MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILI	ry: Alabaster	r WWTP	NPDES #: _	AL0025828
MUNICIPALITY:	City of Alabaster		COUNTY:	Challer
CONTACT PERSON:	Fred Hawkins			
	Responsible O	fficial		
	Director of Eng	gineering, Building,	and Environmenta	al Services
	Title			
	Telephone #:	205-937-0056	Fax #:	564-6841
		: fhawkins@cityofa		
CHIEF OPERATOR:	Bill Atkinson			
CHIEF OPERATOR:	Name			
	Telephone #:	205-901-4007	Fax #:	564-6824
	Email Address	: watkinson@cityof	alabaster.com	
	Date: 5/2/25			
REVIEWED BY:	Fred Hawkins			
	Consulting Eng			
	Telephone #:	205-937-0056	Fax #:	564-6841
	Date: 5/5/25			

MWPP Annual Report Information Source List

The following information will be needed to complete the compliance maintenance report that covers the calendar year of 2024 (due **May 31,** 2025).

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

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State of Alabama MWPP Annual Report Department of Environmental Management

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.

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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>	Column 1 Average Monthly Flowrate (MGD)	Column 2 Average Monthly BOD₅ (CBOD₅) Concentration (mg/l)	Column 3 Average Loading BOD₅ (CBOD₅) (lbs/day**)
January	4.562	135.48	4702.81
February	4.957	78.14	3227.27
March	4.727	87.09	3244.13
April	3.569	116.17	3480.42
May	2.772	126.98	2965.89
June	2.637	152.86	3369.59
July	3.569	108.54	2957.32
August	2.650	137.41	3097.79
September	3.091	130.53	3071.44
October	2.412	158.18	3277.95
November	3.586	137.33	4048.09
December	4.266	122.94	4084.89
Annual Avg.	3.563	124.45	3462.52
			

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

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

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

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C.	——————————————————————————————————————
	■ 0 - 4 = 0 points
D.	How many times did the monthly flow (Column 1) to the WWTP exceed the design flow? (Check the appropriate point total)
	■ $0 = 0$ points $\Box 1 - 2 = 5$ points $\Box 3 - 4 = 10$ points $\Box 5$ or more = 15 points
E.	How many times did the monthly BOD ₅ (CBOD ₅)* loading (lbs/day) (Column 3) to the WWTP exceed 90% of the design loading? (Check the appropriate point total)
	\blacksquare 0 -1 = 0 points \Box 2 - 4 = 5 points \Box 5 or more = 10 points
F.	How many times did the monthly BOD ₅ (CBOD ₅)* loading (lbs/day) (Column 3) to the WWTP exceed the design loading? (Check the appropriate point total)
	■ 0 = 0 points
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
	AL POINTS VALUE FOR PART 1 r this value on Part 11: Summary Sheet.

^{*}To obtain equivalent BOD_5 loading for comparison with design loading for those permittees using influent $CBOD_5$, divide annual average $CBOD_5$, loading in lbs/day from Part 1, A by 0.7.

Alabaster WWTP

Facility Name:

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

	<u>Months</u>	BOD_5 (CBOD $_5$) (mg/l)	TSS (mg/l)	NH₃-N (mg/l)	TKN (mg/l)
Permit Limit	May/Nov	4.0	30	1.0	4.0
	Dec/April	10.0	30	2.5	7.5
(2) DMF	R Concentration				
Qtr	<u>Month</u>	BOD_5 (CBOD $_5$) (mg/l)	TSS (mg/l)	NH₃-N (mg/l)	TKN (mg/l)
1	January	2.13	2.03	0.25	0.76
	February	1.64	1.20	0.11	0.51
	March	1.28	0.92	0.10	0.83
2	April	1.43	2.83	0.06	1.09
	May	1.12	3.61	0.06	0.82
	June	1.43	4.21	0.06	0.81
3	July	1.20	3.66	0.07	0.86
	August	1.07	3.85	0.07	1.06
	September	1.41	3.80	0.07	0.84
4	October	1.29	5.06	0.07	1.36
	November	1.84	3.70	0.10	1.01
	December	1.98	0.84	0.06	0.55
	Annual Avg.	1.48	2.98	0.09	0.88

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

(1) NPDES Permit Loading

Permit Limit	Months May/Nov Dec/April	BOD ₅ (CBOD ₅) (lbs/day) 253 633	TSS (lbs/day) 1901	NH ₃ -N (lbs/day) 63.3	TKN (lbs/day) 253 475
(2) DMF	R Loading				
<u>Qtr</u>	<u>Month</u>	BOD₅ (CBOD₅) (lbs/day)	TSS (lbs/day)	NH₃-N (lbs/day)	TKN (lbs/day)
1	January	79.49	78	11.55	32.58
	February	85.16	71	7.69	26.41
2	March	47.07	34	3.59	31.01
	April	45.73	83	1.84	33.13
	May	26.32	85	1.45	20.31
	June	31.30	94	1.35	17.52
3	July	34.46	102	1.89	22.97
	August	24.70	86	1.59	24.27
	September	34.50	89	1.56	19.58
4	October	26.95	103	1.35	28.06
	November	64.15	118	4.94	35.28
	December	66.79	31	2.36	20.13
	Annual Avg.	47.10	81	3.44	25.97

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 BOD ₅ (CBOD ₅) concentration (mg/l) and/or loading (lbs/day), exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)					
	■ No = 0 points	☐ Yes = 121 points				
E.		the effluent TSS concentration (mg/l) or loading (lbs/day) exceed the monthly average permit limit during two months of any two consecutive propriate 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.	the product of 1.4 time	the NH₃-N or TKN concentration (mg/l) and/or loading (lbs/day) exceed s the monthly average permit limit during two months of any two Check the appropriate point total.)				
	■ No = 0 points	Yes = 121 points				
H.		either the NH_3 -N or TKN concentration (mg/l) and/or loading (lbs/day), rage permit limit during four months of any two consecutive quarters? oint total.)				
	No = 0 points	☐ Yes = 121 points				
I.	Enter each point value ch	necked 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				
	EST INDIVIDUAL POINT \ this value on Part 11: Sum					

Facility	Name:

Alabaster	WV	VΊ	ľ

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:

Enter Age in Part C below.

B. Check the type of treatment facility employed.

	Factor
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:

$$\frac{20}{\text{(Factor)}} \times \frac{2}{\text{(Age)}} = \frac{40}{\text{TOTAL POINT VALUE FOR PART 3}}$$

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						
<u>Part 4:</u>	Bypassir	ng and Ove	rflows						
A.			or overflow e		untreated v	wastewat	er occurred	in the last year	at the
B.			or overflow ev e WWTP due					n the last year _l	orior to
C.	that futu		or overflow					e been correcte heavy rain a	
D.	Add toge	ether Answe	ers A and B a	nd subtra	act Answer	C from th	at total.		
	A + B -	C =	0	(Che	ck the appr	opriate p	oint total.)		
	0 = 0) points	☐ 1 = 5 poi	nts	_ 2 =10	points	☐ 3 =15 p	ooints	
	4 =2	0 points	☐ 5 =25 po	ints	☐ 6 = 30	points	☐ 7 = 35	points	
	□ 8 = 4	0 points	☐ 9 =45 po	ints	<u> </u>) points	11 or m	nore =100 points	3
E.								in the last year	
F.	equipme		rior to the he					in the last year logged/broken l	
G.	that futu	ire bypass	or overflow e					e been correcte ame equipment	
H.	Add toge	ether Answ	ers E and F a	nd subtra	act Answer	G from th	nat total.		
	E+F-	G =	0	(Che	ck the app	ropriate p	oint total.)		
	0 = 0) points	☐ 1 = 5 poi	nts	_ 2 =10	points	☐ 3 =15 p	points	
	_ 4 =2	0 points	☐ 5 =25 po	ints	☐ 6 = 30	points	7 = 35	points	
	□ 8 =4	0 points	☐ 9 =45 po	ints	☐ 10 = 50) points	☐ 11 or m	nore =100 points	3
1.	Add poir	nt values ch	ecked in D ar	nd H and	enter the t	otal in the	e blank belov	W.	
		VALUE FO			0				
Enter	this value	on Part 11	: Summary Sl	neet.					

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 WW	TP				
<u> Part 5:</u>	Sludge C	Quantity and St	<u>orage</u>				
A.						ics, and storage practice S <i>urvey,</i> ADEM Form 419.	
В.	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?) $\frac{2}{2}$						
	(Check t	he appropriate	point total.)				
	Greater	than or equal to	o 4 months			= 0 points	
	Less tha	ın 4 months, bu	t greater than o	r equal to 3 months		= 10 points	
	Less tha	ın 3 months, bu	t greater than o	r equal to 2 months	х	= 20 points	
	Less tha	ın 2 months, bu	t greater than o	r equal to 1 month		= 30 points	
	Less tha	in one month				= 50 points	
 Part 6:	Sludge [Disposal Practio	ces and Sites				
Α.				actices and site int ge Survey, ADEM F		ased on available data a	
B.				facility have accessposal? (Check the		approval for sufficient lan e point total.)	
	36 or mo	ore months	= 0 points				
	24 - 35 r	months	= 10 points	•			
	12 - 23 r	months	= 20 points				
	6 - 11 m	onths	= 30 points				
	Less tha	ın 6 months	= 50 points				
		VALUE FOR P. on Part 11: Su		0			

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Facility	Name:	Alabaste	r WWTP						
<u> Part 7:</u>	New Dev	velopment							
	calenda	year or	anticipated	d in the ne	ext 2-3 yea	ars such t	nercial, or residel hat either flow or Estimate additiona	BOD₅	(CBOD ₅)
	Design Populati Equivale		2430	Design Flow:	0.25	MGD	Design BOD₅ (CBOD₅):_	320	lbs/day
	List indu	strial and/	or resident	ial develop	ments.				
	450 nev	v homes							
	1 shopp	ing center				_			
	2 hotels								
	3 busine	esses				_			
			loading ov oriate point	-					
	No =	0 points		Yes =	121 points				
E	Enter the	point tota	l in the blar	nk below.					
			OR PART : 1: Summai		0	_(highest p	point total = 121)		
<u>Part 8:</u>	Operato	or Certifica	ation						
Compl	ete the F	Plant and C	Collection S	System Pers	sonnel Inve	ntory, ADI	EM Form 441.		
(Code; Di	vision 10,		ertification		n staffing	comply with ADE	M Adm	ninistrative
	Yes	= 0 points	i	□ No = 1	21 points				

____(highest point total = 121)

TOTAL POINT VALUE FOR PART 8
Enter this value on Part 11: Summary Sheet.

Facility	Name:	Alabaster WWTP
<u>Part 9:</u>	Financia	al Status
A.	are O&l	er-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how M costs being financed? <i>Include user charge rates</i> .
	Yes	
	Reside	ntial Minimum\$29.67Plus rate\$4.13/1,000 gal.
	Industri	al Minimum\$72.38Plus rate\$15.93/1,000 gal.
	Monthly	residential rate based on 6,000 gallons usage \$
В.		financial resources are available to pay for the wastewater improvements and/or cruction needs?
	Primari ———	ily user fees, bond issues available for capital improvements
C.	Please	attach a rate sheet and the most recent audit, if available.
Part 10	0: Subje	ctive Evaluation
Α.	Describe	e briefly the physical and structural conditions of the wastewater treatment facility.
	This tre	eatment facility is in fair/good condition.

B.		be the general condition of the sewer system (sewer lines, manholes, lift stations). Ewer system is in fair/good condition.

Hext o ye	wage system improvements does the community have planned for construction in the ears?
A new l	neadworks and sludge storage are under construction. A new solids handling facility
and sand	I filter upgrade are being designed to provide a 1.7 MGD increase in plant capacity.
\$1.5 mi	llion/year has been allocated for I&I reduction.
	the theoretical design life of the plant, and what is the estimated remaining useful life or ewater treatment facility?
The theo	pretical life of the plant is 20+ years with 5-10 years remaining.
What presystem?	oblems, if any, over the last year have threatened treatment or conveyance within the
Inflow a	nd infiltration during heavy rain
s the con	nmunity presently involved in formal planning for treatment facility upgrading?
Yes ————————————————————————————————————	
Yes How man	y days in the last year were there residential backups at any point in the collection rany reason other than clogging of the lateral connection?
Yes How man eystem for Does the describe.	y days in the last year were there residential backups at any point in the collection

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1.	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 an include the approximate cost for those repairs. Do not include major treatment plan construction or upgrading programs.						
	Repair of effluent dry prime pump: \$30,000						
	Dry prime back up pump: \$45,300						
	New pumps: \$62,400						
	Telemetry: \$14,500						
	Air Scrubber: \$12,000						
	Replaced load reactor at main pump station: \$2,943						
	Repaired pump for main pump station: \$1,589						
L.	List any additional comments. (Attach additional sheets if necessary.)						
	The City of Alabaster is using a bond secured in 2023 for improvements to the collection						
	system and treatment facility. The primary focus has been on I and I reduction and facility						
	improvements. A training space as well as additional office space will help improve						
	operational efficiency. The City is also working on replacing or upgrading outdated						
	equipment and providing training to operators for best practices.						

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Faci	litv	Name:	

Alabaster WWTP

Part 11: Summary Sheet

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

Actual \	/alues	<u> </u>	Maximum Possible
Part 1_	0	_points	80 points
Part 2_	0	_points	121 points
Part 3_	40	_points	40 points
Part 4 _	0	_points	200 points
Part 5_	20	_points	50 points
Part 6_	0	_points	50 points
Part 7_	0	_points	121 points
Part 8_	0	_points	121 points
Total	60	_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	nond with	surface	water dischard	e
1	i Acialcu	Laucon	OI SIGDIIIZGIIOTI	DOILG WILLI	Sunacc	water discribing	•

- ☐ Mechanical plant using land disposal of liquid wastes
- Aerated Lagoon or stabilization pond using land disposal of liquid wastes
- Check the range that describes the action needed to address problems identified in the report. 3.
 - 0 70 points

Actions as Appropriate*

- 71 120 points
- Departmental Recommendation Range*
- ☐ 121 783 points Municipality Action Range*

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

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

(Check the appropriate response.)	
If yes, provide a written explanation for this situation in the space below.	

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Front Counter Rate Sheet

Effective 11/1/24

The state of the state of		Water Detec			Effective 11
	Rate	Water Rates			
	Code	Gallons			
3/4"	30	< 2,500	\$	22.27	1
0/-1		2,500 - 15,000	\$	6.62	per thousand
		> 15,000	\$		per thousand
Fixed Inc	ome Rate	will reduce the bill		····	por alloadana
i ixou iiiu	onio raco	The rounds the bill	~,	4.0.00	
3/4"	31	< 2,500	\$	22.27	
		2,500 - 15,000	\$	6.62	per thousand
		> 15,000	\$	7.19	per thousand
1"	32	< 6,000	\$	45.66	
		6,000 - 18,500	\$	6.62	per thousand
		> 18,500	\$	7.19	per thousand
					•
1 1/2"	33	< 11,600	\$	83.11	
		11,600 - 24,100	\$	6.62	per thousand
		> 24,100	\$	7.19	per thousand
		_	,		
2"	34	< 21,300	\$	151.86	
		21,300 - 33,800	\$	6.62	per thousand
		>33,800	\$	7.19	per thousand
					•
3"	35	< 71,300	\$	474.96	
		71,300 - 83,800	\$	6.62	per thousand
		> 83,800	\$	7.19	per thousand
	T	T 405 400			1
4"	36	< 126,100	\$	779.73	
		126,100 - 138,600	\$	6.62	per thousand
		> 138,600	\$	7.19	per thousand
CU	0.7	L 252 200	۲.	1 624 64	1
6"	37	< 252,200	\$	1,631.61	por the constant
		252,200 - 264,700	\$	6.62	per thousand
		> 264,700	\$	7.19	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	

١u	te	011000	
ľ	1/2	24	
	_		Sewer Rates
l			
			Residential
	\$	29.67	Plus \$4.13 per thousand gallons
l			
l			Commercial
	\$	72.38	up to 5,000 gallons
	\$	15.93	per thousand over 5,000 gallons
l			<u>Fixed Income Rates</u>
L	\$	10.00	Plus \$4.13 per thousand gallons
Γ			Garbage Rates
			Residential Customers
	\$	19.44	per month for 2 carts plus \$9.72
l			per month for each additional cart
۱			
ı			Commercial Customers
ĺ	\$	38.90	per month for the first 2 carts plus \$9.72
			per month for each additional cart limit of 4
l			Fixed Income Rate
l	No	o Charge f	or Garbage
١		Ü	
ľ			Miscellaneous Charges
l			Service Fees
l	\$	50.00	Connection Charge
l	\$		Fire Hydrant Meter Permit Fee
l	\$ \$ \$	75.00	-
l			, , , , , , , , , , , , , , , , , , ,
l			<u>Deposits</u>
	\$	150.00	Residential Deposit
	\$ \$ \$		Commercial Deposit
	\$	50.00	Deposit Garbage & Sewer Only renters
	\$		Fire Hydrant Meter Deposit
	Υ	2,000.00	The Hydrane Weter Beposit
			Fees
	Ś	75.00	Garbage Set Up Fee
1	Ś	20.00	Call Out Fee (After Hours)
	Υ	20.00	·
	¢	ደበ በበ	Water Processing Fee
	\$ ¢	80.00 150.00	Water Processing Fee Man Submission Fee plus \$5.00 per Lot
	\$ \$ ¢	150.00	Map Submission Fee plus \$5.00 per Lot
	\$ \$ \$ \$	150.00 30.00	Map Submission Fee plus \$5.00 per Lot Returned Item Fee
	\$ \$ \$ \$ \$	150.00 30.00 50.00	Map Submission Fee plus \$5.00 per Lot Returned Item Fee Broken Lock Fee
	\$ \$ \$ \$ \$ \$ \$ \$	150.00 30.00 50.00 60.00	Map Submission Fee plus \$5.00 per Lot Returned Item Fee

\$	1.00	Сору гее
		System Development Fees
3/4"		\$2,100.00
1"		\$3,500.00
2"		\$11,100.00
4"		\$35,000.00
6"		\$69,900.00
8"		\$111,900.00
Multi-Fa	amily	\$1,300 Per Unit

	1 = 7 (141 7 (14)	OOLLLOIIO		WI LIVO	O	NTORY	
FACILITY NAME:	City of Ala	baster WW	/TP		PLANT	GRADE:	IV
PERMIT NUMBER:	AL0025828			-			
PLANT SUPERINTEN	DENT: Bill	Atkinson				TEL.#	205-901-4007
SYSTEM MANAGER:	Erc	d Hawkins					205-937-0056
PLANT OPERATORS	:						
N	AME		DE OR	OF	PERATOR NO.	l EXP	. DATE
. Bill A			v		C004614		/2024
David I		l'	V	(C003201	2/28	3/2025
Michael	Strickland	ľ	v	(0009803	10/3	1/2026
. Adan		ľ	V	(C004331	2/28	3/2027
Bill Ha]	v	(C009942	6/30	0/2024
. Michae	el Murphy	ľ	V		 C003901		/2024
Ronni	Sanders		V		2010853		0/2026
Phillip	Patterson		V		2010088		0/2026
Harry	/ Cogar	['	v	(C005681	7/31	1/2024
o. Walla				(2009683	11/3	0/2026
COLLECTION SYSTE	M OPERATORS:	1	1			1	
Larry N	/larasckin		С		C004679		1/2026
Rober	Ramsey		С		C008621	7/3	1/2026
a. Alber	Hughes		V	(C007778	2/28	3/2027
. Keith	Acreman	1	<u> </u>	(C009204	11/3	0/2024
MANAGEMENT/SUP OPERATOR(S):		240 40 120 0 280	6 1 3 0 7		AVERAGE NUMBE 1ST 17 2ND 2	7	YEES PER SHIFT: START TIME 6 AN
DESIGNATED TRAIN					3RD 2		10 P
	KERS	KED EACH DAY:			3RD[<u>2</u>		
LABORATORY MAINTENANCE OTHER PLANT WOR OPERATOR SHIFTS SUN	KERS NORMALLY WORL MON TI	UES WED	THURS	FRI	SAT		
LABORATORY MAINTENANCE OTHER PLANT WOR	KERS NORMALLY WORI MON TI		THURS X X	FRI X X			

	City of Alaha	otor MAAATD		1\ /
FACILITY NAME:	City of Alaba	SIER WWIP	PLANT	GRADE: IV
PERMIT NUMBER:	AL0025828	1.*		005 004 4005
PLANT SUPERINTEN				
SYSTEM MANAGER	: Fred	Hawkins		_{TEL. #} 205-937-0056
PLANT OPERATORS	S:	GRADE OR		
	NAME	TRAINEE STATUS	OPERATOR NO.	EXP. DATE
Robe	rt Herron	II	C010500	10/31/2025
Ralph		1	C004481	1/31/2027
		1		
				
		i		
COLLECTION SYSTI	EM OPERATORS:			
Jonatha	an Whitman	IC	C010783	3/31/2026
Stephe	n Johnson	IC	C010575	2/28/2026
	McCluskey		C009849	2/28/2026
	b Wilson	IC	C010705	2/28/2026
	F	HRS./WK NUMBER		
MANAGEMENT/SUP OPERATOR(S): DESIGNATED TRAIN LABORATORY MAINTENANCE	GRADE I-C GRADE I GRADE II GRADE III GRADE IV NEE(S)		AVERAGE NUMBE 1ST 2ND 3RD	START TIME
OPERATOR(S): DESIGNATED TRAIN LABORATORY MAINTENANCE OTHER PLANT WOR	GRADE I-C GRADE I GRADE II GRADE III GRADE IV NEE(S)	EACH DAY:	1ST 2ND	
OPERATOR(S): DESIGNATED TRAIN LABORATORY MAINTENANCE OTHER PLANT WOR	GRADE I-C GRADE I GRADE II GRADE III GRADE IV NEE(S)	EACH DAY: WED THURS	1ST 2ND	
DESIGNATED TRAIN LABORATORY MAINTENANCE OTHER PLANT WOR OPERATOR SHIFTS SUN 1ST	GRADE I-C GRADE I GRADE II GRADE III GRADE IV NEE(S) RKERS		1ST 2ND 3RD	
DESIGNATED TRAIN LABORATORY MAINTENANCE OTHER PLANT WORD OPERATOR SHIFTS SUN	GRADE I-C GRADE I GRADE II GRADE III GRADE IV NEE(S) RKERS		1ST 2ND 3RD	

FACILITY NAME:	City o	f Alabas	ter WW	/TP		_ PLANT (GRADE:	IV
PERMIT NUMBER:	AL002	5828				_		
PLANT SUPERINTENDENT: Bill Atking System Manager: Fred Ha			inson				TEL.#	205-901-4007
			lawkins					205-937-0056
PLANT OPERATORS								
			GRAD				I EVE	DATE
	IAME		IRAINEE	STATUS		PERATOR NO.	EXP	. DATE

								····
<u> </u>						***		
COLLECTION SYST	EM OPERA	TORS:						
Jorda	n Jarma	n	1	c		C009873	11/3	0/2026
	my Ray			c		C011302	7/3	1/2027
MANAGEMENT/SUF OPERATOR(S):	ERVISOR GRADE I		IRS./WK	NUMBER				
	GRADE	ΞΙ				AVERAGE NUMBER	R OF EMPLO	EES PER SHIFT:
	GRADE					407		OTABT TIME
	GRADE GRADE	-	1. 10. 10.			1ST 2ND		START TIME
DESIGNATED TRAIL		10				3RD		
LABORATORY	, ,					B		
MAINTENANCE								
OTHER PLANT WOR	RKERS							
ODEDATOR SHIETS	NORMALL'	Y WORKED E	ACH DAY:					
OPERATOR SHIFTS	MON	TUES	WED	THURS	FRI	SAT		
SUN								
SUN 1ST			1	1		1 1		
SUN 1ST 2ND								
SUN 1ST								

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

<u>Fa</u>	cility Background Information:					
1.	Facility Information		Permit Number:	: <u>AL00</u> 2	25828	
	Name:	City of Alaba	aster Wastewa	ter Trea	tment Pl	ant
	Street Address:	104 8th Ave	NW Alabaster	, AL		
	County:	Shelby				
2.	Facility Contact					
	Name:	Fred Hawkir	าร			
	Title:	Director of En	gineering, Buildin	ng, Enviro	nmental S	Services
	Telephone:	205-937-00	56			
	Permittee Name:	City of Alaba	aster			
	Mailing Address:	1953 Munici	ipal Way			
	Ç	Alabaster, A	L 35007			
Fa	cility Flow Information:					
1.	Facility Wastewater Treatment 0	Capacity				
	Average Daily Flow:	_	3.563		MGD	
	Facility Design Capa	city:	7.6		MGD	
2.	Estimated Septage Quantity Hai	ndled (Residuals	Removed from Se	eptic Tank	Systems)	
	Average Domestic Se	eptage: _	0		gallons pe	er month
	Average Commercial	Septage:	0		gallons pe	er month
3.	Method of Septage Processing					
	Mixed with Influent	Wastewater for	Treatment			
	☐ Mixed with Sewage	Sludge				
	✓ N/A					
4.	Estimated Percentage Contribut	ing Wastewater	Flow			
	Residential:	97 (%			
	Industrial:	3	%			
	Other:		% Describe: _			
5.	List type of wastewater treatmer	nt process(es) ut	ilized at this facility	<i>r</i> :		
	grit removal, sc	reening, exte	nded aeration,	return a	ctivated	sludge,
	secondary clarit	iers, sand filt	ers, UV disinfe	ction		
6.	Estimated sewage sludge wasti	ng rate at this fac	cility:	2,335		_lb/day dry weight
			or	28,00	<u> </u>	_gallons per day
7.	Estimated untreated sludge rece	eived from off site	e:			_lb/day dry weight
			or			_gallons per day
8.	Estimated percent solids of com	bined sewage sl	udge prior to treatr	ment:	1	%
AD	EM Form 419 07/15 m1					Page 1 of 4

			(untreated p	e Quantity bounds per d	lay)
belt press				.335	
. Estimate the total volume of sludge generated	d:			535 tons per yea	r)
udge Disposal Methods			(dry C.C.	torio por you	'' /
Which of the following describes the current n	nethod of	sewage s	ludge disposal for this	facility?	
	Current I	Practices	Quantity (dry U.S. tons/year)	Proposed	Practice
	Approved Yes	by ADEM <u>No</u>	(dry 0.3. tons/year)	Approved Yes	by ADEM <u>No</u>
a. Land Application, Bulk Shipped					[
☐ Agriculture					Paradization .
☐ Forest					
☐ Public Contact	Princes	[mail:		Townson.	
Lawn/Home Garden				:	
b. Land Application, Bagged/Other Container	Property of the Property of th		Marie 1900/00/07/07/07/07	pulation (Louisian,
☐ Agriculture				general .	
☐ Forest ☐ Public Contact					
Lawn/Home Garden	[Service]				
c. Incineration		100000			
d. 🗸 Subtitle D Landfill (Disposal Only)	7		535		
e. Lined Treatment Lagoon or Stabilization Po	ond 🔲				
f. Unlined Lagoon or Stabilization Pond		A Parameter)	
g. Other (Please Describe)				Footnoor.	
		_			
If "f" was selected above and sludge is store	ad for tw	_ o (2) or m	ore veers, enter the	distance bot	waan th

ADEM Form 419 07/15 m1 Page 2 of 4

Pollutant Concentrations:

2.

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	ND	grab	4/17/24	
Cadmium	ND	17	***	
Chromium	15.3	11	11	
Copper	366	"	11	
Lead	7.7	11	"	
Mercury	0.34	17	11	
Molybdenum	ND	17	11	
Nickel	72.6	"	t)	
Selenium	ND	11	· ·	
Zinc	1320	11	"	
Ammonium-Nitrogen	801	11	11	
Nitrate-Nitrogen	ND	11	11	
Total Kjeldahl Nitrogen	54500	"	11	

2.	Enter the estimated or determined percent solids of the sewage sludge when sampled for the above analysis:%
Tre	eatment 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 CFF Part 503)
	☐ Class A
	☐ Alternative A1 – Time and Temperature
	☐ Alternative A2 – Alkaline Treatment
	☐ Alternative A3 – Analysis and Operation
	☐ Alternative A4 – Analysis Only
	☐ Alternative A5 – Process to Further Reduce Pathogens (PFRP)
	☐ Heat Drying ☐ Thermophilic Aerobic Digestion ☐ Heat Treatment
	☐ Pasteurization ☐ Gamma Ray Irradiation ☐ Beta Ray Irradiation ☐ Composting
	Alternative A6 – PFRP Equivalent
	☐ Class B
	☐ Alternative B1 – Fecal Coliform Count
	☐ Alternative B2 – Process top Significantly Reduce Pathogens (PSRP)
	☐ Aerobic Digestion ☐ Air Drying ☐ Anaerobic Digestion
	☐ Composting ☐ Lime Stabilization
	☐ Alternative B3 – PSRP Equivalent
	✓ Neither or Unknown

Vec	ctor 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
Gro	oundwater 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.
Laı	nd Application of Sewage Sludge:
An	swer 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?

ADEM Form 419 07/15 m1 Page 4 of 4

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ1-Q11J-EDEVZ, version 1)

Digitally signed by: AEPACS Date: 2024.02.26 14:34:32 -06:00 Reason: Submission Data Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSOID

SSO-00211115

Submission ID

HQ1-Q11J-EDEVZ

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.

2/26/2024 2:34:32 PM Page 1 of 5

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)?

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-00211115

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
02/26/2024	01:44 pm

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
02/26/2024	02:10 pm

Did the SSO occur during wet weather?

Nc

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

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

Lift Station

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

33.224474,-86.864475

Note

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

Street Address

8568 Highway 17

City

alabaster

State

ΑL

ZIP Code

35007

Location Description

Lift Station

Known or suspected cause of the discharge

Broken pipe on force main.

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.

Repair broken 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:

02/26/2024

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

02/26/2024

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

2/26/2024 2:34:32 PM Page 4 of 5

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

Ву

Larry Marasckin on 02/26/2024 at 2:29 PM

2/26/2024 2:34:32 PM Page 5 of 5

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ3-9T5K-RT1S0, version 1)

Digitally signed by: AEPACS Date: 2024.05.01 06:54:42 -05:00 Reason: Submission Data Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSOID

SSO-00211582

Submission ID

HQ3-9T5K-RT1S0

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.

5/1/2024 6:54:42 AM Page 1 of 5

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)?

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?

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-00211582

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
04/26/2024	04:00 pm

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
04/26/2024	11:30 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

Broken Line

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

33.2421841,-86.8284075

Note

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

Street Address

949 3rd Ave Sw

City

Alabaster

State

ΑL

ZIP Code

35007

Location Description

Sewer line running parallel with 3rd Ave Sw. approximately 10 feet past the mailbox

Known or suspected cause of the discharge

Broken service line tee

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.

Cut out and replaced the damaged clay pipe, and tee. Replaced with PVC pipe, and fittings. replumbed the service line in with PVC pipe also

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Other (Please Describe)

Please describe the �Other� methods used to notify the public:

Made the homeowners aware, and all neighbors while on the job making the repairs.

Other Method of Public Notice Date:

04/26/2024

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

05/01/2024

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

5/1/2024 6:54:42 AM Page 4 of 5

Agreements and Signature(s)

SUBMISSION AGREEMENTS

- 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

Ву

Adam Roper on 05/01/2024 at 6:50 AM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ4-MF58-35DM6, version 2)

Digitally signed by: AEPACS

Date: 2024.08.12 09:18:53 -05:00 Reason: Submission Data Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSOID

SSO-00211860

Submission ID

HQ4-MF58-35DM6

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.

8/12/2024 9:18:53 AM Page 1 of 5

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)?

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-00211860

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
06/24/2024	11:30 am

Is the SSO on-going?

Nc

Date/Time SSO Event Stopped:

Date	Time
06/24/2024	12:45 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?

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

Value

Estimated Volume Discharged (in gallons)

3500

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

33.2515192693073,-86.82457933320893

Note

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

Street Address

719 Olde Town Circle

City

Alabaster

State

AL

ZIP Code

35007

Location Description

Sewer line running west on the outside of the privacy fence

Known or suspected cause of the discharge

Grease

Destination of discharge

Ground Absorbed

Did the discharge reach a designated swimming water?

Nο

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.

We use our high pressure Jetter to unstop, and also clean the sewer line. We then cleaned up the grounds affected, and disinfected the area.

We will camera the line, and make sure there are no more obstructions.

We will start monitoring it on biweekly intervals

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Other (Please Describe)

Please describe the Other methods used to notify the public:

Spoke with the homeowner and affected neighbors and informed them of the situation

Other Method of Public Notice Date:

06/24/2024

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

06/24/2024

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	6/24/2024 1:13 PM	Adam Roper
Revision 2	6/24/2024 2:09 PM	Adam Roper

8/12/2024 9:18:53 AM Page 4 of 5

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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

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

Signed

By

Adam Roper on 08/12/2024 at 9:12 AM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ5-Y7AJ-ZQ65W, version 1)

Digitally signed by: AEPACS

Date: 2024.08.16 17:24:25 -05:00 Reason: Submission Data Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID

SSO-00212051

Submission ID

HQ5-Y7AJ-ZQ65W

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.

8/16/2024 5:24:24 PM Page 1 of 5

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-00212051

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
08/16/2024	10:25 am

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
08/16/2024	11:18 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?

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

Value

Estimated Volume Discharged (in gallons)

ጸበበበ

Indicate source of discharge event

Broken Line

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

33.234800,-86.812170

Note

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

Street Address

764 7th Ave SE

City

Alabaster

State

ΑL

ZIP Code

35007

Location Description

Sewer line running from the corner 7th Place SE and 7th Ave SE, running parallel to US 31 towards the second entrance to 7th Ave SE. This break occurred about half way between the 2 entrances to 7th Ave SE.

Known or suspected cause of the discharge

The line had dropped down at a previous joint repair allowing sediments to build up, and stop the flow in the line. We also found 3 sewer service connections that had been broken, 2 of which were broken at the main sewer line. one that was broken about 30 feet out of the sewer line. This could have possibly been done due to demolition of houses in the area, for future development

Destination of discharge

Ground Absorbed Drainage Ditch

Note:

If the SSO discharge first entered a storm drain or drainage ditch, you must also provide the first named creek or river that receives the flow from that storm drain/drainage ditch.

Provide the first named creek or river that receives the flow.

Buck Creek

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

Νo

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.

We jetted and unstopped the line to get it flowing, We then CCTV the line to identify the problem. We dug the line up, and replaced almost 17 feet of broken VCP with schedule 35 SDR, and secured both ends with hulk fittings, and hydraulic cement. There is future plans to completely replace this sewer line.

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Other (Please Describe)

Please describe the **Other** methods used to notify the public:

Due to nobody living in the area, and the new development going on. We informed the developer, and the contractors by way of in person verbally.

Other Method of Public Notice Date:

08/16/2024

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

08/16/2024

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)

Formal detailed report will be sent in to ADEM on Monday. We have also talked to Dustin Stokes about this situation

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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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

Ву

Adam Roper on 08/16/2024 at 5:18 PM

8/16/2024 5:24:24 PM Page 5 of 5

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ6-1AYV-NPHGK, version 1)

Digitally signed by: AEPACS

Date: 2024.08.20 16:08:28 -05:00 Reason: Submission Data

Reason: Submission Data Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSOID

SSO-00212191

Submission ID

HQ6-1AYV-NPHGK

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.

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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.

8/20/2024 4:08:28 PM Page 1 of 5

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)?

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?

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-00212191

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
08/20/2024	12:35 pm

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
08/20/2024	01:55 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?

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

Value

Estimated Volume Discharged (in gallons)

10000

Indicate source of discharge event

Cleanout 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):

<u>Map Help link</u>

Latitude/Longitude of discharge

33.240313,-86.818687

Note

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

Street Address

Between 334 and 442 1st St SW

City

Alabaster

State

AL

ZIP Code

35007

Location Description

NONE PROVIDED

Known or suspected cause of the discharge

Grease, rags and feminine products. We also discovered a broken clean out on a sewer service going into the manhole

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.

We jetted the line to unstop it, then we changed jetter nozzles and re ran the line to clean it.

We used our vac truck to clean up the spillage, we then disinfected and deodorized the area. The broken cleanout with be repaired ASAP, and this line will be videoed ASAP.

We have implemented a new fog program, we will double check to make sure all the businesses are adhering to it.

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:

08/20/2024

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

08/20/2024

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

8/20/2024 4:08:28 PM Page 4 of 5

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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

Signed By

Adam Roper on 08/20/2024 at 4:02 PM

8/20/2024 4:08:28 PM Page 5 of 5

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) Continue evaluating operational modifications and minor improvements to insure compliance with NPDES Permit (c) (d) Passed by a (majority)(unanimous) vote of the on (date). Clerk