_\_\_\_\_

Other states notified: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☒ No ☐ Yes

If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Responsible Official/Duly Authorized Representative: Signed in F2 Date: 10/29/2020 2:18:29 PM

Name of Responsible Official/Duly Authorized Representative (type or print): Robert Miller

Title of Responsible Official/Duly Authorized Representative: \_\_\_\_\_

**General Report Comment or Explanation:**

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**ADEM FORM 419**  
**MWPP SEWAGE SLUDGE SURVEY**

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## MWPP SEWAGE SLUDGE SURVEY

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

### Facility Background Information:

#### 1. Facility Information

Permit Number: AL005578

Name: Saraland Wastewater Treatment Plant

Street Address: 104 Station St., Saraland, AL 36571

County: Mobile

#### 2. Facility Contact

Name: John Vaughn

Title: Interim Utilities Director/Superintendent

Telephone: 251-675-5126

Permittee Name: Saraland Wastewater Treatment Plant

Mailing Address: 307 Shelton Beach Rd.

Saraland, AL 36571

### Facility Flow Information:

#### 1. Facility Wastewater Treatment Capacity

Average Daily Flow: 2.3 MGD

Facility Design Capacity: 2.6 MGD

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

Average Domestic Septage: 0 gallons per month

Average Commercial Septage: 0 gallons per month

#### 3. Method of Septage Processing

☐ Mixed with Influent Wastewater for Treatment

☐ Mixed with Sewage Sludge

☒ N/A

#### 4. Estimated Percentage Contributing Wastewater Flow

Residential: 97 %

Industrial: 3 %

Other: \_\_\_\_\_ % Describe: \_\_\_\_\_

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

SBR, UV disinfection, aerobic digestion, and centrifuge dewatering

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

or 30,000 gallons per day

#### 7. Estimated untreated sludge received from off site: \_\_\_\_\_ lb/day dry weight

or 0 gallons per day

#### 8. Estimated percent solids of combined sewage sludge prior to treatment: 2 %

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

Sludge Quantity  
(untreated pounds per day)

Aerobic Digestion and Centrifuge for Dewatering  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

10. Estimate the total volume of sludge generated:

137.80  
(dry U.S. tons per year)

Sludge Disposal Methods

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

	Current Practices		Quantity (dry U.S. tons/year)	Proposed Practices	
	Approved by ADEM			Approved by ADEM	
	Yes	No		Yes	No
a. <input checked="" type="checkbox"/> Land Application, Bulk Shipped	<input checked="" type="checkbox"/>	<input type="checkbox"/>	137.80	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Forest	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Contact	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lawn/Home Garden	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Land Application, Bagged/Other Container	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Agriculture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Forest	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Contact	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lawn/Home Garden	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Incineration	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Subtitle D Landfill (Disposal Only)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Lined Treatment Lagoon or Stabilization Pond	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
f. <input type="checkbox"/> Unlined Lagoon or Stabilization Pond	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
g. <input type="checkbox"/> Other (Please Describe)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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

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

**SEE ATTACHED 2020 ANNUAL BIOSOLIDS REPORT FOR EPA**

**Pollutant Concentrations:**

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

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

2. Enter the estimated or determined percent solids of the sewage sludge when sampled for the above analysis: 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 ☐ Beta Ray Irradiation ☐ Composting

☐ Alternative A6 – PFRP Equivalent \_\_\_\_\_

☒ Class B

☒ Alternative B1 – Fecal Coliform Count

☐ Alternative B2 – Process to Significantly Reduce Pathogens (PSRP)

☐ Aerobic Digestion

☐ Air Drying

☐ Anaerobic Digestion

☐ Composting

☐ Lime Stabilization

☐ Alternative B3 – PSRP Equivalent \_\_\_\_\_

☐ Neither or Unknown

Vector Attraction Control:

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

Groundwater Monitoring:

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

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

Land Application of Sewage Sludge:

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

1. If sewage sludge is land applied in bulk form, what type of crop or other vegetation is grown on this site?

Bermuda grass hay in summer and ryegrass hay in winter

2. 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**



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## 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  
Floral, 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."

SIGNED:  DATE: 2/17/2021  
(Generator) Robert Miller

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

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## **EPA BIOSOLIDS REPORT**

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January 08, 2021

Cole Dunn  
Green South Solutions  
PO Box 325  
Floral, 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,



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

Enclosures

## **REPORT OF LABORATORY ANALYSIS**

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

## CERTIFICATIONS

Project: Saraland WWTP

Pace Project No.: 20184880

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### **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

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

---

### **Pace Analytical Services Mobile**

4320 Midmost Drive, Mobile, AL 36609

Alabama Certification #: 40810

Florida Certification #: E87977

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## REPORT OF LABORATORY ANALYSIS

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## 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

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## 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
20184880002	Sample 1	SM 9221C/E	PP1	1
		Moisture	GGG1	1
20184880003	Sample 2	SM 9221C/E	PP1	1
		Moisture	GGG1	1
20184880004	Sample 3	SM 9221C/E	PP1	1
		Moisture	GGG1	1
20184880005	Sample 4	SM 9221C/E	PP1	1
		Moisture	GGG1	1
20184880006	Sample 5	SM 9221C/E	PP1	1
		Moisture	GGG1	1
20184880007	Sample 6	SM 9221C/E	PP1	1
		Moisture	GGG1	1
20184880008	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

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## ANALYTICAL RESULTS

Project: Saraland WWTP  
Pace Project No.: 20184880

Sample: Jar 1 Lab ID: 20184880001 Collected: 12/21/20 16:15 Received: 12/22/20 09:00 Matrix: Solid

Results reported on a "wet-weight" basis

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>6010 Metals, Total</b>								
Analytical Method: EPA 6010 Preparation Method: EPA 3050 Pace Analytical Services - New Orleans								
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 08:26	12/28/20 13:16	7440-47-3	
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	
<b>7471 Mercury</b>								
Analytical Method: EPA 7471 Preparation Method: EPA 7471 Pace Analytical Services - New Orleans								
Mercury	0.094	mg/kg	0.014	1	12/30/20 08:16	12/30/20 15:31	7439-97-6	M1
<b>351.2 Total Kjeldahl Nitrogen</b>								
Analytical Method: EPA 351.2 Preparation Method: EPA 351.2 Pace Analytical Services - New Orleans								
Nitrogen, Kjeldahl, Total	856	mg/kg	193	4	12/30/20 15:10	12/31/20 13:18	7727-37-9	
<b>365.4 Total Phosphorus</b>								
Analytical Method: EPA 365.4 Preparation Method: EPA 365.4 Pace Analytical Services - New Orleans								
Phosphorus	3760	mg/kg	96.3	10	12/30/20 15:11	12/31/20 13:51	7723-14-0	
<b>4500 Ammonia Soil, Distilled</b>								
Analytical Method: SM 4500-NH3 D Preparation Method: SM 4500-NH3 B Pace Analytical Services - New Orleans								
Nitrogen, Ammonia	113	mg/kg	9.4	10	12/23/20 12:34	12/23/20 14:40	7664-41-7	
<b>SM4500NO3-F, NO3-NO2</b>								
Analytical Method: SM 4500-NO3 F Preparation Method: SM 4500-NO3 F Pace Analytical Services - New Orleans								
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: 20184880002 Collected: 12/21/20 16:15 Received: 12/22/20 09:00 Matrix: Solid

Results reported on a "wet-weight" basis

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>MOB 9221E Fecal Coliform, MPN</b>								
Analytical Method: SM 9221C/E Preparation Method: SM 9221C/E Pace Analytical Services - Mobile Labs								
Fecal Coliforms, MPN	100565.682 0	MPN/g	2.0	100	12/22/20 12:39	12/23/20 12:45		N2,u2

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## ANALYTICAL RESULTS

Project: Saraland WWTP

Pace Project No.: 20184880

Sample: Sample 1 Lab ID: 20184880002 Collected: 12/21/20 16:15 Received: 12/22/20 09:00 Matrix: Solid

Results reported on a "wet-weight" basis

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>Percent Moisture</b> Analytical Method: Moisture Pace Analytical Services - New Orleans								
Percent Moisture	81.2	%	0.50	1		01/07/21 08:43		

Sample: Sample 2 Lab ID: 20184880003 Collected: 12/21/20 16:15 Received: 12/22/20 09:00 Matrix: Solid

Results reported on a "wet-weight" basis

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>MOB 9221E Fecal Coliform, MPN</b> Analytical Method: SM 9221C/E Preparation Method: SM 9221C/E Pace Analytical Services - Mobile Labs								
Fecal Coliforms, MPN	99440.6464	MPN/g	2.0	100	12/22/20 12:39	12/23/20 12:45		N2
<b>Percent Moisture</b> Analytical Method: Moisture Pace Analytical Services - New Orleans								
Percent Moisture	81.1	%	0.50	1		01/07/21 08:43		

Sample: Sample 3 Lab ID: 20184880004 Collected: 12/21/20 16:15 Received: 12/22/20 09:00 Matrix: Solid

Results reported on a "wet-weight" basis

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>MOB 9221E Fecal Coliform, MPN</b> 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 12:45		N2
<b>Percent Moisture</b> Analytical Method: Moisture Pace Analytical Services - New Orleans								
Percent Moisture	82.5	%	0.50	1		01/07/21 08:43		

Sample: Sample 4 Lab ID: 20184880005 Collected: 12/21/20 16:15 Received: 12/22/20 09:00 Matrix: Solid

Results reported on a "wet-weight" basis

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>MOB 9221E Fecal Coliform, MPN</b> Analytical Method: SM 9221C/E Preparation Method: SM 9221C/E Pace Analytical Services - Mobile Labs								
Fecal Coliforms, MPN	58673.4694	MPN/g	2.0	100	12/22/20 12:39	12/23/20 12:45		N2
<b>Percent Moisture</b> Analytical Method: Moisture Pace Analytical Services - New Orleans								
Percent Moisture	81.4	%	0.50	1		01/07/21 08:43		

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## ANALYTICAL RESULTS

Project: Saraland WWTP

Pace Project No.: 20184880

**Sample: Sample 5** Lab ID: 20184880006 Collected: 12/21/20 16:15 Received: 12/22/20 09:00 Matrix: Solid

**Results reported on a "wet-weight" basis**

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>MOB 9221E Fecal Coliform, MPN</b>								
Analytical Method: SM 9221C/E Preparation Method: SM 9221C/E Pace Analytical Services - Mobile Labs								
Fecal Coliforms, MPN	101781.170 5	MPN/g	2.0	100	12/22/20 12:39	12/23/20 12:45		N2,u2
<b>Percent Moisture</b>								
Analytical Method: Moisture Pace Analytical Services - New Orleans								
Percent Moisture	81.3	%	0.50	1		01/07/21 08:43		

**Sample: Sample 6** Lab ID: 20184880007 Collected: 12/21/20 16:15 Received: 12/22/20 09:00 Matrix: Solid

**Results reported on a "wet-weight" basis**

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>MOB 9221E Fecal Coliform, MPN</b>								
Analytical Method: SM 9221C/E Preparation Method: SM 9221C/E Pace Analytical Services - Mobile Labs								
Fecal Coliforms, MPN	105471.325 0	MPN/g	2.0	100	12/22/20 12:39	12/23/20 12:45		N2,u2
<b>Percent Moisture</b>								
Analytical Method: Moisture Pace Analytical Services - New Orleans								
Percent Moisture	82.4	%	0.50	1		01/07/21 08:43		

**Sample: Sample 7** Lab ID: 20184880008 Collected: 12/21/20 16:15 Received: 12/22/20 09:00 Matrix: Solid

**Results reported on a "wet-weight" basis**

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>MOB 9221E Fecal Coliform, MPN</b>								
Analytical Method: SM 9221C/E Preparation Method: SM 9221C/E Pace Analytical Services - Mobile Labs								
Fecal Coliforms, MPN	106524.633 8	MPN/g	2.0	100	12/22/20 12:39	12/23/20 12:45		N2,u2
<b>Percent Moisture</b>								
Analytical Method: Moisture Pace Analytical Services - New Orleans								
Percent Moisture	82.2	%	0.50	1		01/07/21 08:43		

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## QUALITY CONTROL DATA

Project: Saraland WWTP  
Pace Project No.: 20184880

QC Batch: 212059	Analysis Method: EPA 7471
QC Batch Method: EPA 7471	Analysis Description: 7471 Mercury
	Laboratory: Pace Analytical Services - New Orleans

Associated Lab Samples: 20184880001

METHOD BLANK: 995969 Matrix: Solid  
Associated Lab Samples: 20184880001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Mercury	mg/kg	ND	0.020	12/30/20 16:02	

LABORATORY CONTROL SAMPLE: 995970

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	mg/kg	0.1	0.10	102	80-120	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 995971 995972

Parameter	Units	20184880001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury	mg/kg	0.094	0.081	0.091	0.24	0.23	177	154	75-125	2	20	M1

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## QUALITY CONTROL DATA

Project: Saraland WWTP

Pace Project No.: 20184880

QC Batch: 211478

Analysis Method: SM 9221C/E

QC Batch Method: SM 9221C/E

Analysis Description: MOB 9221E Fecal Coliform MPN

Laboratory: Pace Analytical Services - Mobile Labs

Associated Lab Samples: 20184880002, 20184880003, 20184880004, 20184880005, 20184880006, 20184880007, 20184880008

METHOD BLANK: 993242

Matrix: Solid

Associated Lab Samples: 20184880002, 20184880003, 20184880004, 20184880005, 20184880006, 20184880007, 20184880008

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Fecal Coliforms, MPN	MPN/g	0	2.0	12/23/20 12:45	N2

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## QUALITY CONTROL DATA

Project: Saraland WWTP  
Pace Project No.: 20184880

QC Batch: 211781 Analysis Method: EPA 6010  
QC Batch Method: EPA 3050 Analysis Description: 6010 MET  
Laboratory: Pace Analytical Services - New Orleans

Associated Lab Samples: 20184880001

METHOD BLANK: 994795 Matrix: Solid

Associated Lab Samples: 20184880001

Parameter	Units	Blank Result	Reporting 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	
Lead	mg/kg	ND	0.50	12/28/20 12:40	
Molybdenum	mg/kg	ND	1.0	12/28/20 12:40	
Nickel	mg/kg	ND	4.0	12/28/20 12:40	
Selenium	mg/kg	ND	2.0	12/28/20 12:40	
Zinc	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	
Lead	mg/kg	100	99.6	100	85-115	
Molybdenum	mg/kg	100	103	103	85-115	
Nickel	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 994798

Parameter	Units	60356547001		MS		MSD		MS		MSD		MS		MSD		% Rec		Limits		RPD		Max		Qual
		Result	Conc.	Spike Conc.	Conc.	Result	Conc.	Result	Conc.	Result	Conc.	Result	Conc.	Result	Conc.	% Rec	% Rec	Limits	RPD	RPD	RPD	RPD	RPD	Qual
Arsenic	mg/kg	5.1	94.3	94.3	76.9	94.7	77.5	95	94	80-120	20	20												
Beryllium	mg/kg	ND	94.3	94.3	76.9	93.6	76.3	99	99	80-120	20	20												
Cadmium	mg/kg	ND	94.3	94.3	76.9	90.6	73.7	96	96	80-120	21	20 R1												
Chromium	mg/kg	5.1	94.3	94.3	76.9	97.5	80.1	98	97	80-120	20	20												
Copper	mg/kg	266	94.3	94.3	76.9	342	292	80	33	80-120	16	20 M1												
Lead	mg/kg	2.2	94.3	94.3	76.9	94.5	76.8	98	97	80-120	21	20 R1												
Molybdenum	mg/kg	ND	94.3	94.3	76.9	96.1	77.2	102	100	80-120	22	20 R1												
Nickel	mg/kg	4.2	94.3	94.3	76.9	95.8	78.5	97	97	80-120	20	20												

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## QUALITY CONTROL DATA

Project: Saraland WWTP

Pace Project No.: 20184880

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 994797 994798												
Parameter	Units	60356547001 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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## QUALITY CONTROL DATA

Project: Saraland WWTP

Pace Project No.: 20184880

QC Batch: 212681

Analysis Method: Moisture

QC Batch Method: Moisture

Analysis Description: Dry Weight/Percent Moisture

Laboratory: Pace Analytical Services - New Orleans

Associated Lab Samples: 20184880002, 20184880003, 20184880004, 20184880005, 20184880006, 20184880007, 20184880008

SAMPLE DUPLICATE: 998745

Parameter	Units	20186192021 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	22.2	21.4	4	20	

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### QUALITY CONTROL DATA

Project: Saraland WWTP

Pace Project No.: 20184880

QC Batch: 212025

QC Batch Method: EPA 351.2

Analysis Method: EPA 351.2

Analysis Description: 351.2 TKN

Laboratory: Pace Analytical Services - New Orleans

Associated Lab Samples: 20184880001

METHOD BLANK: 995721

Matrix: Solid

Associated Lab Samples: 20184880001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Nitrogen, Kjeldahl, Total	mg/kg	ND	50.0	12/31/20 12:36	

LABORATORY CONTROL SAMPLE: 995722

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Nitrogen, Kjeldahl, Total	mg/kg	434	478	110	80-120	

MATRIX SPIKE SAMPLE: 995724

Parameter	Units	20184933001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Nitrogen, Kjeldahl, Total	mg/kg	3750	25100	53000	15	75-125	M6

SAMPLE DUPLICATE: 995723

Parameter	Units	20184933001 Result	Dup Result	RPD	Max RPD	Qualifiers
Nitrogen, Kjeldahl, Total	mg/kg	3750	52800	7	20	

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### REPORT OF LABORATORY ANALYSIS

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## QUALITY CONTROL DATA

Project: Saraland WWTP

Pace Project No.: 20184880

QC Batch: 212026

QC Batch Method: EPA 365.4

Analysis Method: EPA 365.4

Analysis Description: 365.4 Total Phosphorus

Laboratory: Pace Analytical Services - New Orleans

Associated Lab Samples: 20184880001

METHOD BLANK: 995725

Matrix: Solid

Associated Lab Samples: 20184880001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Phosphorus	mg/kg	ND	10.0	12/31/20 13:48	

LABORATORY CONTROL SAMPLE: 995726

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Phosphorus	mg/kg	166	172	103	80-120	

MATRIX SPIKE SAMPLE: 995728

Parameter	Units	20184933001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Phosphorus	mg/kg	996	25000	16300	13	75-125	M6

SAMPLE DUPLICATE: 995727

Parameter	Units	20184933001 Result	Dup Result	RPD	Max RPD	Qualifiers
Phosphorus	mg/kg	996	13700	4	20	

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## QUALITY CONTROL DATA

Project: Saraland WWTP

Pace Project No.: 20184880

QC Batch: 211629

Analysis Method: SM 4500-NH3 D

QC Batch Method: SM 4500-NH3 B

Analysis Description: 4500 Ammonia, Distilled

Laboratory: Pace Analytical Services - New Orleans

Associated Lab Samples: 20184880001

METHOD BLANK: 994025

Matrix: Solid

Associated Lab Samples: 20184880001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Nitrogen, Ammonia	mg/kg	ND	1.0	12/23/20 14:20	

LABORATORY CONTROL SAMPLE: 994026

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Nitrogen, Ammonia	mg/kg	108	106	98	80-120	

MATRIX SPIKE SAMPLE: 994028

Parameter	Units	20183207003 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Nitrogen, Ammonia	mg/kg	1200	6100	7140	97	75-125	

SAMPLE DUPLICATE: 994027

Parameter	Units	20183207003 Result	Dup Result	RPD	Max RPD	Qualifiers
Nitrogen, Ammonia	mg/kg	1200	1550	26	20 D6	

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## QUALITY CONTROL DATA

Project: Saraland WWTP  
Pace Project No.: 20184880

QC Batch: 211628	Analysis Method: SM 4500-NO3 F
QC Batch Method: SM 4500-NO3 F	Analysis Description: SM4500NO3-F, Nitrate
	Laboratory: Pace Analytical Services - New Orleans

Associated Lab Samples: 20184880001

METHOD BLANK: 994021 Matrix: Solid  
Associated Lab Samples: 20184880001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Nitrogen, NO2 plus NO3	mg/kg	ND	0.50	12/23/20 14:29	

LABORATORY CONTROL SAMPLE: 994022

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Nitrogen, NO2 plus NO3	mg/kg	161	176	109	80-120	

MATRIX SPIKE SAMPLE: 994024

Parameter	Units	20183207003 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Nitrogen, NO2 plus NO3	mg/kg	1140	1220	2280	93	80-120	D3

SAMPLE DUPLICATE: 994023

Parameter	Units	20183207003 Result	Dup Result	RPD	Max RPD	Qualifiers
Nitrogen, NO2 plus NO3	mg/kg	1140	1230	7	20	D3

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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

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.



# CHAIN-OF-CUSTODY Analytical Request Document

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

Company:

Green South Solutions

Billing Information:

Green South Solutions

Address: 30851 Smyrna Rd, Florida, FL

30851 Smyrna Rd, Florida, FL 36442

Report To:

Collegiate South Solutions.com

Email To:

Collegiate South Solutions.com

Copy To:

SAVANA 11WTP

State:

Phone: 351-610-6310

Site/Facility ID #:

Collegiate South Solutions.com

County/City:

Collected By (print):

Purchase Order #:

IT Thomas

Time Zone Collected:

Collected By (signature):

DW PWS ID #:

Sample Disposal:

DW Location Code:

Dispose as appropriate: 1 Return

Immediately Packed on Ice:

Archive: 1

Field Filtered (if applicable):

\* 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)

Customer Sample ID

Matrix \*

Comp/Grab

Collected (or Composite Start) Date Time

Composite End Date Time

Res CI

# of Cins

1

OT

13-11-20 4:15pm

1

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13-11-20

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13-11-20

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**ADEM FORM 441**  
**PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY**



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# PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: Saraland Wastewater Treatment Plant

PLANT GRADE: III

PERMIT NUMBER: AL0055786

PLANT SUPERINTENDENT: Robert Miller

TEL. # 251-679-5514

SYSTEM MANAGER: John Vaughn

TEL. # 251-675-5126

PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1.	Robert S. Miller	IV	C007953	10/31/2022
2.	Adrian D. Parker	III	C005919	04/30/2022
3.	James O. Wiggins (As Needed)	IV	C002607	11/30/2021
4.				
5.				
6.				
7.				
8.				
9.				
10.				

COLLECTION SYSTEM OPERATORS:

1.	Adrian D. Parker	II	C005919	04/30/2022
2.				
3.				
4.				

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	40	1
OPERATOR(S):		
GRADE I-C		
GRADE I		
GRADE II		
GRADE III	48	1
GRADE IV	48	2
DESIGNATED TRAINEE(S)		
LABORATORY	40	1
MAINTENANCE		
OTHER PLANT WORKERS	40	1

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST	3
2ND	1
3RD	

START TIME

8:00 a.m.

5:00 a.m.

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THURS	FRI	SAT
1ST		8 - 5	8 - 5	8 - 5	8 - 5	8 - 5	
2ND	5 - 1						5 - 1
3RD							

ADEM USE ONLY

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

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

YES NO


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**ADEM FORM 418**  
**MWPP RESOLUTION FORM**

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## 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.
  - (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). 5/20/2021

Paul F. Mitchell  
Nicole Robinson  
Clerk

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