

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: Alabaster WWTP NPDES #: AL0025828

MUNICIPALITY: City of Alabaster COUNTY: Shelby

CONTACT PERSON: Fred Hawkins

Responsible Official

Director of Engineering, Building, and Environmental Services

Title

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CHIEF OPERATOR: Bill Atkinson

Name

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Date: 4/27/2023

REVIEWED BY: Fred Hawkins

Consulting Engineer

Telephone #: 205-937-0056 Fax #: 205-664-6841

Date: 4/28/2023

**MWPP Annual Report
Information Source List**

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

- Part 1
 - A. The average plant influent flow for each month (million gallons per day/MGD) during the year.
 - B. The average plant influent BOD (CBOD) for each month (mg/l and lb/day) in the year.
 - C. The plant's average design flow (MGD) and design BOD (CBOD) loading (lbs/day).

- Part 2
 - A. The monthly average permit and DMR effluent concentration for BOD (CBOD), TSS, NH3-N, and/or TKN in mg/l for the year
 - B. The monthly average effluent limits and DMR loading for BOD (CBOD), TSS, NH3-N, and/or TKN in lbs/day for the year

- Part 3 The age of the treatment plant defined as the number of years since the last major reconstruction to increase the organic or hydraulic capacity of the plant. The last calendar year minus the year the new construction was brought on-line.

- Part 4 Bypass and overflow information. This is the number of bypass or overflow events of untreated wastewater due to heavy rain or equipment failure whether intentional or inadvertent from all collection systems tributary to the treatment facility.

- Part 5
 - A. Describe the characteristics and quantity of sludge generated.
 - B. If sludge is landspread, how many months of sludge storage does the plant have? This should include on-site and off-site storage from the treatment plant. The 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 31st to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.**

Facility Name: Alabaster WWTP

Part 1: Influent Loading/Flows

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

<u>Month</u>	<u>Column 1 Average Monthly Flowrate (MGD)</u>	<u>Column 2 Average Monthly BOD₅ (CBOD₅) Concentration (mg/l)</u>	<u>Column 3 Average Loading BOD₅ (CBOD₅) (lbs/day^{**})</u>
January	5.79	77.1	3406
February	5.5	101.1	4972.5
March	6.75	88.9	5141.1
April	5.32	84.6	3696.7
May	3.04	136.1	3491.5
June	3.10	133.5	3534.8
July	2.52	131.5	2506.4
August	2.74	106.4	2409.5
September	2.75	120	2413.3
October	1.85	149.6	2323.2
November	2.75	121.2	2621.5
December	3.64	72.5	2238.7
Annual Avg.	3.81	110.2	3229.6

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

B. List the average design flow and average design BOD₅ (CBOD₅) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	<u>Average Design Flow</u>	<u>Average Design BOD₅ (CBOD₅) Loading (lbs/day)</u>
Design Criteria	7.6	14587
90% of the Design Criteria	6.8	13128.3

C. How many times did the monthly flow (Column 1) to the WWTP exceed 90% of design flow?
_____0_____ (Check the appropriate point total)

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

D. How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?
_____0_____ (Check the appropriate point total)

0 = 0 points 1 - 2 = 5 points 3 - 4 = 10 points 5 or more = 15 points

E. How many times did the monthly BOD₅ (CBOD₅)* 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 BOD₅ (CBOD₅)* loading (lbs/day) (Column 3) to the WWTP exceed the design loading?
_____0_____ (Check the appropriate point total)

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

G. Enter each point value marked for C through F and enter the sum in the appropriate blank below.

C points = _____0_____

D points = _____0_____

E points = _____0_____

F points = _____0_____

TOTAL POINTS VALUE FOR PART 1 _____0_____

Enter this value on Part 11: Summary Sheet.

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

Facility Name: Alabaster WWTP

Part 2: Effluent Quality/Plant Performance

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

(1) NPDES Permit Concentration

Permit Limit	Months	BOD ₅ (CBOD ₅) (mg/l)	TSS (mg/l)	NH ₃ -N (mg/l)	TKN (mg/l)
	May/Nov	3.0	30	.5	1.5
Dec/April	4.0	30	.4	1.4	

(2) DMR Concentration

Qtr	Month	BOD ₅ (CBOD ₅) (mg/l)	TSS (mg/l)	NH ₃ -N (mg/l)	TKN (mg/l)
1	January	1.45	1.13	.13	.60
	February	1.09	.87	.06	.42
	March	1.75	.97	.08	.44
2	April	1.50	1.18	.06	.41
	May	1.83	1.90	.06	.65
	June	1.67	1.95	.07	.72
3	July	1.45	2.47	.06	.57
	August	1.52	2.04	.06	.35
	September	1.5	1.95	.06	.4
4	October	2.13	2.34	.07	.52
	November	2.15	.95	.07	.47
	December	1.17	1.15	.08	.32
Annual Avg.		1.60	1.58	.07	.49

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

(1) NPDES Permit Loading

Permit Limit	Months	BOD ₅ (CBOD ₅) (lbs/day)	TSS (lbs/day)	NH ₃ -N (lbs/day)	TKN (lbs/day)
		May/Nov	190	1901	31.6
	Dec/April	253	1901	25.3	88.7

(2) DMR Loading

Qtr	Month	BOD ₅ (CBOD ₅) (lbs/day)	TSS (lbs/day)	NH ₃ -N (lbs/day)	TKN (lbs/day)
1	January	69.1	51.72	7.81	31.38
	February	52.2	47.77	3.14	20.24
	March	103.4	63.81	5.16	24.89
2	April	66.2	52.21	2.63	19.4
	May	47.5	49.65	1.60	16.62
	June	45.5	52.26	1.92	19.98
3	July	28.2	46.96	1.15	10.62
	August	34.8	46.62	1.32	7.93
	September	31.5	39.53	1.3	7.79
4	October	31.9	36.02	1.13	8.02
	November	41.0	24.41	1.67	13.90
	December	39.3	39.55	3.03	10.47
Annual Avg.		49.2	45.88	2.66	15.94

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

No = 0 points

Yes = 121 points

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

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

No = 0 points Yes = 121 points

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

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: Alabaster WWTP

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:

$$\text{Age} = (\text{Last Calendar year}) - (\text{Answer to A})$$

$$\text{Age } \underline{18} = (\underline{2022}) - (\underline{2004})$$

Enter Age in Part C below.

B. Check the type of treatment facility employed.

	Factor
<u>2</u> Mechanical Treatment Plant	2.0
_____ Aerated Lagoon	1.5
_____ Stabilization Pond	1.0
_____ Other (Specify: _____)	1.0

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

$$\frac{\underline{2}}{\text{(Factor)}} \times \frac{\underline{18}}{\text{(Age)}} = \underline{36} \quad \text{TOTAL POINT VALUE FOR PART 3}$$

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

Facility Name: Alabaster WWTP

Part 4: Bypassing and Overflows

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

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

C. How many of the bypass or overflow events listed in Parts A and B have been corrected such that future bypass or overflow events at the same location due to heavy rain are not anticipated? 0

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

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

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 0

Enter this value on Part 11: Summary Sheet.

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

Facility Name: Alabaster WWTP

Part 5: Sludge Quantity and Storage

- A. Please provide information concerning sludge quantity, characteristics, and storage practices based on available data as requested on the *MWPP Sewage Sludge Survey*, ADEM Form 419.
- B. How many months of sludge storage capacity does the wastewater treatment facility have available, either on-site or off-site? (i.e., How many months can the facility operate without land spreading or disposing of sludge?) 2

(Check the appropriate point total.)

- | | | |
|---|-------------------------------------|-------------|
| Greater than or equal to 4 months | <input 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 checked="" 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 20

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: Alabaster WWTP

Part 7: New Development

Are there any major new developments (industrial, commercial, or residential) in the last calendar year or anticipated in the next 2-3 years such that either flow or BOD₅ (CBOD₅) loadings to the sewage system could significantly increase? Estimate additional loadings below.

Design Population: 6889 Design Flow: 0.75 MGD Design BOD₅ (CBOD₅): 948 lbs/day Equivalent (PE)

List industrial and/or residential developments.

1,813 new homes in 9 subdivisions

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: Alabaster WWTP

Part 9: Financial Status

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

Yes

Residential Minimum \$25.79 Plus rate \$3.59 /1,000 gal.
Industrial Minimum \$62.90 Plus rate \$13.84 /1,000 gal.
Monthly residential rate based on 6,000 gallons usage \$ \$47.33

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

Primarily user fees, bond issues available for capital improvements. The City of Alabaster has
hired Raftelis to perform a sewer cost of service study which is currently underway.

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

Part 10: Subjective Evaluation

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

This treatment facility is in fair/good condition.

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

The sewer system is in fair/good condition due to lift station upgrades.

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

New Solids Handling Facility. Renovating sewer operations, collections, and administration

buildings. New bar screen and degritter. Capacity upgrade from 7.6mgd to 9.2mgd. Upgrading

sandfilters to disk filters. New Effluent Pump Station. \$1.5 mil annually for I and I Reduction.

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 life of the plant is 20+ years with 5-10 years remaining.

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

Inflow and infiltration during heavy rain

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

Yes

G. How many days in the last year were there residential backups at any point in the collection system for any reason other than clogging of the lateral connection? 0

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

Yes, we use Jobcal software for our weekly, monthly, and annual preventative maintenance.

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.

5 Backup Pumps \$290,000

4 Service Trucks \$155,000

6 Main Influent Pump VFD's \$150,000

Mini Excavator \$73,000

Sewer Line Jetter \$72,000

Main Influent Pump \$39,000

Grit Conveyor \$37,000

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

The City of Alabaster has secured an 18 million dollar bond to do several improvements to the sewer system. The main focus is to reduce I and I, replace outdated equipment at the treatment plant, and improve the departments overall facilities for efficient operations. Included in these upgrades will be a new classroom and an operator training space.

Facility Name: City of Alabaster

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>0</u> points	80 points
Part 2 <u>0</u> points	121 points
Part 3 <u>36</u> points	40 points
Part 4 <u>0</u> points	200 points
Part 5 <u>20</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>56</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.

Rate Sheet (Front Counter)
Effective 4/1/22

Water Rates

Rate Code	Gallons		
3/4"	30	< 2,500	\$ 19.00
		2,500 - 15,000	\$ 5.65 per thousand
		> 15,000	\$ 6.14 per thousand
Fixed Income will reduce the bill by \$10.00			
3/4"	31	< 2,500	\$ 19.00
		2,500 - 15,000	\$ 5.65 per thousand
		> 15,000	\$ 6.14 per thousand
1"	32	< 6,000	\$ 38.97
		6,000 - 18,500	\$ 5.65 per thousand
		> 18,500	\$ 6.14 per thousand
1 1/2"	33	< 11,600	\$ 70.93
		11,600 - 24,100	\$ 5.65 per thousand
		> 24,100	\$ 6.14 per thousand
2"	34	< 21,300	\$ 129.60
		21,300 - 33,800	\$ 5.65 per thousand
		>33,800	\$ 6.14 per thousand
3"	35	< 71,300	\$ 405.34
		71,300 - 83,800	\$ 5.65 per thousand
		> 83,800	\$ 6.14 per thousand
4"	36	< 126,100	\$ 665.44
		126,100 - 138,600	\$ 5.65 per thousand
		> 138,600	\$ 6.14 per thousand
6"	37	< 252,200	\$ 1,392.46
		252,200 - 264,700	\$ 5.65 per thousand
		> 264,700	\$ 6.14 per thousand

Tap Fees

3/4", 1" or 2"	\$1,000.00
3"	\$2,000.00
4"	\$3,000.00
6"	\$4,000.00
8"	\$6,000.00
10"	\$8,000.00
12"	\$10,000.00

Meter Charges

3/4"	\$500.00
1"	\$550.00
2"	\$1,100.00

Sewer Rates

Residential

\$ 25.79 Plus \$3.59 per thousand gallons

Commercial

\$ 62.90 up to 5,000 gallons
\$ 13.84 per thousand over 5,000 gallons

Fixed Income Rates

\$ 10.00 Plus \$3.59 per thousand gallons

Garbage Rates

Residential Only Customers

\$ 16.90 per month for 1 cart plus \$8.13 per month for each additional cart

Commercial Customers

\$ 33.80 per month for the first 2 carts plus \$8.13 per month for each additional cart limit of 4

Fixed Income Rate

No Charge for Garbage

Miscellaneous Charges

Service Fees

\$ 50.00 Connection Charge
\$ 50.00 Fire Hydrant Meter Permit Fee
\$ 75.00 Inspection Fee (only 5 days)

Deposits

\$ 150.00 Residential Deposit
\$ 250.00 Commercial Deposit
\$ 50.00 Deposit Garbage and Sewer Only renters
\$ 1,000.00 Fire Hydrant Meter Deposit

Fees

\$ 75.00 Garbage Set Up Fee
\$ 20.00 Call Out Fee (After Hours)
\$ 80.00 Water Processing Fee
\$ 150.00 Map Submission Fee plus \$5.00 per Lot
\$ 30.00 Returned Item Fee
\$ 50.00 Broken Lock Fee
\$ 60.00 Broken Shut Off Fee
\$ 25.00 Meter Box Replacement Fee
\$ 1.00 Copy Fee

System Development Fee

3/4" \$1,800.00
1" \$3,000.00
2" \$9,500.00
4" \$30,000.00
6" \$59,900.00
8" \$95,900.00
Multi-Family \$1,100 Per Unit

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.3

(Submission #: HPQ-ANZ8-9K5JH, version 1)

Digitally signed by:
AEPACS
Date: 2022.12.30 16:14:51 -06:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00209276

Submission ID HPQ-ANZ8-9K5JH

Form Input

General Instructions

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

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.

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

Special Note:

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

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

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


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

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

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

Processing

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

If you are able to complete all of the information in the first submittal, please indicate the status of  Submit both the Initial 24-hour notification and 5-day report concurrently."

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

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

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

No

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

Yes

Permittee Information

Permit Number

AL0025828

Permittee

City of Alabaster

Facility/Site Information

Facility Name

Alabaster WWTP

Facility County

Shelby

Assigned SSO ID

Assigned SSO ID

SSO-00209276

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
12/30/2022	01:50 pm

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
12/30/2022	02:30 pm

Did the SSO occur during wet weather?

No

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

No

Note:

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

Report Estimated Volume Discharged as

Range

Estimated Volume Discharged (Range)

<=1,000 gal

Indicate source of discharge event

Manhole

County in which SSO occurred (check all that apply)

Shelby

Note

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

[Map Help link](#)

Latitude/Longitude of discharge

33.247972,-86.793677

Note

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

Street Address

Wembley Way

City

Alabaster

State

AL

ZIP Code

35007

Location Description

Manhole in woods

Known or suspected cause of the discharge

Blockage in line.

Destination of discharge

Ground Absorbed

Did the discharge reach a designated swimming water?

No

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

Not Performed

Was the affected area cleaned?

Yes

Was the affected area disinfected?

Yes

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

No

SSO Event - Corrective Action

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

Cleared and jetted line.

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Placement of Signs

Date signs were placed:

12/30/2022

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

12/30/2022

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

Additional Attachments

Additional Attachments

NONE PROVIDED

Comment

NONE PROVIDED

General Comments

General Comments (Optional)

NONE PROVIDED

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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

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

Signed Larry Marasckin on 12/30/2022 at 3:50 PM
By

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.2

(Submission #: HPK-PWH2-HNKV5, version 1)

Digitally signed by:
GlobalSign RSA OV SSL CA 2018
Date: 2022.08.05 09:05:21 -05:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00208843

Submission ID HPK-PWH2-HNKV5

Form Input

General Instructions

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

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.

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

Special Note:

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

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

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

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

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

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

Processing

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

If you are able to complete all of the information in the first submittal, please indicate the status of Submit both the Initial 24-hour notification and 5-day report concurrently."

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

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

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

No

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

Yes

Permittee Information

Permit Number

AL0025828

Permittee

City of Alabaster

Facility/Site Information

Facility Name

Alabaster WWTP

Facility County

Shelby

Assigned SSO ID

Assigned SSO ID

SSO-00208843

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
8/4/2022	10:00 am

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
8/4/2022	10:15 am

Did the SSO occur during wet weather?

No

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

No

Note:

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

Report Estimated Volume Discharged as Range

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

Indicate source of discharge event
Manhole

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

Note

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

Latitude/Longitude of discharge
33.252385,-86.825447

Note

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

Street Address
850 9th st NW

City
Alabaster

State
AL

ZIP Code
35007

Location Description
South east corner of nursing home.

Known or suspected cause of the discharge
Grease in line.

Destination of discharge
Ground Absorbed

Did the discharge reach a designated swimming water?
No

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

Was the affected area cleaned?
Yes

Was the affected area disinfected?
Yes

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

SSO Event - Corrective Action

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

Cleaned and jetted line. Cleaned and disinfected area.

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Placement of Signs

Date signs were placed:

8/4/2022

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

8/5/2022

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

Additional Attachments

Additional Attachments

NONE PROVIDED

Comment

NONE PROVIDED

General Comments

General Comments (Optional)

NONE PROVIDED

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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

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

Signed Larry Marasckin on 08/05/2022 at 8:55 AM
By

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.1

(Submission #: HPG-Y40Y-0B529, version 1)

Digitally signed by:
GlobalSign RSA OV SSL CA 2018
Date: 2022.04.14 09:34:28 -05:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00208639

Submission ID HPG-Y40Y-0B529

Form Input

General Instructions

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

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.

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

Special Note:

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

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

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

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

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

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

Processing

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

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

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

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

No

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

Yes

Permittee Information

Permit Number

AL0025828

Permittee

City of Alabaster

Facility/Site Information

Facility Name

Alabaster WWTP

Facility County

Shelby

Assigned SSO ID

Assigned SSO ID

SSO-00208639

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
4/13/2022	01:30 pm

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
4/13/2022	01:46 pm

Did the SSO occur during wet weather?

No

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

No

Note:

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

Report Estimated Volume Discharged as Range

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

Indicate source of discharge event
Manhole

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

Note

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

[Map Help link](#)

Latitude/Longitude of discharge
33.249009671765556,-86.81490858346217

Note

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

Street Address
518 1st Street North

City
Alabaster

State
AL

ZIP Code
35007

Location Description
Manhole

Known or suspected cause of the discharge
Clogged line

Destination of discharge
Ground Absorbed

Did the discharge reach a designated swimming water?
No

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

Was the affected area cleaned?
Yes

Was the affected area disinfected?
Yes

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

SSO Event - Corrective Action

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

Camera lines and check for repairs.

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Placement of Signs

Date signs were placed:

4/13/2022

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

4/14/2022

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

Additional Attachments

Additional Attachments

NONE PROVIDED

Comment

NONE PROVIDED

General Comments

General Comments (Optional)

NONE PROVIDED

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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

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

Signed Larry Marasckin on 04/14/2022 at 9:08 AM
By

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.1

(Submission #: HPG-94F3-VY4GT, version 2)

Digitally signed by:
GlobalSign RSA OV SSL CA 2018
Date: 2022.03.29 11:24:46 -05:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00207522

Submission ID HPG-94F3-VY4GT

Form Input

General Instructions

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

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.

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

Special Note:

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

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


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

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

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

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

Processing

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

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

Submit the 5-day Report

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

No

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

Yes

Permittee Information

Permit Number

AL0025828

Permittee

City of Alabaster

Facility/Site Information

Facility Name

Alabaster WWTP

Facility County

Shelby

Assigned SSO ID

Assigned SSO ID

SSO-00207522

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
3/18/2022	07:00 am

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
3/18/2022	07:45 am

Did the SSO occur during wet weather?

Yes

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

No

Note:

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

Report Estimated Volume Discharged as Range

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

Indicate source of discharge event
Manhole

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

Note

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

Latitude/Longitude of discharge
33.25209470171189,-86.82806093729228

Note

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

Street Address
911 Falling Star Lane

City
Alabaster

State
AL

ZIP Code
35007

Location Description
Manhole in street.

Known or suspected cause of the discharge
Blockage in line. Jetted blockage and cleaned and disinfected area.

Destination of discharge
Ground Absorbed

Did the discharge reach a designated swimming water?
No

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

Was the affected area cleaned?
Yes

Was the affected area disinfected?
Yes

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

SSO Event - Corrective Action

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

Clean line and Camera lines in area.

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Placement of Signs

Date signs were placed:

3/18/2022

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

3/18/2022

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

Additional Attachments

Additional Attachments

NONE PROVIDED

Comment

NONE PROVIDED

General Comments

General Comments (Optional)

NONE PROVIDED

Revisions

Revision	Revision Date	Revision By
Revision 1	3/18/2022 4:10 PM	Larry Marasckin
Revision 2	3/29/2022 11:10 AM	Larry Marasckin

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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

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

Signed Larry Marasckin on 03/29/2022 at 11:10 AM
By

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: AL0025828

Name: City of Alabaster Wastewater Treatment Plant
Street Address: 104 8th Ave NW Alabaster, AL
County: Shelby

2. Facility Contact

Name: Fred Hawkins
Title: Director of Engineering, Building, Environmental Services
Telephone: 205-937-0056
Permittee Name: City of Alabaster
Mailing Address: 1953 Municipal Way
Alabaster, AL 35007

Facility Flow Information:

1. Facility Wastewater Treatment Capacity

Average Daily Flow: 3.81 MGD
Facility Design Capacity: 7.6 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:

Grit removal, screening, extended aeration, return activated sludge,
secondary clarifiers, sand filters, UV disinfection

6. Estimated sewage sludge wasting rate at this facility: 2,335 lb/day dry weight
or 28,000 gallons per day

7. Estimated untreated sludge received from off site: _____ lb/day dry weight
or _____ gallons per day

8. Estimated percent solids of combined sewage sludge prior to treatment: 1 %

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

Belt press

Sludge Quantity
(untreated pounds per day)
2,335

10. Estimate the total volume of sludge generated:

535
(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 type="checkbox"/> Land Application, Bulk Shipped	<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"/>
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 checked="" type="checkbox"/> Subtitle D Landfill (Disposal Only)	<input type="checkbox"/>	<input type="checkbox"/>	535	<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: _____ feet

Pollutant Concentrations:

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

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

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

Treatment Provided for Sewage Sludge at the Facility:

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

- Class A
 - Alternative A1 – Time and Temperature
 - Alternative A2 – Alkaline Treatment
 - Alternative A3 – Analysis and Operation
 - Alternative A4 – Analysis Only
 - Alternative A5 – Process to Further Reduce Pathogens (PFRP)
 - Heat Drying Thermophilic Aerobic Digestion Heat Treatment
 - Pasteurization Gamma Ray Irradiation Beta Ray Irradiation Composting
 - Alternative A6 – PFRP Equivalent _____
- Class B
 - Alternative B1 – Fecal Coliform Count
 - Alternative B2 – Process 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?

2. If sewage sludge is land applied in bulk form, what is the nitrogen requirement for this crop or vegetation?

3. If sewage sludge is land applied in bulk form, briefly describe the nature of any complaints filed from neighbors?

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: City of Alabaster WWTP PLANT GRADE: IV
 PERMIT NUMBER: AL0025828
 PLANT SUPERINTENDENT: Bill Atkinson TEL. # 205-901-4007
 SYSTEM MANAGER: Fred Hawkins TEL. # 205-937-0056
 PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1.	Bill Atkinson	IV	C004614	7/31/2024
2.	Bruce Buckner	IV	C001374	9/30/2024
3.	Dave McKinney	IV	C003201	2/28/2025
4.	Mike Strickland	IV	C009803	10/31/2023
5.	Bill Hallsworth	IV	C009942	6/30/2024
6.	Marcus McCord	II	C008021	5/31/2024
7.	Heather Posey	II	C009052	9/30/2024
8.	Adam Roper	II	C004331	3/31/2024
9.	Wesley Wood	IV	C002800	11/30/2024
10.	Wallace Lewis	II	C009683	11/30/2023

COLLECTION SYSTEM OPERATORS:

1.	Larry Marasckin	IC	C004679	1/31/2023
2.	Melvin Booth	IC	C007571	1/31/2024
3.	Mark Hughes	II	C007778	3/31/2024
4.	Robert Ramsey	IC	C008621	7/31/2023

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	120	3
OPERATOR(S):		
GRADE I-C	200	5
GRADE I	40	1
GRADE II	240	5
GRADE III	0	0
GRADE IV	200	6
DESIGNATED TRAINEE(S)		
LABORATORY		
MAINTENANCE		
OTHER PLANT WORKERS		

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST	17	START TIME	6am
2ND	2		2pm
3RD	2		10pm

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THURS	FRI	SAT
1ST	X	X	X	X	X	X	X
2ND	X	X	X	X	X	X	X
3RD	X	X	X	X	X	X	X

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

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: City of Alabaster WWTP

PLANT GRADE: IV

PERMIT NUMBER: AL0025828

PLANT SUPERINTENDENT: Bill Atkinson

TEL. # 205-901-4007

SYSTEM MANAGER: Fred Hawkins

TEL. # 205-937-0056

PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1.	Ralph Towner	I	C004481	1/31/2024
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

COLLECTION SYSTEM OPERATORS:

1.	David Combs	IC	C009090	12/31/2024
2.	Robert McCluskey	IC	C009849	10/31/2023
3.	Brayden McNeal	IC	C009872	1/31/2024
4.				

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

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST

2ND

3RD

START TIME

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THURS	FRI	SAT
1ST							
2ND							
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

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Municipal Water Pollution Prevention Resolution Form

MUNICIPAL WATER POLLUTION PREVENTION (MWPP) PROGRAM

RESOLVED that the (City), (Board) of City of Alabaster

informs the Department of Environmental Management that the following

actions were taken by (governing body) The City Council.

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 ongoing infiltration and inflow remediation.
 - (b) Approved the design of new solids handling building, new collections system shop and maintenance facility.
 - (c) Approved the design of a new barscreen and grit removal sysyem, new disk filter, new effluent pump station, new mcc for old plant, renovations to the administration building and newly pushed collections maintenance building.
 - (d) Continue evaluating operational modifications and minor improvements to ensure compliance with NPDES Permit.

Passed by a (majority)(unanimous) vote of the _____
on (date).

Clerk